

vision. The hearing of the left ear was not so good as that of the right. He complained of headache both in the occipital and frontal regions. His appetite was good and his bowels were regular. Pulse and temperature were normal.

A careful physical examination of the chest and abdomen did not reveal any evidences of disease. The urine was also normal. It will thus be seen that at the time of his visit to me there were few, if any, objective symptoms, and all could have been explained by a supposed functional condition. I concluded, however, that a gross lesion was present for the following reasons :

(1) The previous character of the patient and the absence of any neurotic tendencies either in himself or in any of his near relatives. Moreover, there was no cause for nervous exhaustion in the nature of his work.

(2) The progressive character of the disease. One stage followed another without any sign of temporary improvement.

(3) The history of dizziness, and especially of persistent pain which he gave at the time of his visit to me.

After his return home the patient remained in much the same condition, becoming perhaps a little worse until April 7, when he gave up work altogether and went to bed. The chief symptom then was his inability to raise his head without becoming dizzy, and he appeared afraid to move his head on that account. He was at that time very restless. Vomiting was very troublesome, especially in the morning, and was accompanied by severe pain in the back of the head, in the side of the neck, and on the left side, as well as in the left arm near the elbow. After the vomiting ceased he suffered from wandering pain in the left side, especially in the lower anterior and lateral parts of the left thorax. His knees felt cold to the touch, and he had to have artificial heat applied constantly. During this time iodide of potash was given in constantly increasing doses until he took nearly two drachms at a dose. The drug seemed to have the effect of arresting the vomiting.

April 14. At this date the pain at the attachment of the diaphragm on the left side became intense, and the pulse and temperature rose for the first time. He suffered from difficulty of breathing and more or less loss of voice, so that he could only speak in a whisper. Moist râles were detected posteriorly in the left lung.

April 15. The râles on the left side became more extensive, and were also found in the right lung. There was dullness on percussion over the left side of the chest. He experienced some difficulty in swallowing, and some of the food would pass into the trachea, causing a choking sensation, and some, as he believed, passed only a short distance into the œsophagus