

plexy or in Cerebral Hæmorrhage ; and that "the symptoms are developed seriatim, and rarely simultaneously."

Now, in this case, very many of the above characters failed.

(1). The illness was not preceded by severe pain in the head ; (2). The seizures were sudden ; (3.) The symptoms did occur simultaneously, and (4) the combinations Nos. 2, 3, 4 and 6 did not obtain. Those observed were complete loss of consciousness, which, however, was of short duration, and remissions, or rather intermissions in the course of the illness.

It appears to me that Reynolds has confounded together true primary sub-arachnoid hæmorrhage and hæmorrhage into the arachnoid cavity consequent upon chronic inflammation of the dura mater, the pachymeningitis interna of Virchow. In the latter affection circumscribed pain in the head precedes the other symptoms for a considerable time ; the loss of consciousness, impairment of motility, etc., supervened slowly, are not developed simultaneously, and frequently remit in severity ; hemiplegia occasionally occurs but it is apt to be incomplete ; the affection is observed most frequently in the course of severe forms of insanity, and involves almost always the convexity of the brain.

This variety of Meningeal hæmorrhage must be excluded, and our future investigations must be directed to that much more *rare* affection primary subarachnoid hæmorrhage, of which the case under discussion is an example, before its diagnostic characters can be accurately determined. Unlike the former, this variety appears to be far more frequently observed at the *base* of the brain, and the blood readily diffuses itself more or less symmetrically and widely all over the base, and sometimes down the spinal membranes and up into the ventricles—facts which may yet assist in distinguishing the two affections, the localized hæmorrhage into the arachnoid cavity on the convexity of the brain, and