

contracted. Co-ordination of arms and legs good. Rhomberg's sign absent. When the patient stoops forward with eyes closed he does not tend to fall.

Cranial nerve reflexes.—First, normal; second, visual acuity poor, color sense good; Wernicke's sign absent; third, fourth and sixth, corneal reflex present, no squint, left eye projects slightly, no ptosis—there is nystagmus in every direction except when walking straight forward—pupils four m.m. round and equal, react to light and convergence, sympathetic reflex present, no diplopia present; fifth, normal, two-thirds of the tongue normal; seventh, no evidence of paralysis; eighth, blowing sound in left ear when lying down, hears watch on both sides, best on the right for air conduction—best on the left for bone conduction; ninth, taste apparently normal, pharyngeal reflex present; tenth, no evidence of paralysis; eleventh, trapezius contracts equally, when patient shrugs shoulders; twelfth, tongue protrudes straight.

Reflexes.—Plantar, flexor response; Achilles, absent; ankle clonus absent; knee jerks slightly exaggerated, but equal; patellar clonus absent; cremasteric present—plus; umbilical and epigastric present and increased; arm reflexes not exaggerated.

Examination of the eyes.—There is enlargement and blurring of the edges of both discs; veins are much enlarged and feel congested.

Fields of visions.—Left side of both fields obliterated; left eye has improved since admission.

Sensory.—Sensations for touch, heat, cold and pain are normal.

Nose and throat.—Normal.

The absence of basal symptoms except for involvement of the eighth suggests the sight of lesion as the left occipital lobe above tentorium. X-ray shows a shadow about two by one inch in the posterior half of the cerebrum. It cannot be seen in antero-posterior view.

White blood count, 11,000.

Wassermann and tuberculin, negative.

May 2nd.—Patient complained last night of terrible headache, just as though head were bursting open. This was localized to the left occipital area. Marked tenderness was present on percussion over this area. Morphia did not relieve the pain. Inhalations of amyl nitrite gave relief.

May 2nd.—Operation.—Dr. Bingham raised a flap from the scalp over the left occipital lobe. A plate of bone about two inches by an inch and a half was removed. The dura presented with some bulging. There was no pulsation visible. Dura mater re-