

25th Jan.—Has been daily becoming more insensible. By loud talking or shaking can now only be roused sufficiently to give some slight sign of perception. When undisturbed, lies quietly unconscious. No stertor. To-day for the first time, although repeated examinations have been made, is evidence found of the existence of paralysis, the right arm feels quite flaccid when raised and the right eye does not close when touched. There is retention of urine for which the catheter is used and the fæces are passed involuntarily.

21st Jan.—Profound insensibility, inability to swallow, Paralysis of right side, slight muscular twitchings in the left arm, pulse failing rapidly.

22nd Jan.—Died at 1 p.m.

Post Mortem 24 hours after death. *Brain*—slight serous effusion in the sub-arachnoidean space. General fullness of the veins on the surface. A small bony plate about the size of the little finger nail was found under the pia mater and attached to one of the convolutions of the left hemisphere of the Cerebrum near the Parietal foramen. It did not seem to cause any disturbance in the part. It was smooth externally and marked by the convolution internally. Arachnoid at the base healthy. Walls of the arteries at the base thick and atheromatous. All the ventricles healthy, Cerebellum normal.

A small sacculated aneurism about the size of a hazel nut was found situated on the left internal carotid artery just at the commencement of the fissure of Sylvius where it divides into its terminal branches. On slitting up the vessel the aperture to the sac was discovered, oval in shape about 1 line in length by $1\frac{1}{2}$ line in width. The sac was completely filled with a firm decolorized fibrinous clot. From the delicacy and thinness of the walls of the vessel it could not be made out how many of the coats composed the sac. The coats of the vessel were atheromatous and patchy in the neighbourhood of the aneurism. The vessel was pervious under the sac, though it may have been compressed somewhat