pharyngeal are likewise affected. There is complete immobility of the right eye-ball, with ptosis, proving that the third, fourth, and sixth nerves are likewise implicated. The right cornea is thickened, turbid, and adherent to the iris. The conjunctiva is injected. In spite of the turbidity of the media, she is able to count fingers, which proves that the optic nerve has escaped. An accurate ophthalmoscopic examination is not possible. The right corneal reflex is destroyed. There is diminished sensation of the right side of the face. The temporal and masseter muscles of the right side are much wasted. A tuning-fork or watch placed over the right parietal bone is heard much less distinctly than when placed in a corresponding position on the other side of the head. She, however, hears a watch placed close to the right ear better than when placed near the left ear. In spite of the latter fact, Bamberger considers that the acoustic nerve is involved. He explains the better hearing of the watch on the right side by attributing it to an extreme tension of the tympanum, brought about by the unopposed action of the tensor tympani, its antagonistic, the stapedius (a branch of the facial) being paralyzed. The right trapezius and sterno-mastoid muscles are atrophied, but not paralyzed. There is loss of sensation and motion in the right half of the larynx, showing paralysis of both the superior and inferior laryngeal nerves. These two nerves are properly branches of the spinal accessory and not of the vagus. At least this is the view now held by several eminent physicians. This case itself goes a long way to prove that this view is the correct one, seeing that the vagus otherwise is not affected. The right half of the tongue is atrophied, and the seat of fibrillary twitchings. In this case, then, it is seen that the following nine of the twelve cranial nerves are paralyzed in a greater or less degree. The third, fourth, sixth and facial are completely paralyzed. The spinal accessory and the trigeminus (sensory and motor portions) are in a high degree paretic. The glosso-pharyngeal, hypoglossus and acoustic are only slightly paretic. The olfactory, optic and vagus have escaped. As it is impossible for the morbid process in this case to have either a peripheral or cortical origin, its seat must be either in the base