

did not go to his own home but to that of some relatives, where there was a trained nurse in the house. These relatives were excellent people and did their utmost to aid him to maintain his convalescence. The surroundings were as good as could be desired, as walks in the woods with plenty of fresh air, quiet, etc., could all be obtained. Within ten days, however, it was evident he was not so well and the mistake in his removal from direct medical care became evident. On April 13th, after the receipt of a telegram from his home suggesting a change in his plans which were not in accord with his wishes, he developed a severe convulsive attack which was followed by inability to walk, and he was brought back to the hospital. He attempted to walk into the building with the help of two friends but he was practically carried in, his legs dragging uselessly after him. He was at once put to bed and developed a severe convulsive and very noisy attack, lasting about three-quarters of an hour, after which he became quiet and passed a good night. As he had no further attacks at this time he gradually recovered his ability to walk so that in ten days he could get about fairly well with the use of a cane and within one month his recovery of the use of his legs seemed complete so that he could enjoy all kinds of physical exercise. The improvement in his mental tone was also very noticeable, his confidence in himself and his self control being much better. As he was so much improved it was thought advisable to permit direct communication with his home, which had hitherto been entirely denied to him. The result, however, was not satisfactory (I may add there was no other change in his treatment or surroundings at this time), and he developed two slight convulsive attacks, one on June 3rd and one on June 4th. Both these attacks were much modified in their severity in comparison with those he previously experienced, and in a few days he was continuing his progress towards recovery. The outlook at present is for a complete restoration to his normal health, and if nothing unforeseen happens, I expect to send him for a long canoe trip about the first of July with the confident hope that he will be able to resume his work on his return.

In a paper necessarily much curtailed in view of the variety of the details during a prolonged illness, only a *general review* of some of the most striking symptoms can be given. The attacks were often preceded for a few days by disturbances of the alimentary canal such as constipation, anorexia, complaints of biliousness, and a general feeling of malaise which were not relieved by ordinary measures. In addition, at these times, he was irritable, fault-