

of the brain. Lateral ventricle dilated and full of a clear fluid to excess. Walls of the third ventricle agglutinated.

Cord.—The cord presents two system lesions. First, partial posterior sclerosis, and second, sclerosis of the crossed pyramidal tract on the right side and part of the direct pyramidal tract on the left side. (See Fig. 5.)

The posterior sclerosis is not distributed symmetrically as in locomotor ataxia. The posterior parts of the columns of Goll and of Burdach are normal. The posterior root-zones practically escape.

As the figure shows, the sclerosed area in the right lateral column is more extensive than the crossed pyramidal tract. At its periphery, a line of less degenerated fibres marks the position of the direct cerebellar tract. The area of degeneration on the right side is not co-extensive with the direct pyramidal tract.

The cells in the anterior horns present nothing characteristic. It is to be regretted that microscopic examinations of the anterior horns in the lumbar region were not made.

Although this cord presented the type seen in cerebro-spinal sclerosis, yet clinically the case was one of general paresis, quite well marked by delusions, progressive dementia, maniacal episodes, and speech and eye defects.

A STUDY OF NINETEEN CASES OF LOCOMOTOR ATAXIA.

By JOHN MILTON ROBINSON.

Of these nineteen cases fourteen were males and five were females, an unusually large percentage. A history of syphilis was given by three cases, of spinal injury by four; of exposure to cold and wet by seven cases; of alcoholic excesses by seven; of venereal excesses by two.

The symptoms tabulated in the order of frequency are as follows:

1. Knee-jerk absent	18
2. Various paræsthesial, as numbness, formication, etc.	18
3. Partial iridoplegia (including twenty-three)	18
4. Girdle sensation around the abdomen.	18
5. Urine alkaline and turbid (eighteen cases)	16
6. Anæsthesia.	16
7. Severe paroxysms of pain	15
8. Argyll-Robertson pupil	15
9. Acceleration of pulse (above eighty-five).	14
10. Constipation	13
11. Partial incontinence of urine.	12
12. Diminished faradic excitability.	11
13. Diminished galvanic excitability.	11
14. Sudden vertigo,	8
15. Myosis	8
16. Sexual involvement.	7
17. Transient diplopia	6
18. Urine containing trace of albumen.	6
19. Static ataxia	5
20. Limitation of color field.	5

21. Exaggerated superficial reflexes.	4
22. Much ataxia in the hands.	4
23. Girdle sensation around leg	4
24. Unequal pupils	4
25. Slight atrophic changes in the optic nerve	4
26. Contraction of the field of vision.	4
27. Gastric crisis	3
28. Transient ptosis.	3
29. Deafness	3
30. Uneven contour of pupil	2
31. Nystagmus	2
32. Irregularity of the pulse	2
33. Tabetic arthropathies	2
34. Tenderness along the spine.	2
35. Qualitative alteration in electrical reaction.	1
36. Girdle sensation around the shoulders	1
37. Laryngeal crisis.	1
38. Partial achromatopsia.	1
39. Anosmia	1
40. Complete incontinence of urine	1
41. Acute retention (occurring at intervals)	1
42. Valvular murmur (mitral).	1
43. Unilateral (?) hyperidrosis.	1
44. Perforating ulcer of foot	1
45. Knee-jerk present, but much diminished.	1

The physicians connected with the public hospitals of Philadelphia, as well as the Commissioners of Charities and Correction, are to be congratulated for issuing this excellent volume of reports, which is the second of a series that is destined to supply many valuable data to medical science. The influence of such works is far reaching, affecting both the medical profession and the lay-community. The issuance of such reports, necessarily involves the assistance of the house physicians who are in consequence stimulated to accurate observation to a degree not otherwise obtainable. The attending physicians to the New York hospitals under the control of the Commissioners of Charities and Correction, should lose no time in following in the foot-steps of their Philadelphia confrères, by petitioning the commissioners to co-operate with them in the publication of an annual report. The material cost of the book would be a mere bagatelle. The material in the New York hospitals is enormous and valuable from the scientific standpoint, yet a great deal of it is lost owing to apathy and indifference manifested by the house physicians, and not a few of the visiting physicians. The prospect of an annual report would tend to dissipate much of this apathy, which is exhibited in defective observation and the careless taking of clinical histories. Indeed, in some of the hospitals, the recording of clinical histories is simply a farce, and a waste of paper. This should not be.

The valuable contributions to medicine by the St. Guy and the St. Bartholomew hospital reports are unknown to but few. New York ought not be behind other cities in contributing her quota to the science of medicine in the shape of an annual volume of reports. P. M.