

They were not constant and were felt in the front and sides of the head. During the last three weeks they have been very severe, worse at night, throbbing in character. They are felt in all parts of the head, but most marked in the mid and right frontal regions, just above the eyebrow.

The weakness of the left side was first noticed in the leg. The toes began to drag, and the knee became weak. Then the arm became affected. The weakness in the arm began in the upper part which has always shown a greater degree of paralysis than the lower. Patient has never observed any weakness in the muscles of her face. Until three weeks ago was able to walk. Since that date the weakness in left arm and leg has rapidly increased.

The vomiting has only occurred during the last three weeks. The vomiting bears no relation to food and occurs at irregular intervals. It is sometimes preceded by nausea. Severe headache is usually associated with vomiting.

The dimness of vision has been observed during the last three months, but only during the last three weeks has it been marked. The double vision, which is not constant, began about three weeks ago.

*Present Condition.*—Patient, who appears to be well nourished, lies in the dorsal decubitus, with left fore arm on the chest. The eyes are closed most of the time. Expression is weary and somewhat pained. Patient is conscious, answers questions readily and intelligently, but appears to tire easily. The skin is dry and slightly scaly. Its color is good. Capillaries over malaris are visible. Hair is thin, but long. The eyelashes are long. The left arm and leg show atrophy. The left arm measures half inch less in circumference than the right, and the left leg two inches less than the right. The left shoulder droops. The face appears symmetrical, but the tongue goes out slightly to the left.

*Nervous System.*—The subjective symptoms are: Headache, vomiting, double vision, dimness of vision, weakness of left arm and leg and occasional twitching of left leg. Patient is unable to walk. These symptoms were considered in history of illness.

Patient is intelligent; memory good; conscious but dull; eyes closed when not disturbed; easily fatigued and slightly irritable.

*Cranial Nerves.*—All normal except the optics and left sixth. Both optics show neuritis ("choked" disc), which is more marked on the left side. The left external rectus is weak.

*Eyes.*—Left external rectus weak, which probably accounts for history of diplopia. No squint. No hemianopsia. Pupils somewhat larger than normal. Both react to light and accommodation. Double *optic neuritis*. Field of vision somewhat contracted.