

did not complain of any part or organ in particular—still going about.

*Tuesday, June 30th.*—Complained of chilliness, stiffness in his legs and muscular pains, spoke of the advisability of going on board the steamer North West to sleep, which I approved of, consequently he went, walking nearly a mile. He was given two pil. cath. co. and a febrifuge mixture, the pills operating freely twice.

*Wednesday, July 1st.* At 6.30 o'clock a.m. he sent for me, but as I was on parade, Dr. Gravelly saw him instead; and prescribed quinine and Dover powder.

At about 8 o'clock I saw him; he seemed much worse to-day, complained of head-ache, and was slightly delirious, tongue furred, restless, and sleepless; his pupils were normal, pulse 90, temp. 101½. Applied cold to his head by means of a coil of rubber tubing.

At 11 am. Dr. Pennifather saw him in consultation, when it was agreed to give him gr. xx. am. bromidi every 4 hours, in addition to the febrifuge already given and pil. cath. co. which he received; temperature 101½, pulse 84. During the day he was delirious, but could, when spoken to, compose himself and answer questions rationally, but would soon relapse into a stupid state; pupils normal, urine secreted naturally and in good quantity, of a dark color.

*Thursday, July 2nd.*—Morning temp. 102—night 102½, tongue brown and dry, passed a restless night. Complains of paroxysmal pains at the top of head, had lateral deviation of eyes towards the right, had a bad day. Was seen by Dr. Pennifather to-day, and constantly by myself.

*Friday, July 3rd.*—Had a restless and delirious night, pulse 90, temp. 102; am. brom. with T. hyocyami were given, ice to head continued from the first application, also sponging the body freely, takes beef tea and condensed milk in fair quantities; given at bed-time chloral hydratis, gr. xx. repeated three times at hour intervals, giving rest and some sleep. Morning, condition unimproved; Drs. Gravelly, Whiteford, Parry and Ryerson saw him in consultation, and agreed that his symptoms were those of typhoid fever with marked head symptoms, and suggested nothing new as to treatment; throughout the day continued much the same, took some food. In the eve-

ning coma increased, and he appeared to be sinking, skin freely perspiring, alcoholic stimulants given, and icing and sponging the body more vigorously applied, as temperature had risen to 104; urine drawn off and stimulant injections given, he continually grew worse till 9.15 o'clock Saturday morning, July 4th, when death took place.

**REMARKS.** Taking a retrospective view of the case, the symptoms are not those of typical typhoid fever, though experience teaches how protean its course may be. The slowness of the onset of the disease—the malaise, aching limbs, etc., the earlier temperature, appearance of the tongue, and delirium—are suggestive of it. The pulse was slow for typhoid; the disproportion between the pulse and temperature on the one hand, and the delirium, was exceedingly great. The evening temp. was lower than the morning: there was absence of vomiting and pupillary changes, which, with the slow beginning, would go against acute meningitis. There was slight lateral deviation of both eyes towards the right on the seventh day after relief was sought, and about the same time a strange symptom showed itself in exquisite pain in the right great toe—which was not swollen or discolored, but when touched by the bed-clothes or otherwise pressed upon, would cause him to wince even when in a comatose condition—which doubtless was reflex. Whatever the nature of the first cause of the disease, there is little room for doubt that meningitis ensued, which, with its effusion, was the immediate cause of death.

This is strengthened by the family history, which is strongly neurotic.

Had the disease terminated less suddenly, more evidence would have been forthcoming and have put the diagnosis beyond a doubt. But even this is not without its weight in the question.

I feel how very incomplete my narration of the foregoing cases is and regret that it is so, but under the circumstances is unavoidable. I do not know any special lesson that they teach, unless it be that the unexceptional termination of them in recovery, as well as nearly all other wounds of the campaign, would tend to show that the healing of wounds is chiefly due to causes within the body—not to that which is applied externally as dressing—though these are by no means unimportant. Though antiseptics were used in the dressing of