appetite was poor, and she had frequent headaches. On the 1st day of January, 1866, she was seized with a violent attack of vomiting and retching, which continued for several days. On the 6th she was so exhausted that she had to go to bed, and there was severe pain in the head and back of the neck. On the 21st she had what the friends described as nervous fits, during which the hands were spasmodically clenched, the eyes rolled wildly, and the teeth were ground together. The bowels had been all along confined, and when first seen by me on January 24th she was in the following condition:—Face pale and dingy, eyes sunken and glassy, the pupil of the right eye widely dilated, left pupil natural, conjunctivæ red and injected. She was greatly emaciated, skin dry, pulse feeble, rapid but regular; breathing was gurgling; tongue coated, small and sharp-pointed, fiery-looking at the tip. Though extremely exhausted she was quite sensible, and answered questions correctly. The belly was sunken but the bladder was distended, and about fourteen ounces of urine were drawn off. It was of specific gravity 1007, faintly acid in its reaction, and free from albumen. As the patient was so feeble, ammonia, strong beef-tea, and wine were ordered. On the morning of the 25th the breathing was slow, pulse fluttering, and irregular. She kept constantly pushing the bedclothes down, clutching at imaginary objects, and grinding the teeth all day, and died without any convulsion at eight o'clock the same evening.

Sectio Cadaveris thirty hours after death.—Rigor mortis feebly marked. Hypostatic congestion considerable. On examining the head some adhesions of the membranes to the brain posteriorly were found. Both ventricles were distended with clear fluid. Around the optic nerves the membranes were roughened, and in the fissure of Sylvius that appearance of the textures which has been described as resembling sago was found to exist.

The brain substance was not at all softened, but of a natural firmness.

In the abdomen the mesenteric glands were enlarged.

The left lung was firmly adherent to the thoracic wall anteriorly, but no trace of tubercle could be found in either of the lungs.

Remarks.—In this case the approach of the disease was heralded by symptoms which are extremely common, falling off in general health, retching and vomiting, and pain in the head and neck. The headache is generally confined to one side, and according to my experience, pain or stiffness in the neck is almost a constant symptom in cases of inflammatory affections of the head. The roughening of the membrane about the optic nerves was no doubt caused by the deposit of minute masses of tubercular matter.