steadily down since the 16th, when he was ordered quinine, five grains every six hours. This was omitted on the 19th; great emaciation. It was not until Dec. 21st, forty-six days after admission, that he manifested unmistakable cerebral symptoms; and whereas the latent stage had been marked by acute paroxysmal pyrexia, with well-marked intermission, the cerebral stage commenced with a fall of temperature to 96·6, and this was associated with vomiting and profuse perspiration. At this time he became very drowsy, with a heavy expression of countenance, and complained of great pain in the right side of his head. It was now noted that the mouth was drawn a little to the right side. Pupils equal, marked photophobia. No anæsthesia or loss of power of motion. Abdomen retracted; pulse 116; respiration 32. Ice to the head relieved pain. From December 21st to 28th, less pain in head; there was drowsiness, vomiting, facial paralysis (lower half.) Temperature ranging from 95·2 a.m. to 99·6 p.m., there being slight variations between the temperatures in the right and left axillæ.

	RIGHT.		LEFT.	
	a.m.	p.m.	a.m.	p.m.
Dec. 21.	97·6	99	98·6	98·4
" 22.	98·1	99·2	98·2	...
" 23.	99	99·4	97·6	99·2
" 24.	97	98·8	97·8	99
" 25.	...	...	...	...
" 26.	97·2	98·4	97	99
" 27.	95·2	97	95·6	96·2
" 28.	96·6	96·6	96·8	96·6

It was now discovered that the story of a brick falling on his head was a fabrication. He had been struck a heavy blow by his wife with a heavy quart pewter pot. Dec. 29th, more headache, and about 9 a.m. he had a general convulsion, became rigid and insensible, and, during convulsion, mouth drawn to left. At noon mouth drawn to right. He was heavy and drowsy; pulse 64; pupils equal and reacting. Right eye well marked, showed signs of neuro-retenitis. Left eye, signs much less marked. There was little change during the next few days. He lay in a heavy, drowsy, apathetic state, answering slowly and hesitatingly, never incoherence or delirium. Every now and then he would cry out with pain in the head.

January 1st, temporary loss of power in left hand and arm; 3rd, weaker; tongue thickly coated; pulse 56; urine passed unconsciously; very drowsy; faced flushed; frequent sighing. On the 5th, rigor lasting three or four minutes; 7th, restless, yawning; 8th, better; less drowsy; 10th, very restless. Died suddenly at 5 p.m. At 4 he was talking, and answered questions clearly, though slowly. Temperature during last twelve days of his life ranged from 94 to 97, differing slightly on the two sides, very irregularly. Throughout the case the temperature ranged from 94 to 105. During high temperatures, no brain symptoms. During low temperatures, brain symptoms.

Post mort. Cicatrix 1½ inch long over frontal prominence, bone beneath redder than the corresponding portion on other side, also decidedly more prominent and a little rougher. Shallow abscess in dura mater, 1–1½ inch in diameter beneath the external scar. It extended about 1 inch to right, 1½ to left, of anterior portion of superior longitudinal sinus. Sac of abscess adherent to the bone, which was white and smooth, but red, rough and thickened around; no trace of fracture. Thrombosis of anterior portion of superior longitudinal sinus. Portion of dura mater containing a round venous cord connected with the longitudinal sinus adherent to frontal lobe. Cerebral convolutions flattened; brain dry and anæmic; membranes adherent to brain in right middle fossa. A small abscess, size of a filbert, in lower third of ascending frontal convolution above and in front of fissure of sylvius. Right temporo-sphenoidal lobe much distended, soft and fluctuating; when opened a considerable quantity of thin, yellowish, puriform liquid escaped. The cavity extended as far as posterior extremity of optic thalamus. No communication with ventricles, which appeared healthy; cavity, size of hen's egg; contained also a small amount of blood clot. Cavities of both abscesses lined by a distinct membrane. No trace of suppuration in the bone which presented, microscopically, characters of osteitis.

Let us, then, consider what bearing this case has, first, on the causes, the symptoms, and the