

With the somewhat imperfect history of the case obtained from her friends, and the symptoms presented, the question in our minds, as to diagnosis, rested between embolism and cerebral hæmorrhage. The fact of there being no heart murmur recognised was no proof that there might not have been vegetations (small fibroid growths) on the valves, one of which might have been displaced and carried to the middle cerebral artery. Again, taking her history as a guide, and from the age of the woman, we were also warranted in the assumption that the arteries were diseased, one of which had given way in the brain, resulting in effusion of blood. Hemiplegia was now well marked, the right side being paralysed, from which we concluded that the lesion was in the left side of the cerebral mass. One circumstance which, perhaps is worthy of notice was that at times she would raise her left arm and carry it to her head, and with her hands pressing firmly against the side of her head.

At Dr. Roddick's suggestion I treated the patient on the principle of counter-irritation; applied a sinapism to the nape of the neck, followed by a blister; a large sinapism over the epigastric region; and I also administered a stimulating enema of castor oil and turpentine, with the effect of producing copious evacuations. Excepting a slight increase in temperature, no further change took place till about one o'clock, when she again had slight convulsions, just sufficiently long to enable me to discover paralysis of the left side of the face. The symptoms succeeding this attack were very characteristic of approaching dissolution. The heart's action became tumultuous; the pulse hard and full, but very irregular; the respiration exceedingly harsh, and she evacuated the contents of her bowels profusely. The reactionary stage now set in rapidly; the pulse became soft and thready; breathing much laboured, the respiratory muscles acting forcibly, and the temperature of her body fell considerably; the pupils were dilated and quite insensible to light. In this condition she remained until about half-past three o'clock, when she died comatose, thus having been for a period of nearly nine hours unconscious.

Having formed the opinion that the case was one of cerebral hæmorrhage, I was anxious to satisfy my mind as to the correctness of my view, and accordingly, although with considerable difficulty, I prevailed on the family to permit a post-mortem examination. The results of the autopsy, at which Drs. Roddick and Bull kindly lent their assistance, are, in so far as we were enabled to proceed, herewith submitted:

Thirty-two hours after death rigor mortis was not well marked. On removing the calvarium, which was firmly adherent to the