ART. IV.—Select Clinical Reports. By Arthur Wynne Foot, M.D., Junior Physician to the Meath Hospital.

I.—SOLITARY TUBERCLE OF THE CEREBELLUM; AMAUROSIS; LOCOMOTOR ATAXY; OCCIPITAL HEADACHE; VOMITING; TETANOID SPASMS; DEATH.

II.—LOCOMOTOR ATAXY (POSTERIOR SPINAL SCLEROSIS); DEATH FROM TYPHUS FEVER; DEGENERATION AND ATROPHY OF THE POSTERIOR COLUMNS OF THE CORD AND POSTERIOR NERVE ROOTS.

III.—LOCOMOTOR ATAXY SUBSEQUENT TO DIPHTHERIA; RECOVERY.

IV.—ACUTE TETANUS FROM EXPOSURE TO COLD AND WET; FATTY DEGENERATION OF THE HEART; RUPTURE OF A FATTY PSOAS MUSCLE; DEATH.

The foregoing are a few of the very numerous important cases which have, during the past session, furnished ample materials for the clinical education of the practising medical pupils of the Meath Hospital. Obviously unsuited for the exhibition of brilliant treatment, they are eminently adapted for the cultivation of differential diagnosis and pathology, two of the most essential requirements of scientific medicine.
CASE I.—A grocer's porter, nineteen years of age, very pallid, and of a silly expression of countenance, was admitted into hospital 26th February, 1872. The case was given up to the care of Mr. (now Dr.) Robert S. Archer, with instructions as to the essential points to which he should especially direct his attention. The history of the lad's illness was, that thirteen months previous to his admission he began to lose his eyesight, and in the course of four months he became quite blind. Very soon after the loss of his sight he began to "get awkward on his limbs," and this awkwardness continued to increase until it became so marked that he had to keep to his bed. Of late he had vomited once or twice a week without any obvious cause, and had suffered from pain in his neck and in the back of his head. Upon examination the right side of the neck presented the scars of former lymphatic abscesses, and on both sides, but especially the right, there were many enlarged glands. He was quite amaurotic, both pupils were widely dilated; he could not perceive the light of the sun when his face was directed towards it; but he had, both by day and night, a subjective sensation of light in the eyes which he called "lightsomeness." The other special senses were unimpaired. Not being able to stand without support he used a stick, and even with its assistance "straddled" along with a staggering gait, the feet widely separated, and the heels coming first to the ground. He exhibited a remarkable tendency to fall backwards when in the erect position, and could not attempt to hop, jump, or run. The muscular development of the lower limbs was good, and he had the fullest use of the muscles, and control over their movements while he lay in bed. When desired to get up and walk across the ward, he usually had to sit a while on the side of his bed to "recover" himself. He was frequently so giddy on first rising from the horizontal position, that for a few minutes he was quite unable to stand. He experienced a difficulty in starting off and in turning round, his limbs shook under him as he walked, and in getting into or out of bed his movements were often grotesquely clumsy. His gait was not at all like that of a blind person, but very similar, with the exception of the sudden shooting forwards of the feet, to that observed in advanced stages of locomotor ataxy (posterior spinal sclerosis). He complained of weakness in the back and legs, especially in the left leg, but had no pain in these parts. There was neither paralysis of motion or of sensation, the sensibility to temperature was good; reflex excitability not excessive; the aesthio meter showed some deficiency in