tinctly below the apex of the heart, taking the place of the first sound and followed by a slightly different bruit which partly obscured the second sound, but did not occupy the whole of the ventricular diastole. I will not occupy time by giving in detail the symptoms and treatment of the pleurisy. Suffice it to say, that the inflammation subsided under treatment, which consisted at the outset of aconite and opium internally, counterirritants and poultices externally. The pain subsided gradually, no effusion occurred, and the friction sound was lost. The pulse never exceeded 96, or the temperature 102°.

On the following Saturday, November 8th, she was convalescent, and able to sit up. During the evening she was up sitting with the family and felt much better than she had for some time, and nothing of an exciting nature occurred to disturb her. She went to bed at 9 p.m. and slept a short time. On awakening discovered that she could not move her right arm. I was hurriedly sent for, and found the following condition :—Considerable mental excitement, but functions of mind perfect, being perfectly sensible, speaks plainly but rather thick; pupils normal, skin hot and moist, face much flushed, temperature normal, pulse 100, respiration quickened, tongue clear, no nausea or vomiting, slight pain in left temple, no pain elsewhere. Partial hemiplegia of right side, voluntary motion not entirely lost as she was able to move her arm or leg when asked to do so.

No paralysis of muscles of face but the tongue was slightly pushed to one side when protruded. No dysphagia. Sensation normal. On referring to the special lesions which cause hemiplegia, viz :—Softening, appoplexy, and embolism, softening was excluded as there was no previous symptoms, and apoplexy from the abscence of nausea or vomiting; inequality of pupils; stertorous breathing; or loss of perception; as well as the incompleteness of the paralysis. I therefore concluded that the cause must be embolism of the left middle cerebral artery as the function of the left corporo striati was alone disturbed. On examining the heart I found the mitral murmur as before, but that of the aortic valves was gone, the burring sound being lost. This I looked upon as confirmation of the diagnosis already made, in addition to the fact that cerebral embolism most generally occurs on the left side. Looking upon it therefore as a case of embolism, and that medical treatment would be of little benefit, I enjoined perfect rest and strict quietness and not to be spoken to more than necessary. The following mixture was also prescribed, with the object of quieting cerebral excitement, and to lessen the flow of blood through the brain, so as to favor the gradual establishment of collaterial circulation, if possible:

℞ Potas Bromed ʒ ii.
Ext. Ergota Fl ʒ ii.
Aguae ℥ vj. M.

S. One tablespoonful every six hours.

November 9th, 10 a.m. Patient passed a quiet night, has slept occasionally, symptoms somewhat improved; pulse 90; respiration quiet but slightly quickened; temperature normal, but skin feels warmer than natural. Tongue clear but dry, bowels not moved during last 24 hours, urine passed as usual, no pain whatever. Voluntary motion considerably improved in affected side, protrudes tongue correctly and speaks plainly. From the improved condition I was in hopes that collateral circulation was becoming established, and ordered a nourishing diet, a dose of castor oil and to continue the mixture. I was sent for at 10 p.m., all the symptoms increased in severity. More complete loss of motion in right side, tongue more affected and speaks very thick but can be understood. No loss of sensation or mental perception. The other symptoms as before, the bowels were moved and urine passed during the day.

Monday 10th., 10 a.m. Symptoms the same as previous night, there being no change to record. I was requested to meet Dr. Fuller, and at 4 p.m. we held a consultation. D. F., after careful examination, agreed as to condition and treatment. The only alteration in symptoms, was a slightly increased loss of motion; still she was able with some effort to move the arm. I was again sent for at 10 p.m., and fouud her perfectly helpless; vomiting had occurred one hour previous to my seeing hor.

No motion in affected side, excepting an occasional clonic spasm, lower jaw slightly dependant, and paralysis of buccinator.

Tongue and lips dry, and covered with sordes; could swallow but with some difficulty; respiration laboring; pulse weak and almost imperceptible; pupils left side dilated; face very much flushed. Consciousness was not lost, as she would turn her eyes to the party addressing her. Suspecting cerebral hæmorrhage, I applied cold to the head and administered ergot.

From this time she sank gradually; clonic spasms increased in number and intensity, respiration more labored. Involuntary defecation and micturition and at last coma. Death relieved her next morning at 9.30 a.m.

Post mortem, one hour after death:

Abdominal cavity not opened.