R. 30. Seen in consultation to-day by Dr. R. P. Howard. Dr. Howard agreed with me as to the gravity of the symptoms, and considered that the true nature of the nervous symptoms especially, was yet a doubtful question. I freely opened a pocket of pus situated in the middle line of the forehead between the two frontal eminences.

24th., 10 a. m. Passed a very restless night until 4-30 a. m. when he dropped off to sleep. A mild delirium is present. When questions are addressed to him, he sometimes answers them correctly and sometimes incorrectly, and sometimes will not reply at all—P. 80 when he is quiet, but if aroused it falls to 74.; T. 102. 6 F.—6 p. m. Has slept six hours since morning visit. Very little delirium during the day. Answers questions much more promptly than in the morning. Pupils normal and react to light. P. 64, T. 102. 5, R. 28. Opened a small collection of pus at root of nose below incision on forehead.

25th., 11 a. m. Has passed a good nigh t, sleep ing most of the time, very little delirium. P. 66 and regular, T. 101.8, R. 28. Takes plenty of beef-tea, and milk and eggs. Pus coming freely from both incisions in forehead. Answers questions rationally but a little slowly. Speech is thick.—8 30 p. m. There is noticed this evening a slight twitching of the arms and body. No paralysis of any muscle. Sensation normal.

26th. Condition same as yesterday. I gave exit to a collection of pus which pointed at the inner and upper angle of the right upper eye-lid.

27th. Feb. Condition unchanged. Incisions on forehead and root of nose quite healed up. I gave ether, and Dr. Proudfoot carried an incision back along the upper and inner angle of orbit quite to the apex. Considerable pus flowed out, and a tent of lint was introduced and a linseed meal poultice applied.

1st. March. Passed a very restless night, suffering intensely from the pain in his head. P. 54, T. 101. 8, R. 24.

6 p. m.. Has slept quietly nearly all day, being awakened occasionally for food and medicine. P. 56, R. 24.

3rd. Says he has no headache to-day, Answers more intelligently when spoken to.—Ear and face look much better. Still quite deaf in right ear. Emaciation is general and very noticeable. No chills and no sweating. P. 62, T. 99, R. 21.

5th. Since last note he has suffered intensely from paroxysms of headache, at times being with difficulty retained in bed. His breathing is intermittent, and he is continually moaning. I have repeatedly stood beside him, watch in hand, for ¾ of a minute, without being able to detect any sign of respiration, then there would occur 2 or 3 quick short respirations followed again by this long intermission. Speaks intelligently when spoken to, but in a slow and drawling thick manner. This morning says he has no pain in his head, and that he had none during the night; can now bend his head forward a little. P. 80, T. 100. 4, R. 16. Dr. Howard saw him again to-day. Dr. Proudfoot examined the eyes to-day with the opthalmoscope, and reported in the right eye a slight papillitis. No engorgement of vessels ; 3 or 4 large veins were observed, but they were not tortuous ; margin of disk a little indistinct on inner side. No pulsation of vessels visible.

8th. March. Slept a good deal last night. Complains of a little frontal headache. Moaning continues, no delirium; will follow an idea clearly for several minutes, but is becoming irritable. No chills or sweating, no paralysis. Bowels and bladder act regularly. Takes nourishment well, and retains it. Hands and feet cold—ordered extremities wrapped in cotton wool, and whiskey to be given internally. P. 60, T. 97. 8, R. 22.

10th. Vomited twice last night, very marked retraction of abdomen. Any slight exertion is followed by intermittent breathing. Emaciation is now extreme.

20th. March. Since last note his condition has been daily growing worse ; vomiting has continued, and the right eye-ball has been daily becoming more prominent, evidently pushed forward by something behind it. Drs. Howard and Proudfoot met me to-day in consultation, and confirmed my opinion that pus had formed behind the eye-ball and was pushing it out. Ether was administered and three openings were made by Dr. Proudfoot, one along the sup. int. angle, one along the inf. int angle, and one along the inf. ext. angle of the orbit, each extending quite back to the apex. Considerable quantities of pus came from each opening made. It was the opinion at the time that the obstinate vomiting was reflex, and dependent upon the suppuration in the orbit. Pulse before the operation was 102, and after the effect of the anæsthetic had passed off the pulse was 80.

30th March.—Since last note patient has been in much the same condition as then reported. Vomiting continues. Emaciation progresses rapidly.