

are also numb, and the patient has great difficulty in keeping his feet and legs warm. The left side of his face, the lips and the chin, and the tongue are numb, and he does not use the left side of his mouth in chewing his food. Swallowing is performed without any pain or difficulty. The respiration is very noisy, the chief difficulty lying with the inspiratory movement. The noise becomes worse when the patient is sleeping, which he does very soundly, and in the prone position. The character of the breathing at night is best described by the statement that the only person upon the flat upon which he is quartered, who has been able to sleep since he was admitted, is the patient himself.

Prior to his entrance into this hospital the man had been under charge of Dr. McDonagh, in the General Hospital, for a month, and an operation advised but refused.

I am indebted to my colleague, Professor Anderson, for the following account of the patient's general condition.

These notes on the patient's general condition were made on June 4th, 1898, a few days after tracheotomy by Dr. Wishart.

The patient is a man of good physique, but rather emaciated, weighing 135 pounds; has a nervous, rather anxious expression. Heart and circulatory system are normal, pulse 84. Chest is well formed, though there is slightly increased depression in the supra-clavicular and supra-sternal fossae. Physical examination discovers nothing abnormal, chest movements free and easy, respirations 24. Alimentary system—no difficulty in swallowing at present, though a short time previously food had regurgitated through the nose. Digestion is good and the bowels are regular. Genito-urinary system—patient has had incontinence of urine which dribbles away from him, with his being able to feel it passing through the urethra. Examination of the urine reveals nothing abnormal, no albumen and no casts. There is loss of sexual power. Nervous system—there is marked loss of sensation on the left side of the face from the forehead to the chin, also on the left side of the lips and tongue. The left temporal and masseter muscles show great atrophy; he has little power to bite with the left side of the jaw; cannot whistle from inability to approximate the lips; the tongue is protruded straight and shows no atrophy. Sterno-mastoids are normal. Hearing is not impaired. Sight is good, though the eyes tire readily. Patient has diplopia; pupils are of medium size and equal, they react sluggishly to both light and accommodation. There is no loss of power in any of the ocular muscles. Patient complains of a feeling of constriction about the lower part of the abdomen, also severe darting pains through the lower extremities. Has a peculiar