

paired. From this operation she had an uneventful recovery, and with her recovery she again became herself, feeling and looking well. Toward the end of the month she complained of severe neuralgic pain in face, and on examination several carious teeth were found and extracted under an anæsthetic. After a month's apparent health she suddenly became again markedly hysterical. Headache became a more or less constant feature, but was not localized though most severe in the lower parietal region. She developed amongst other phenomena some peculiar ocular symptoms taking the form of temporary blindness, *e. g.*, a certain lady visited her; she said, "How are you Mrs. S., I can't see you, but I know your voice," and then in a few seconds, "What a pretty bonnet that is," launching out into a discussion of the bonnet. These phenomena created a suspicion of actual cerebral lesion, probably of nature of tumor. A careful examination of the eyes was made at this time by Dr. J. C. Connell, who reported them normal. The neurotic symptoms became gradually more severe, but were never alarming. On the morning of June 9th, she was suddenly seized with convulsions which lasted on and off for half an hour. These movements were followed by what was apparently a natural sleep, but on the physician's return two hours later, the patient was found dead, though both husband and nurse who were in the room were quite unaware of it. An autopsy was made three hours after death, the head alone being examined.

On external examination nothing of import detected. Pupils dilated and equal.

*Dura Mater* was natural; longitudinal sinus empty.

Brain, weight 45 oz., natural in appearance, except over hinder part of left temporo-sphenoidal region where there was slight bulging with paleness of convolutions. The brain substance in cross section was pale showing but few puncta vasculosa. A section in situation of centrum ovale majus, opened up the dilated lateral ventricles, filled with a pale serous fluid. The anterior cornu and descending horn on right side would admit the entrance of an index finger, while the posterior cornu would hold two fingers. On the left side the dilatation was not quite so marked. The *venæ cor-*