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CASE OF CEREBELLAR ATAXIA.

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As cases of hereditary cerebellar ataxia are still very uncommon, I take much pleasure in presenting this patient to the Association. His history, taken from my case-book, is as follows:—"W. S. consulted me December 24, 1895; æt. 16. He is the only child. Has been attending school until the present. In regard to his family history, his paternal grandmother died at 75 from diabetes mellitus. His maternal grandmother died of consumption, and maternal grandfather from locomotor ataxia. His mother is of a nervous disposition, but is otherwise quite healthy. His father, who is present, enjoys good health, and there is no suspicion of any specific history. I can find no trace of any similar affection among his relatives.

In regard to his previous history, forceps were used at birth, but the labor was not prolonged, nor attended by any serious difficulty. He began to walk early, and no defect in his development or health was noticed until he was three years of age, when he began to suffer from diabetes insipidus, which continues at present. Five years ago sugar in considerable quantity was found in the urine, but disappeared after about three months' treatment. In regard to his present illness, his father says that he first noticed that his gait was affected three years ago, and it has grown steadily worse. His speech at this time was noticed as being peculiar. His general health has been fairly good, except that he suffers from obstinate constipation. The thirst has been extreme, the patient drinking about three quarts of water each night, and he passes about 150 ounces of urine in 24 hours.

PRESENT CONDITION:—Patient is a well-developed boy, and has no noticeable deformity of head or body, except that the arch of the palate is high. The knee jerks are decidedly increased, and there is a moderate ankle clonus on both sides. If either foot is forcibly flexed, and the tendo Achilles tapped with a percussion hammer, trepidation on the foot

*Read before the Canadian Medical Association, 1896.

The first description of this disease published in Canada appeared in the LANCET (January and February, 1894), being a translation of Marie's original article by the author of the present paper.