well nourished. The moral habits of the patient are in every respect good. The hands present no tremor, voluntary or otherwise.

The first question which naturally arises is, Where is the seat of the trouble? The increased reflexes, the inco-ordination, the nystagmus, the optic atrophy, would point strongly to an affection of the cord Ataxic Paraplegia. But the age at which the trouble began, the fact that the atrophy (which of itself is rare in Ataxic Paraplegia) was preceded by choked disc, the muscular strength in the legs being unimpaired, the respiratory symptoms, the slight amount of ataxia, etc., would negative this opinion. That protean malady, multiple sclerosis, presents another difficulty in diagnosis; but the entire absence of tremor, the perfectly natural articulation, the presence of distinct papillitis and the peculiar gait of the patient, are opposed to this view of the disease.

On the other hand the marked giddiness, the respiratory trouble, and especially the fact that papillitis preceded the present optic atrophy and the difficulty in maintaining his equilibrium, indicate an affection of the brain, which a consideration of the symptoms compels one to think a tumor. Under these circumstances (unless we suppose the presence of more than one tumor) the growth must be in such a position as to compress both pyramidal tracts, and cause inco-ordination and disturbance of the equilibrium. The most probable situation for such a growth is the cerebellum, particularly the middle lobe, as you are all aware an affection of the semicircular canals of the ear, or of that portion of the auditory nerve connected with the ampullæ, will cause a loss of equilibrium; and in this case I believe the vestibular portion of the auditory nerve in its course to the cerebellum is affected, having a disturbance of equilibrium as a consequence. The cause of the increased reflexes lies in the fact that the pyramidal tracts of the cord are pressed upon and probably degenerated as a result. The loss of co-ordination may be explained by a derangement of those sensory impulses which, passing through the posterior columns of the cord, go thence to the cerebellum. In fact we have here, in regard to the reflexes and the inco-ordination, precisely the same result that we would have from a primary affection of the cord implicating the motor part of the lateral columns and the mesial portion of the posterior columns, the only difference being that these same results are due to an affection in another part, and are consequently secondary. In regard to the nature of the growth, a gumma need scarcely be considered, owing to its position and the history of the patient. The two most likely forms of tumor are tubercle and glioma; and of these the presence of tubercle in the