ing the surface and scarcely touching the gray matter. In this exposure it measured fourteen millimetres in width by sixteen in vertical extent, and was eight millimetres from the surface of the paracentral lobule, ten millimetres from the top of the gyrus close to the longitudinal fissure, and fifteen millimetres from the external surface of the convolution. In a section seven or eight millimetres behind the *frontal* the mass was visible as a small round puckered portion just at the edge of the gray matter, at the bottom of a small sulcus passing into the ascending frontal gyrus from the fissure of Rolando. The mass occupied the upper end of the convolution, and had an antero-posterior extent of about seventeen millimetres, and a vertical of fifteen or sixteen millimetres. It was almost entirely within the white matter, but touched upon the gray at several spots. It had a fibrous appearance with ill-defined borders; and vessels could be seen in it. The *parietal* and other sections were normal. The right crus was badly torn, and no sclerosis could be seen, but the right half of the medulla was smaller than the left, and presented evidence of descending degeneration. The cord was not examined.

Histologically the mass appears to be a fibro, glioma. The delicate fibre elements are in excess but there are many large cells with prolonged fibrillar process. The blood vessels are numerous. So far as examined, the cells of the gray matter in much the immediate vicinity did not appear to be altered.

Dr. OSLER remarked that lesions causing cortical epilepsy were rare in the white matter, but this one was close enough to the gray cortex to induce the irritative effects and the excessive motor discharges causing the convulsions. Gliomata were slow-growing local tumors, and instances were on record of nearly as long duration as in the case under consideration. Dr. Jackson had described one of ten and another of twelve years' standing. The remarkable intermissions were strange features in these cases; periods of quiescence alternating with periods of excessive irritation. The situation of these lesions was of interest in connection with the crural monoplegia and contraction. The tumor occupied largely the anterior portion of the paracentral lobule, the region which has been found affected in the few recorded instances of paralysis of one lower extremity of cerebral orgin. The leg-centre is placed in this lobule by Ferrier and Charcot, and this case is in confirmation, as we may reasonably conclude that the lesion, by interfering with conduction from this centre, induced the paralysis and subsequent contracture.

Dr. HENRY HOWARD said: This was, perhaps, one of the most interesting cases that ever came before this Association, because the pathology of the case fully explained all the phenomena exhibited, while the patient was living. We perceive that there was motor convulsions, but no loss of consciousness. The diagram before us shows the reason why the disease was confined to the higher motor centres; the sensory centres been free. With the exception of motory convulsions the patient had otherwise enjoyed good health; muscles and cellulur tissue well developed. The reason is obvious. The moter nerves that suffered are not the nerves of nutrition. Nutrition depends upon the sensory nerves, and their centres, in this case, were normal. If all pathological investigations showed us cause for effect like the case under consideration it would be a great satisfaction to the physiologist.

DR. HAMMETT HILL., of Ottawa, narrated the case of a lumberman who was struck on the head with a pike, and received a depressed fracture. He had severe seizures, and was trephined with success, and he had no fits for eighteen years, after which they recurred at long intervals, possibly due to bony thickening about the seat of trephining.

Early Symptoms of Tabes dorsalis.—DR. STEWART exhibited a man, aged 33, clerk, whose only complaint was of dimness of vision. He first noticed failure of his sight ten weeks ago. Three weeks after he consulted Dr. Buller, who diagnosed the case as one of Tables dorsalis. Twelve years ago he saw double for a week. In the year 1879 he recollects seeing double for about three days. With the exception of these two occasions, and a few days during which he was sick from measles, he has always enjoyed excellent health. He never had syphilis. The family hsitory is unimportant. Three years ago he worked for several months in a very damp cellar.

Present state:—There is permanent contraction of the right pupil (myosis). There is loss of reflex contraction of the pupil (Argyll Robertson symptom). Both pupils readily contract on accommodation. In addition to the loss of reflex contraction, he has also undoubted loss of reflex dilatation of the pupils. There is well marked