At the present time, the patient's face showed marked asymmetry, the right half being decidedly larger than the left. The right malar bone was very prominent, protruding in such a manner as to give the impression of twisting of the face. This enlargement of the face was more noticeable in the bony structures than in the soft parts, and included the bones of the right half of the cranium. The unequal distribution of the enlargement embarrassed the movements of the jaw and rotation of the head, and caused slight crackling of the joints. The innervation of the lower right half of the face was greater than the left; that of the upper was equal. The tongue protruded slightly to the right; there was no difference in the size of the two halves. The ears were of equal size. There was a decided loss of hair over the left ear and top of head. The hair of the right side of the head was thin; that of the beard seemed to be normal. There was no disturbance of the eye-grounds nor limitation of the fields of vision. No papillitis; no evidence of any tumor formation. The enlargement was also to be seen in the hands, and the fingers were evenly enlarged. The right arm was slightly longer and larger than the left, and there was a similar difference in the size of the two hands. The feet were beginning to show enlargement. The X-ray showed that the right halves of the cervical vertebræ were slightly larger than the left in that the transverse processes were all more massive and appreciably longer.

A CASE OF MULTIPLE SCLEROSIS WITH GENERAL PARALYSIS

By G. Y. Rusk, M.D.

The patient was a woman with a history of syphilitic infection, who at the age of thirty began to show lameness and pains in the legs, which gradually developed into a spastic paraplegia with sensory disorders and weakness of the extensors; who showed marked incoördination, tremor of the hands, face and tongue, speech and writing disorder of the paretic rather than the multiple sclerotic type; Argyll-Robertson pupils and the history of slight convulsive attacks. There was no nystagmus; no scanning speech. The psychosis was a mild excitement and the onset with slight memory defect and a lack of adequate adjustment to environment. The diagnosis presented distinct uncertainties, both from the mental and physical side; although the probability of paresis or of psychosis accompanying cerebro-spinal syphilis was considered, the physical symptom-complex did not suggest multiple sclerosis. The interest in the case anatomically lay in the combination of so rare a condition as multiple sclerosis with the comparatively common general paralysis. The lesions of the former were distinct and adequate for the diagnosis. In the latter condition, the only feature which presented difficulty was that the distribution of the chronic inflammatory exudate was somewhat more marked in the parts affected more severely by multiple sclerosis than in the cortex, where the brunt of the inflammatory condition was apt to fall in a typical paretic.

The president, Dr. J. Ramsay Hunt said that, a few years ago, he had recorded a case of multiple sclerosis in conjunction with dementia paralytica. Clinically the diagnosis was not made and presented many

difficulties; at autopsy the typical cortical lesions of paresis were found, combined with those of cerebro-spinal multiple sclerosis. Such cases are apparently very rare and all of the recorded cases seem to have presented great diagnostic difficulties. Some of the older cases apparently belonged to the diffuse sclerosis and were not examples of true general paralysis.

A CASE OF EPILEPSY WITH MULTIPLE CORTICAL FOCAL SOFTENING

By G. Y. Rusk, M.D.

The patient was a man 63 years old who had shown mental peculiarities for ten years previously. His initial history was inadequate, especially that relating to the onset of his convulsive attacks, or as to the possibility of specific infection. His period of excitement soon subsided, and he lapsed into an affable, mild, demented state, having a series of convulsive attacks averaging about two a month. The autopsy in this case showed cerebral arterial fibrosis, with multiple fine cortical and sub-cortical focal lesions. There was slight bronchitis and pulmonary edema of the lower lobes; also chronic mitral valvulitis leading to stenosis and chronic interstitial nephritis. The feature of interest in the case consisted in the peculiar form of arterial lesion in which many of the terminal arteries appeared as fine white threads running over the convexity of the cortex, especially over the posterior half, although the frontal portion presented a few such vessels. The disturbance of the circulation was further shown grossly by the formation of a remarkably diffuse network of venules distributed especially in those regions where the arterial occlusion was more marked. Macroscopically, the arteries showed practically more of the ordinary arteriosclerosis, but the affected ones were usually completely occluded by a webby fibrous tissue mass in which few nuclei were present. The vessel, as a whole, was usually shrunken, the muscle had more or less disappeared or become hyaline, the elastica was usually fairly well preserved and the adventitia converted into a loose acellular network. The pia generally was hyperplastic, and in areas showed many compound granular cells and pigment, but no inflammatory exudate was present. This extensive vascular disease had led to multiple tiny sclerotic plaques, at times wedge-shaped, involving nearly the surface of the cortex, again extending various distances into or through it. These tiny secondary foci were not confined to the cortex, but occurred less frequently in the basal ganglia and in the intervening white matter, taking the form of lacunar atrophies.

SOME TYPES OF CEREBRAL ARTERIO-SCLEROSIS

By C. I. Lambert, M.D.

The speaker stated that a critical analysis of the disorders accompanying senile and arterio-sclerotic changes enabled one to make certain clinico-anatomical groupings with considerable precision. The simple senile disorders might be separated from the essentially arterio-sclerotic group of cases on the basis of fairly distinct clinical and anatomical features, admitting, however, that the one might be superimposed on the