no pretence is made to have completely covered the ground. The merest outline has been given. The writer has, however, included a number of facts which he found useful himself, and which, perhaps, may be of some assistance to others.

A. R. B. WILLIAMSON.

MONOCULAR OPHTHALMOPLEGIA EXTERNA.

THESE cases of monocular ophthalmoplegia externa are so rare that the following report will be of interest.

Mrs. R., aet. 48, seen with Dr. R. Hanley, Feb. 22, 1902. Personal history negative. For the past three weeks has had severe neuralgic pain in the left frontal and parietal region. Had diplopia for one or two days of this time. Her daughter says that the eye turned toward the nose for a few days two weeks ago. No further history to be had. Examination of the left eye shows ptosis almost complete, the slight movement of the lid being due probably to the action of the orbicularis. The eye is fixed immovably in the median line. The pupil is normal and reacts to light and to accommodation. The fundus is normal, but no diplopia can be elicited. Very slight proptosis. Prescribed fifteen grain doses of potassium iodide, t.i.d. Re-examined March 12. The ptosis is less, but otherwise the eye is the same. There has been pain at intervals. With an effort the lid is raised about one-half.

The lesion here is without doubt in the nuclei of the third, fourth and sixth nerves, which lie along the floor of the fourth ventricle below the aqueduct of Sylvius, The arrangement of the nuclei here is such that those of the sphincter pupilæ and ciliary muscle lie farthest forward and hence frequently remain exempt from processes which destroy the more posteriorly situated nuclei of the other ocular muscles. For this reason ophthalmoplegia externa can only be of central (nuclear) origin.