September 16—For past three to four days patient has been drowsy most of the time, though at times is cranky, difficult to manage, wanting to get out of bed, etc. Answers questions rationally, but takes a long time to do so. Restless at night lately. Second dressing; forceps removed and tube shortened.

September 19—Patient has been restless at night and drowsy in morning; objects to being disturbed. Headache continuous; bowels much constipated. Quite rational, except on matter of getting up. Muscular power in arm and face quite restored.

September 21—Excessive headache past two days. Slow cerebration. Difficult to rouse now.

September 23—During past night delirious. Tore off dressing. Headache. Prominence noted at dressing.

September 24—Quieter night. Beginning optic neuritis.

September 28—Optic neuritis advancing in both eyes. Severe frontal headache past two days in mornings. Quite rational. With all this, no rise in temperature.

September 29—Pairless night. In afternoon became again delirious.

September 30—Dull and stupid. Pulse 48. Respiration 11.

Third Operation.—Wounds reopened and two abscess cavities found in temporo-sphenoidal lobe, one very small, the other about the size of a walnut. Rubber drainage tube inserted and attached to skin.

October 3—Has been sleeping every night and is quiet and free from pain. Pulse 88. Temperature up a little.

October 10—Has slept from 9 to 6 every night. No pain. Mental condition normal now.

October 13—Tube removed.

November 4—Discharged, with small sinus still present at lower end of wound. Has steadily improved in mental and general condition.

Bacteriology.—Cultures from abscesses at both operations showed pure growths of the streptococcus pyogenes.

Readmitted.—January 17, 1896—Complaining of having had a fit a few days ago, and of a discharging wound in line of old scar.

History.—Since leaving hospital sinus has persisted in front of ear, with slight daily discharge, of late markedly