

the warm bath as it was given under skilled observation and the pulse was only 100 when returned to bed. An interval of  $1\frac{1}{2}$  hours also had elapsed after the bath.

The patient rallied somewhat the next day when the stomach was washed out and ten ounces of peptonized milk given with four ounces repeated every two hours. He was now feebly restless, but obtained snatches of sleep and had involuntary passages of urine, tongue deeply furred dry and brown. Towards evening the catheter was passed, resulting in 24 ounces of urine. The urinary analysis at the time showed that the urine was acid S.F. 1022 with marked excess of Indican and trace of albumen. Pus cells and granular casts were also found.

May 6.—No sleep during the night. Was actively restless and noisy. Motor power returning but no clearing of consciousness; fourteen ounces of urine passed by catheter at noon. At 6 p.m. was restless, talking and pulling at bed clothes. Took milk freely during the day.

May 7.—Slept seven hours during the night. Normal saline by rectum. Took food very well, restlessness subsiding.

May 8.—Decided change in symptoms, becoming quiet and passive. Slept twelve hours and is drowsy all the time. Complained of stiffness and aching in the left leg. Knee reflexes normal in left side, but feeble in right.

May 9.—Drowsiness continues; slept twelve hours; bowels moved freely.

May 10.—Consciousness is clearing and patient much brighter.

May 11.—He is quite disoriented as to time, place and person, but knows he is ill and that a doctor is in attendance. He has little insight into his own condition. His conversation is wandering and he has many falsifications of memory. No evidences of hallucinations have been noticed for several days. His spontaneous and voluntary attention is good.