

*February 26th.*—Patient semi-unconscious, will answer when spoken to, though slowly and haltingly. Cheeks flushed. Very faint yellowish discoloration of skin. Involuntary evacuations since admission. Nurse reports that during night patient cried out several times. Patient quiet to-day, although turning from side to side; is drowsy on being questioned. Keeps her neck very rigid. Complains of pain in head and back of neck. Pulse varies from 78 to 60, and is quite irregular, missing about every third beat. Pupils about normal. For a portion of the day right pupil more dilated than left. She makes requests; but when doctor asks her what she wants she seems to have forgotten the thing she wanted, pointing to her throat as if wanting something to drink. Knee jerks and reflexes still increased.

*March 18th.*—On the night of last observation she seemed rational for a few minutes, and in a few days she began to have intervals of consciousness, lasting about half an hour or more. During these intervals she would be quite rational, but could not speak distinctly. These intervals gradually lengthened until, on the 11th, she was conscious for over two hours at a time; then she would relapse into semi-consciousness and delirium. These fits of consciousness have gradually lengthened until, yesterday and to-day, she has been conscious practically all day. At the beginning of these lucid intervals she was quite unable to give anything a name. She would seemingly know what it was, but could not remember the title until it was told her, when she would at once recognize it and say it, though in a few minutes after she would forget again. This was true both of persons and objects. This defect of memory did not apply to an event or person, for on being asked if it was so and so or at a certain place she would at once answer correctly, yes or no.

On the 14th, 15th and 16th she was extremely noisy and restless and irritable, striking at the nurse and crying out to go home. These symptoms disappeared after the administration of a copious enema.

Throughout the attack the temperature has nearly always run from 98½ to 99. Last night it went down to 97, and this morning is 98. Up till the 12th, urine and feces were involuntary, except when she had an enema. To-day she is quite bright and cheerful, though she has considerable difficulty in remembering names of people and places. She remembers things that occurred years ago, but says that her stay here is a blank to her. Tongue is clean, pupils dilated and even, pulse 94 and regular. Tendon reflexes absent and legs seem to be quite atrophied. Slight jaundice still present. She has been picking her nose, causing slight epistaxis.

*19th.*—Patient seems quite bright to-day, but complains of double vision and difficulty in seeing objects. Is only able to distinguish with difficulty objects as large as one's fingers at a distance of six feet. Says that at times she has headache, which wakes her up if she is sleeping. Right eye slightly convergent. Both optic discs present a somewhat reddish striated appearance with whitish areas, the whole suggesting the "bullet-splash" appearance. Knee jerks absent, pulse and temperature normal. She has a marked flushing of left cheek. This *tache cerebrale* has been a frequent manifestation throughout her illness.

The treatment was begun the day after her admission, by administration of castor oil, and followed by enemas. The bowels were very constipated requiring at first mechanical aid to empty them. Subsequently, she required numerous enemata and cathartics, to keep the bowels acting. Any neglect of these measures caused an aggravation of her symptoms. At times, too, during her illness she had to have morphia in order to quiet her. For the most part she has taken nourishment freely after the first few days.

*March 22nd.*—Examined by Dr. Rosebrugh. Shows well-marked optic