

is somewhat more talkative and rambling than yesterday.

Saturday, 18th 10 a.m.—Pulse 125; temperature $101\frac{1}{4}^{\circ}$. Has passed a very restless night; pupils more than usually sensitive to light and somewhat contracted; the muscles of arms and legs not rigid; those of nape and abdomen as before; there is considerable swelling of right ankle joint. 10 p.m., pulse 120; temperature 102° ; is more conscious and rational than for a day or two; recognizes those around him; ordered a sedative draught of bromide of potassium at bed time to relieve restlessness.

20th, 10.30 a.m.—Pulse 122; temperature $103\frac{1}{2}^{\circ}$. Passed a quiet night, but complains of headache, for which ice is ordered to be applied to the head, also an injection to move the bowels.

21st, 10.30 a.m.—Pulse 130; temperature $104\frac{1}{2}^{\circ}$. The only new symptom to record to-day is the occurrence of starting of the whole body. Ordered the application of ice to spine. Also, in addition to other treatment, a dessertspoonful of claret every three hours.

22nd, 11 a.m.—Pulse 120; temperature $103\frac{1}{2}^{\circ}$. Has rested well, on one occasion sleeping for two hours together.

23rd, 11 a.m.—Pulse 126; temperature $103\frac{1}{2}^{\circ}$; was restless this morning, apparently at the time of the rise of the temperature. There is an accumulation of mucus about the eyes, producing that filmy appearance of the cornea, so commonly seen in the later stages of brain disease. 11 p.m., pulse 126; temperature $104\frac{1}{2}^{\circ}$. He has been more than usually talkative and rambling to-day.

24th, 11 a.m.—Pulse 108; temperature 101° . Slept well last night. The effusion into the ankle-joint is much reduced; no other change to report. 11 p.m., pulse 126; temperature $103\frac{1}{2}^{\circ}$.

25th.—Pulse 126; temperature $103\frac{1}{2}^{\circ}$; is quiet, apparently inclined to sleep almost constantly. The dose of bromide potass is in consequence to be lessened to 2 grs. every two hours, and that of the tinct. chinchonac to be increased to m. xx.

27th, 12 m.—Pulse 120; temperature $104\frac{1}{2}^{\circ}$. 11.30 p.m., pulse 118; temperature $104\frac{1}{2}^{\circ}$. The retraction of the head and rigidity of the hamstring muscles, which had been very much diminished for a few days past, is to-day somewhat increased.

30th.—Pulse 130; temperature $103\frac{1}{2}^{\circ}$. There is well marked risus sardonius; does not take food so well; other symptoms are unchanged.

June 1st. Is much worse to-day, having been nearly insensible since yesterday morning. There is rigidity of the whole trunk, very little action of

respiratory muscles, and very little food is taken; pupils somewhat dilated; pulse 144, weak; temperature 102° . Ordered head to be shaved, and biniodide of mercury ointment, 20 grs. to the ounce, to be rubbed into the scalp every four hours.

June 2nd.—Condition unchanged. No vesication has been produced by the ointment; consequently a fly blister is to be substituted. I received a message this p.m. to say that my services were no longer required, as Homœopathy had been called in.

From this date for about ten days, I did not see the patient, but at the expiration of that period, having been called to attend the child's father at his residence, I saw him occasionally until his death. The urgent symptoms present on the occasion of my last visit had of course passed away. The patient had become intensely emaciated, gave very little evidence of consciousness, and did not speak. He took nourishment fairly well when offered to him, and the evacuations were passed unconsciously. The pupils were natural; the rigidity of the muscles of the nape and trunk still persisted, so much so that, on attempting to turn him on his side, one was reminded of a dead body in rigor mortis. When thus moved the only evidence of consciousness he gave was to whine or moan. The abdomen was retracted, the bowels costive, never being moved except by injection. The effusion into the ankle joint had long ago entirely disappeared, as also the herpes about the face. In this condition he remained with comparatively little change until the last time I saw him, which was about a week before he died. Death took place during the eighth week of the disease.

Case No. 2.—L. C., a healthy, lively little girl, æt. 11, had always enjoyed good health up to the date of the illness about to be described, with the exception of an attack of scarlet fever five years previous, from which she recovered perfectly.

The patient was seized at midnight of the 25th June, 1872, with a very severe rigor. I was sent for almost immediately, and reached the house before the rigor had passed off. On inquiry I found that she had been quite as well as usual during the day, (appetite and spirits being good) except that she had complained of a little pain down the left side of the neck, and slight sore throat. The patient now complained of some headache, thirst, etc, and the pulse was rapid—144. I did not, at this early period of the illness, apprehend anything serious, and soon left the house, having prescribed a mixture containing small doses of Tincture of Aconite to be given at intervals during the night. I was again sent for