

continued the bromide of ammonium and capsicum mixt.

*March 13th.*—Still very nervous and restless, so much so that I proposed to him to see Dr. Howard again, which he consented to; complained of great pain in back of the neck and spine, for which I dry-cupped him, it seemed to give him instant relief for he fell into a quiet sleep and continued so all night; stopped the capsicum mixt. to-day and returned to the bromide of potassium and sprts. of chloroform.

*March 14th.*—Dr. Howard saw him in the afternoon; on examination found his heart healthy, only excessively nervous. After the doctor left he talked quietly, and walked without faltering; seemed very much relieved in mind when his heart was pronounced healthy; examined his urine, but found nothing remarkable; continued the bromide and chloroform.

*March 15th.*—Better to-day, went out for a drive, ate, slept, and walked well; in the evening complained of pain in his back, for which I dry cupped him again.

*March 16th.*—Still continues well; went out driving again; ate, and walked well; still had a little pain in the back of the neck, this pain was aggravated at night so I cupped him again, affording the same relief which lasted all night; this evening for the first time he complained of pain in the back of the thigh; continued the bromide and sprts. of chloroform.

*March 17th.*—He was marvelously well all day; talked of starting for England the following week; drove himself out with a pair of horses; seemed very strong and well, no pain in the back; ate well, and walked as if nothing was the matter, but said he had a little rheumatism in the back of the thigh.

*March 18th.*—I was summoned at 1.30 a.m. to attend him in another fit; on my arrival I found him dead.

Family history was good, he had served in the Madras army for about seven years. He had told me he had suffered while in India from an attack of hypochondriasis, which was very troublesome both to himself and his medical attendant; also had attack of jungle fever. While here I had treated him for some minor complaints, but with these few exceptions he had had uninterrupted health.

*Autopsy.*—This was performed by Dr. Roddick—Demonstrator of Anatomy, McGill University. Thirty-six hours after death: weather

cold; cadaveric rigidity very marked; body well nourished and fat; muscular system greatly developed; uniform purple discoloration of all the posterior part of the body.

*Chest.*—I may mention here en passant that the left pectoral muscles were absent. Lungs large; filled with dark blood; slight nodular fibroid induration at the apex of the right lung; largest and hardest in the left apex.

Heart not distended with blood, substance flabby; of good color; no opacities or discoloration visible in its cut substance, nor under the endocardium, nor in the fleshy columns; three or four minute white patches of atheroma in the substance of the fibroid ring to which the semilunar segment and anterior mitral segment are attached; no roughening of the surface of the walls on either side of the heart; no disease in fact in the heart except the patches of atheroma above mentioned; lining membrane of the ventricles and arch of the aorta deeply stained of a mahogany red from imbibition; some atheromatous patches without calcareous matter under the lining of the aortic arch, no aneurism of the thoracic or abdominal aorta.

Liver large, venously congested, not corrugated nor indurated; both kidneys normal, one much congested throughout and of dark red color like liver; spleen healthy.

*Head.*—Little blood escaped in cutting the scalp and calvaria; encephalon filled the skull, the membranes were closely applied to the brain, the dura mater normal, not injured at all by the saw or chisel; convolutions of the convexity and sides of the brain flat, and considerable transparent fluid in the sulci and meshes of the pia mater; extensive extravasation of blood at the base of the brain in subarachnoid space, most abundant and forming in thickest layer upon and around the pons varolii, and in the neighborhood of the upper and basilar surface of the medulla oblongata, and upon and around the crura cerebri. The extravasation extends forward in the pia mater, as far as the extremity of the olfactory bulbs, backwards upon the under surface of the cerebellum to its posterior border. It is much thinner at both places than at mid-base.

On opening the Sylvian fissures, blood is found extravasated in them, more in the right than in the left side, and also along the longitudinal fissure from the optic commissures in the course of the anterior cerebral arteries; this blood is