

The eye movements are all normal, the pupils equal, and react to light and accommodation. He does not complain of any disturbance of vision. The ophthalmoscopic examination, however, showed a well-marked neuritis of the left disc, a beginning neuritis in the right. The right disc was distinctly swollen, the physiological cup filled in, and the border was blurred in its entire extent. This condition of the discs was verified later by Dr. Ryerson, who kindly saw him with me. Taste and smell unaffected, and there is no disturbance of sensibility on face. There is no tenderness on tapping the skull. The upper extremities show no atrophy nor any localized loss of power. Dynamometer, R 65, L 50. Elbow and wrist jerks present, and equal on the two sides. Chest examination shows heart and lungs healthy. Pulse, about 80, and regular. Examination of abdomen negative. Urine was normal in amount, and chemical examination showed no marked abnormalities. In the lower extremities the knee jerks were active and equal on the two sides. The superficial reflexes were not marked, and Babinski's sign was absent. There was no ankle clonus. There was no localized loss of power in either leg, although here, as in both arms, there was some general weakness when compared to the patient's muscular strength before his illness. There was no inco-ordination in any of the limbs, and Romberg's sign was absent. The patient was unable to write either spontaneously or from dictation, but could read to himself. Soon after beginning treatment, the patient gained in flesh, increasing in weight four pounds the first week. Part of this gain he lost later. His aphasic condition was *variable*, and at times he improved so much that he could put a sentence fairly well together, and within the next day or two this power would be lost. There was no marked change except this in his condition until the end of the third week, when he became much more drowsy, and his gait more staggering. At this time also the sternomastoid on the left side became distinctly weak, the first evidence of any localized loss of power which he exhibited. His temperature was normal throughout, and there had not been any derangement of the heart's action. He took his food well, and had never been troubled with vomiting during any period of his illness. As his condition was becoming serious, I advised the friends to try an operation. They asked if it would cure him, and I replied that there was no certainty of its doing so. Dr. W. P. Caven then saw him with me in consultation, and concurred with me in the diagnosis. As neither of us, however, felt very hopeful about an operation, the friends decided to take him away, which was done on November 7th, the patient walking away with them.

The case presents several features of interest: (1) Hereditary influence, which is rare in these cases; the father probably suffering from brain tumor, and the uncle undoubtedly doing so, as