About a year ago there began to appear in the right side of right hip a bony plate, which has gradually increased in size, now measuring about 3 inches in length and 2 inches in breadth, triangular in shape, the base upwards, occupying the position of the tensor vaginæ femoris muscle. During the last two years has passed her urine with difficulty; now takes some fifteen minutes to empty the bladder.

At present she appears fairly well nourished; the lower limbs are atrophied, especially below the knee, and the power of the limb very much lessened, and the movements not under her control. The movements at the hip are very free in all directions; there is a complete *intra*-capsular fracture of the neck of both femurs; but little attempt at union has apparently been made, and no evidence of any great amount of callous having been thrown out is now apparent, though crepitus can easily be brought out on forcing the roughened ends together, and the manipulation causes no pain. There is loss of muscular sense; sense of touch present, but referred to opposite foot; is analgesic in both limbs; pricking with the aesthesiometer, and other stimuli, gives a sensation of burning, noticed only two to four seconds after contact. Both patellar reflexes are absent. The sense of warmth and cold is present. The muscular sense is diminished in the arms also; with the aesthesiometer two points are felt at the finger tips only when they are 15 to 18 mm. apart, except in the thumb, index, and middle finger of the left hand, where it is 6 to 8 mm.

The eyes were examined by Dr. Stirling. There is left ptosis; sees double in near vision; pupil immobile to light; changes during accommodation; left v. 5-9 right, v. 5-5 left. Color perception normal; fundus normal, no pallor of disc, yet field is much contracted for colors and form, and concentrically.

The features of interest in this case are: anomalous analgesia, in which different painful irritants gave her only a sensation of burning; allochiria, or irritation of one limb being referred to the other; the fact that the peripheral nerves appear to have been the earliest to have undergone the degenerative changes. The deep anæsthesia is evidenced by the painless condition of the hip after the fracture. There is also delayed sensibility.

The progressive atrophy in the lower limbs is not accompanied by any fibrillar contractions, and the lessened power indicates degeneration in the peripheral motor nerves, which is most marked at parts remotest from the cord. This case thus lends sup-