

face. One took hold of the trifacial nerve, and yielded to the local application of aconite. Another seized the right supraorbital nerve, and yielded to veratria, not to aconite. The third attack showed itself back of the ear, and was accompanied with tenderness and swelling over the right mastoid process. This required leeching. All of these attacks were short, though severe. Excepting the weakness just referred to, he seemed to be fully convalescent by the 7th of March. On the morning of March 10th he was attacked, without apparent cause, with intense headache, intolerance of light and sound, nausea and frequent vomiting. His pulse soon became irregular, not intermittent, and feeble. His respiration was also slow, some times not more than eleven or twelve per minute. He had no cough. His respiration was vesicular. There was no tenderness over the liver or bowels. The latter were costive. The above symptoms persisted through the 10th, 11th, 12th, and 13th of March. They were apparently controlled, though not stopped, by the subcutaneous injection of morphia. During this period, he was supported by enemata of beef-tea. Every form of nourishment, liquid, or solid, that was tried by the stomach, he rejected. His pulse averaged about 60, though it was several times as slow as 48 and 50. The pupil of each eye acted normally. He had no delirium or intellectual disturbance.

The nausea began to abate on the 14th of March, and on the 17th he got and retained a little beef-tea with pepsin in it. He had a free dejection on the 17th after taking citrate of magnesia, the first for a week. He had another dejection on the 18th. At this time he seemed to be convalescing again. The intolerance of light had so far abated that he bore easily a subdued light in his chamber. He had no nausea or headache. He retained light food and took it with a relish; all opiates were omitted; and he slept quietly. During the night of the 19th he slept less easily than usual. Early in the morning of the 20th he complained of faintness, difficulty of breathing, and sharp pain in the back of his head and the upper part of his spine. These symptoms increased till they became violent, and were followed by delirium. One-fourth of a grain of sulphate of morphia was injected into his arm, and he became quiet in less than fifteen minutes, and fell asleep. Previous to the injection there was a return of nausea, vomiting, and intolerance of light and sound in addition to the other symptoms enumerated. When asleep, his pulse was 64 and regular, and his respiratory movements normal. He awoke, after sleeping several hours, in a much more quiet condition, without delirium or pain in his head or back. He still had frequent nausea, and was abnormally sensitive to light and sound. He was kept very quiet, put upon a diet of crust coffee with milk and lime-water, and ordered 20 grs. of bromide of potassium every four hours. His bowels were moved by enemata.

From this time he seemed to convalesce again. He got the bromide every four hours for three days, then every five hours for two days, then every six hours for two days and then twice in every twenty-four

hours. His bowels were moved every other day. He slept an average of eight hours every night. His tongue, which had never been much coated, became clean. His diet was cautiously increased, and he was able to eat bread, meat, and milk. His appetite for hearty food was strong. Early in April, he walked moderately about his chamber, bore a sufficient amount of light, had a good pulse of 84, and complained of no sort of discomfort. He went to bed at his usual hour in the evening of April 5th, and went to sleep. A serenade from a band of music, under the windows of a neighboring house, which continued for about an hour, aroused him from sleep at 1 A.M. He soon complained of intense headache; in a short time he became delirious, and soon after began to vomit. He got 60 grs. of bromide of potassium in divided doses in the course of two or three hours, and then became quiet and went to sleep. He had a dejection during the day, ate very little, and by night was comfortable again. He went quietly to sleep in the evening of April 6th, and was awakened with intense headache and delirium at 1 A.M. of the 7th, almost exactly twenty-four hours after the previous attack. Presently he had nausea and then vomiting. His pulse was irregular and 48 in a minute. His respiration was also slow and abnormal (saccadé). I injected his arm with half a grain of sulphate of morphia and he directly fell asleep. Twenty grains of bromide of potassium were ordered every four hours; a cathartic of citrate of magnesia, and a diet of gruel. He got a long and quiet sleep and awoke refreshed. His bowels moved freely. On the following morning he had another but less violent access of pain at about 2 A.M. After its subsidence the bromide of potassium was omitted and quinia was given. The first day he got 18 grs. in 12 hours without any subsequent tinnitus, and with a moderate paroxysm of pain at about 2 A.M. The next day he got 24 grs. in 12 hours, with slight tinnitus and no paroxysm of headache in the morning. After this the quinia was gradually diminished, and at the end of a week it was discontinued. The pain in the head did not return. From this time he seemed to improve again. He had a good appetite; ate freely of ordinary food; slept well; the action of bowels and kidneys was normal. He began to ride out, and about the 20th of April he went to his sister's house in the country, two or three miles from Boston. He often said that excepting weakness he felt perfectly well. He had not, at that time nor previously, any paralysis of sensation or motion. In two or three days, however, he began again to complain of pain in his head. At this time the pain came on in irregular paroxysms, and was not severe. He fell down once, while walking out, but got up again easily. He got quinia and bromide of potassium again but without relief. He referred the pain chiefly to the back of his head. It was accompanied with nausea and occasional vomiting. His pulse dropped from the neighbourhood of eighty to between fifty and sixty. His respiration was slow and irregular. He had no delirium, and the pupil of each eye acted normally. His urine was normal, and his bowels were moved sufficiently by an enema.