

abnormal sensations, e. g., imagines that her chemise is rolled up on her back and wants to have it pulled down. Has some pain in her head, but appears to move it more easily than before. Finished her medicine this morning. To have half an ounce of wine every two hours.

6 p.m., r. 34, p. 135, t. 984. Has been quite conscious—knew her father who came in from the country. Takes interest in passing conversation. Was sponged all over. Bowels moved once in bed after bath. Is now taking only food and wine. There is slight external strabismus of right eye. Forehead cold from profuse perspiration.

April 19th: morning visit. R. 33, p. 135, t. 1002. Has slept very quietly all night and said nothing but ask for drinks. Passed a thin yellowish stool in bed, about eight, a.m. Pulse softer than it has been. Perspires freely, and face flushes red at times. Is more correct in her appreciation of sensations than she has been, e. g., as to where her clothes are and as to impressions made by things in contact with her. Has perfect use of her limbs. Both pupils have all along been widely dilated, except at the commencement of the attack, when the left one was somewhat smaller than the right. To have one ounce of wine every two hours.

6 p.m., r. 38, p. 148, t. 1006. Is quite conscious and able to speak perfectly. Complains of pains in the middle of the back and in her legs when they are moved. Eyes suffused, slightly reddish. On a level with the right lower lid there is evidently ulceration through the conjunctival layer of the cornea, from which proceed numerous enlarged capillaries. Tongue slightly coated. To have the former bromid and iodid mixture every four hours.

April 20, Sunday, 1–30 a.m., r. 46, p. 160, t. 1008. Condition of right cornea same as before. Both irides are widely dilated and are of a uniform light yellowish colour, and apparently homogeneous structure from the deposit of lymph. They are unaffected by light, and she cannot see. There is some dulness of the lower posterior part of right lung.

9 a.m., pulse about 170, dichrotous, r. 46, t. 102. Answers questions intelligently, puts out tongue when asked, &c. Perspiring freely. Cheeks with a purplish flush. Eyes in same condition as last night. To have one ounce of wine every half hour until next visit.

11.30. Has just died. Face not very pale. Cornea clear. Irises same as before. Lower back part of right lung dull on percussion. Apex in front almost tympanic.

POST MORTEM EXAMINATION FORTY-EIGHT HOURS AFTER DEATH.

Owing to unavoidable circumstances a post mortem examination could not be obtained until Tuesday afternoon, when the friends of the deceased were beginning to assemble for the funeral, so that the examination was necessarily hurried. I am indebted to Dr. Roddick for making it with me. The brain and spinal cord as far down as the fifth dorsal vertebra were the only parts examined. The veins of both the *dura* and *pia mater*, throughout the entire extent of both membranes, were intensely congested with dark, fluid blood. The arachnoid membrane seemed to be more opaque than normal and small quantities of pellucid lymph coated the surface of the base of the brain, particularly in the region of the optic commissure glueing the fissures and convolutions together, and presenting an irregular or granular appearance when these parts were torn asunder. The quantity of sub-arachnoid fluid did not seem to be much increased, or else it must have escaped in removing the brain. The same conditions existed in the part of the spinal cord examined, and in addition the venous plexus separating the cord from its bony canal was gorged with blood. Under the microscope small portions of the cord presented capillaries containing single and double rows of blood globules slightly overlapping one another, but I am ignorant if that be a pathological condition or not. The brain substance seemed to be even more than usually tough and sticky. The *puncta vasculosa* presented about the usual appearance. The *choroid plexus* was very vascular and prominent. There was about two drachms of fluid in the left lateral ventricle, but with that exception the quantity in the others was normal. No time was allowed for further investigation.

Judging from the *post mortem* appearances of the meninges of the brain and spinal cord, I think that the local abstraction of blood and frequent dry cupping of the back of the neck and spine, would have proved powerful adjuncts in the more successful treatment of this case, although Radcliffe, in his article on "Epidemic cerebro-spinal meningitis," in Reynold's "System of Medicine," says: "It does not appear that any decided good has arisen" from the administration of iodide of potassium, it appears to me that it would prove useful, judging from its almost specific influence over periostitis, an inflammation of a structure very similar to the meninges of the brain, and from its effect in stimulating the removal of effused material. I have used these remedies with good results in two cases, which have