saying she could not see so well. I then found vision barely 20/20 with one eye, and only 20/30 with the other. This led me to make an opthalmoscopic examination, which resulted in the discovery of double optic neuritis. I then made further enquiries, and found that for several months she had suffered from intense headache, chiefly in the left temple, and thought to be ordinary neuralgia, but she had also had two or three fits, evidently epileptiform. She was sent to Hospital and placed under treatment, and although the head symptons are greatly mitigated, the nerve affections has gone on to atrophy, and terminated in total blindness.

The disease, as far as the eyes are concerned, has run a rapid course, more so I think than can be explained by a tumor of the brain, unless it presses on the optic tracts or chiasma. Optic neuritis from cerebral tumor is known to exist in some instances for a very long time before blindness ensues, and on the other hand there may be symptoms of cerebral tumor for many years before papillitis occurs. This woman may have had neuritis for a much longer time than we are aware, but still the fact of rapid failure of vision remains the same. The case is one in which there is strong reason to suspect constitutional syphilis, and with this in view mercury was used energetically from the commencement; indeed the drug was pushed farther than I intended, for the mouth became decidedly sore, probably from want of care and cleanliness on the part of the patient. I make it a rule always to stop short of this result in the treatment of these cases, for I am quite certain actual mercurialization cannot be desirable in any instance. Tumors of the cerebellum are well known to be a frequent cause of optic neuritis, but Hughlings Jackson says he has never seen it associated with cerebellar abscess. Now it so happens that I have only seen one case of cerebellar abscess since I have been in Montreal, and in that instance there developed a double optic neuritis some three weeks before death. I have already mentioned this case in a paper on mastoid disease in a brief note as follows:

CASE XV.—J. L., æt. 23, French-Canadian; mill-hand; chronic purulent middle-ear disease since childhood. During