firmly closed as on the other side. He is unable to whistle, but emotional movements, such as laughing, are equal on both sides. The tongue is distinctly protruded to the right. The right arm can be raised only to the level of the shoulder or slightly above it, the grasp is very weak as are also the muscles of the wrist and elbow. Dynamometer right hand 0, left 40. The motor power in both legs is slightly diminished and apparently equally so. There is an entire absence of rigidity of the limbs, no ataxia and the sense of posture is normal. The knee jerks are slightly increased, especially the right, no ankle clonus. The abdominal and epigastric reflexes are absent on the right side, the other superficial reflexes are present.

Speech is somewhat defective. He mentions the names of most objects in French, sometimes in English. He can give his name, but not the number of his house. He understands everything that is said to him, but as he has never learned to read or write it is impossible to investigate his powers along these lines. Apart from emphysema the other organs are normal. The pulse during the first three days varied from 56 to 88, the temperature during the same period 96.8 to 98.6, the urine is normal, and at no time did it contain albumen or sugar.

During the first few days he complained of headache, but this was never severe and he always slept well. The face and arm became weaker and his mental condition showed progressive deterioration; he became very dull and lethargic with incontinence of urine and fæces. Motor asphasia became marked and ultimately he was unable to name any object, although he recognized their use. The leg began to show some weakness whilst ankle clonus and increased knee jerk developed, especialy on the right side. The leg eventually became extremely rigid. There were two attacks of irregular convulsive movements of the limbs. The pulse was frequently slow, 52 to 60, later it became increased in frequency. Vomiting was present on two occasions only. He ultimately passed into a comatose state with contracted pupils and rapid respiration, dying ten weeks after the first onset of symptoms. The eyes were examined by Dr. Kerry a month before death; the pupils were equal and active and the eye grounds normal.

Iodide of potash was administered in increasing doses, but had to be discontinued on account of a severe stomatitis which it set up.

Dr. B. D. Gillies, who performed the post-mortem examination, has kindly furnished the following report:

Anatomical diagnosis.—Tumor cerebri, patchy sclerosis aorta and coronary arteries: patent foramen ovale: chronic adhesive pleuritis