from the affected lung. I suspected the existence of one or more enlarged bronchial glands pressing on the bronchi and mechanically interfering with respiration, and possibly some of them involving the recurrent laryngeal nerve in their enlargement and by spasm diminishing the calibre of the passages to the lungs, as the only plausible explanation of the obstruction to respiration. The treatment adopted was the administration of a cough mixture containing sedative antispasmodics and ½ gr dose of potassi iodidum cod-liver oil with the hypophosphites of lime and soda, and the application of tr. iodine diluted, to the chest. The symptoms continued about the same up to the beginning of October, the child nursed well, and did not appear to lose any in flesh. The paroxysms of cough sometimes produced great distress, the countenance becoming suffused and livid, and on one or two occasions suffocation appeared imminent; the act of swallowing, as when taking food or medicine, would bring on the attacks of coughing.

About the middle of October the various symptoms referable to the trouble in the chest had gradually subsided until the cough disappeared, and wheezing ceased to be apparent.

The child, however, still seemed ill, was very pale and perceptible emaciation evidenced a failure in the nutritive functions: It would lie very quietly during the day, but was restless and peevish at night. The bowels were confined, and there was frequent vomiting. Towards the end of the month these symptoms became more marked, and there was slight fever at night, and child was very restless, would awaken from its troubled sleep with a shrill cry and roll its head about from side to side, and again fall asleep; would not sleep at all sometimes until the head was kept raised up in its mother's arms, and would waken when laid down; there was also occasional twitching of the muscle of the extremities.

On the 31st October there was still complete absence of all bronchial or pulmonary symptoms, excepting a little irregularity and inequality in the breathing, and those of tubercular meningitis were actively disappearing. The child cried continually when awake, and the short snatches of sleep were frequently disturbed with sufferings which were made apparent by the peculiar sharp *hydrencephalic* cry. There was continual twitching of the muscles of the extremities and neck, more marked on the left side, and continuing during sleep. Pupils were moderately dilated, and the abdomen appeared somewhat extracted, vomiting frequently, and always after nursing or taking anything with the spoon. Tongue is clean and moist, and the bowels for a day or two have been regular, the passages having a greenish appearance. Child dislikes to be touched or moved and lies mostly on its side. Temperature was not raised, and pulse but slightly accelerated; scalp over the anterior fontanelle (the opening of which is nearly two inches in length) is tense and slightly bulging.

Nov. 2nd.—Child is in a drowsy, somnolent condition, lies on its back chiefly, and is exceedingly quiet, does not cry, and breathes imperceptibly with the month open, as if the muscles of the jaw were partially paralysed; the vomiting has ceased, and child does not nurse as much as usual; bowels moved twice, first time natural, second passage greenish, and apparently accompanied with pain. Head is thrown backwards most of the time, and the muscles of the back of the neck are contracted and rigid. Face is very pale, with occasional flushings, especially when child is disturbed in any way. The eyelids are only partially closed, and the eyeballs oscillate in various directions; there is also occasional squinting. The peculiar coloration left on the skin after pressure on the *trachea cerebral* is also evident. Mother states that there was a slight convulsion to-day, lasting only a couple of minutes; the child became stiffened, respiration ceased, and eyes were turned up. Temperature is normal, and pulse only 80.

Nov. 3rd, 3 a.m.—Has been in convulsions for about two hours; there is a continuous succession of clonic spasms; trunk is stiff. Marked carphalogia and strabismus; is perspiring profusely, face is flushed, eyelids do not close, eyes have a vacant stare, and are insensible to the touch, pupils are widely dilated, soft parts over the anterior fontanelles still elevated, tense and throbbing. T. 102°, P. 240, R. 102, the breathing is accompanied with a moaning cry, and is irregular and unequal, consisting of a succession of quick inspirations, growing in intensity, and ending in a deep, prolonged sigh or sometimes in short expiratory moans.

11 a.m.—The clonic spasms continued until about 5.30, since then has been more quiet; pulse is too rapid to count and scarcely perceptible at the wrist, eyes are drawn up and oscillating slowly from side to side, pupils widely but equally dilated; is perspiring freely, surface is clammy, respiration difficult and stertorous, head, neck and upper portion of body curved backwards in a condition of opisthotonus.