

stupor and no coma. Speech and articulation were normal, Cerebration was rather slow, but the child appeared to understand what was said to him.

Sleep was broken by the intensity of the headache complained of. It was chiefly occipital, and was liable to acute exacerbations which caused the patient to cry out.

Voluntary power in the extremities was normal. Nutrition was good and no hypertonus could be noticed.

Coördination could not be accurately tested, owing to the mental dulness and to the boy's inability to walk.

No convulsive movements could be noticed, except some twitching of the left angle of the mouth at times. These movements closely resembled in character those obtained in habit spasm.

Except the kneejerks, which were not obtained, the reflexes were all active. There was obstinate constipation, but no other change in the organic reflexes.

No subjective sensory symptoms were complained of, and sensation was apparently normal all over the body.

The only one of the cranial nerves affected, so far as they could be tested, was the optic nerve. The child was almost wholly blind. He could distinguish the presence of an object held close to his face, but was unable to count fingers. There was an intense optic neuritis.

The other systems were negative to physical examination, and the urine was normal.

*Subsequent Events.*—For some days after admission the patient's headache remained severe. Then it gradually abated, and at the end of three weeks (March 1) had entirely ceased.

Vision improved gradually, and by March 1 patient could readily count fingers and identify playing cards, though he was unable to read even fairly large print.

The bowels remained obstinately constipated for two weeks (till Feb. 20). Since then they have been fairly regular.

For three weeks after admission (up to March 1) the patient had some tendency to retention of urine, necessitating frequent hot hip-baths, and occasional catheterisation.

During the four weeks following admission (till March 8), patient vomited three times. The vomiting usually took place while taking food or soon after. As a rule it was somewhat explosive, was not preceded by nausea, but the patient said he felt sick afterwards. The vomitus consisted only of food taken.

Patient has for the last week (since March 1) been able to walk.

His gait is somewhat ataxic, the ataxia being of the cerebellar type.