

not be taken on account of the agitation of the muscles. Took a few spoonfuls of beef tea.

Nov. 11th.—Condition unchanged; pulse was found to be irregular; wet the bed; had difficulty in passing urine; bladder empty, bowels confined; flushing of the face. It was to-day discussed as to the propriety of aspirating the anterior lobe of the brain, but, as it was thought that the symptoms were too generally resembling more a case of meningitis at the base of the brain, 2 gts of croton oil was given at 7 p.m., which operated freely at 10 p.m.; the contents of the bowel passed unconsciously.

Nov. 12th.—Rested better last night, quieter this morning; face less flushed; pupils normal but divergent squint; frequently turns his eyes toward the left side and groans, putting his hand to his forehead. Toward evening he relapsed into muttering, grasping, for objects and agitation. I then thrust an aspirated needle into the brain in three directions. 1st, directly into the anterior lobe, ($1\frac{1}{2}$ inches); 2nd, toward seat of pain in the forehead (2 inches); 3rd, backward and downwards towards the corpus striatum, ($2\frac{1}{2}$ inches). This procedure produced no effect, nor was pus discovered. However the next day, November 13th, I was surprised to find him quite conscious, no jactitation or tremor, very quiet, and with a pulse of 64; temperature normal. I told him to use a pickle bottle when he wished to urinate, which he understood well, took the bottle, adjusted himself and filled it, remarking that it was a handy article for the purpose. Gave potass iod. gr. 20 every 2 hours.

14th.—Rested tolerably well; not much pain; conjunctivitis of the right eye; condition same.

Nov. 15th and 16.—Gradually sinking; pulse rapid; looks pale; takes no nourishment; semicomatose; puffing of left cheek; eye half open and corners of the eyes filled with a yellow secretion; right eye still inflamed, pupils equal, more contracted.

17th.—Very restless night, violently agitated, tries to speak, and to tear his clothing. Died at 1.30 p.m.

AUTOPSY 20 HOURS AFTER DEATH.

Scalp bloodless; *calvarium* smooth, and presents nothing abnormal on either surface. Site of trephining in condition as stated above.

Dura Mater.—Corresponding to the circular orifice in the skull-cap is an elevated spot on this membrane, roughened, but not inflamed. Pacchionian granulations numerous.

Surface of Brain.—No effusion or lymph. Veins of the pia mater moderately full; the smaller ones on the surface of the right frontal lobe not so much so as those on the left, hence this part appears somewhat paler. At the point on the pia mater corresponding to the site of trephining there is a diffuse redness of the membrane, due to a thin extravasation. The surface of the right frontal lobe looks flatter than the corresponding one, especially along a line parallel to, and half an inch from the longitudinal fissure. At a point corresponding to about the middle of the second frontal convolution pus oozes from a slight laceration, caused probably in the removal of the organ.

A section of the right hemisphere, made about an inch above the corpus callosum, and carried through to the surface, shows the white matter looking healthy, and the puncta vasculosa well marked. At the periphery of this section there is a localized spot, about half an inch above where the pus was seen oozing out, greyish yellow in color, as if infiltrated with purulent matter. Immediately below this is an abscess, half an inch by three-quarters of an inch in extent, involving both grey and white matter of two convolutions, and corresponding closely with a portion of dura mater beneath the site of trephining. The pia mater over the spot, and in the sulcus, is congested, and a little thickened. The abscess is made up of two spots of suppuration, separated by a wall of white substance, the contents being reddish grey pus. Two suppurating lines separated from each other by a narrow portion, run from these spots through the white substance, in a direction downwards and inwards, each somewhat larger than a quill. Unfortunately, owing to the fact that these sinuses were not discovered until after the slices had been removed (the section having gone between them) their mode of termination was not made out, unless an ecchymosed and somewhat softened spot at the anterior and outer angle of the right corpus striatum represented the end of one of them. The walls of the abscesses and their prolongations were soft and suppurative; the white matter about congested and ecchymotic.

Nothing worthy of note was found in the grey or white substance of the other lobes of either hemisphere.