

turned his whole body to the right; a few minutes later I saw him turn the head freely from right to left, and look at everything in the room. At this time any movement of the hands or feet showed a distinct, jerky, irregular tremor of the part moved; this was so pronounced as to resemble inco-ordination; there was also a fine tremor of the lips and cheeks. At this time the pupils were unequal in size, the left being the larger; they reacted normally to light.

When his left arm was raised above his head it remained in the position in which it was placed. The right arm when raised would immediately drop to his side. At first he would not take hold of the physician's hand, but later his grip could not be loosened; he held on until he raised himself to a sitting position. His expression was anxious and his face was drawn.

When a hand was placed on his arms or legs the muscles were rigid and there was considerable resistance to passive movement. Sensation was difficult to test, because the patient could not co-operate. Ophthalmoscopic examination revealed nothing. The triceps and patellar reflexes were much exaggerated on both sides of the body. There was no Babinski and no ankle clonus.

He was taking plenty of liquid nourishment and seemed to have no difficulty in swallowing, but from the first he would make no effort to feed himself; the nurse had to place his food in his mouth. His body was well nourished, his heart and lungs were normal, although the pulse was slightly accelerated. Examination of the urine revealed nothing.

The patient was admitted to the Hospital for Insane on October 19th, 1909. On admission the pulse was 79, respiration 28 and temperature 97.3-5. He refused all solid food, but took plenty of milk. He could not move his right arm or leg. He made no attempt to speak, he took no interest in his surroundings, and when his friends visited him he paid no attention to them. The left pupil was larger than the right. The tendon