the terrible pain in her head; tremor was well defined; the hands and feet were blue, cold, and shook; tendon reflex absent; no loss of urine or fæces, and no paralysis; same treatment as before, and she gradually became as well as ever; a flush to be seen on the cheek; skin dark; temperature, 98.4/5; pulse, 60.

Next day, March 29th—Pulse, 110; temperature, 98.2/5.

March 30th—Pulse, 96; temperature, 98.2/5; pulse easily increased on slight exertion or excitement, but not irregular.

April 4th—Called again and found the patient up and able to go about as usual; noticed slight internal squint in right eye, and diplopia in right hand square.

April 8th—Was sent for hurriedly; found patient had just recovered from another attack; she rose about four a. m.; went back to bed; felt it coming on as she expressed it, *i.e.*, pain in the head; rose, went into her mother's room to wish her a birthday greeting, returned to her own at 6.15, was seized with an attack of headache, vomiting with retching and a convulsion; was longer rousing from this one than usual, about 10 a. m. another convulsion occurred, preceded by vomiting; the aura was of very short duration, perhaps one minute; the family were at dinner; she said she felt sick, vomited almost immediately, and the head was thrown back, eyes turned up, hands and arms were drawn up, and then fell flaccid to side, pulse fell to 48 during the fit, hands and feet cold as before, a perspiration then broke out over the forehead, feet and hands became warmer, and pulse increased; temperature taken shortly after was normal; headache then entirely disappeared; this was unusual, as it continued for hours after previous attacks; consciousness was longer returning, and all night the patient lay in a semi-comatose condition; she vomited but once before the fit.

April 9th—Internal squint well marked in right eye, and patient said she could sometimes see double both to the right, left and downwards; when I tried her double vision only occurred in lower and right hand square; muscles of face, eyelids, and tongue, act perfectly; no other paralyses but those of muscles of right eyeball; she complains of phlegm in throat, but no difficulty in swallowing either solids or fluids; no history of syphilis; appetite good; tongue clean; urine normal.

April 10th.—Was restless until about 4 a.m.; now easy; pulse, 80; temperature, 98.4/5°; no cough, chest normal; of abdominal organs nothing to be noted. No diarrhœa; bowels have been regular throughout. Has had three attacks of retching since. I saw her yesterday but no fits since; hands and feet warm; intelligence, unimpaired. Patient laughs and jokes as if in perfect health. The convulsive attacks were all bilateral. No enlargement of lymphatic glands. Patient's skin is clear and free from any disease; head well formed, intelligence very good; no evidences of struma or rickets; no otorrhœa or rhinitis; no sighing.

Diagnosis lies between: Tubercular meningitis, cerebral tuberculosis, cerebral tumour, hysteria, onanism reflex, epilepsy, intermittent fever.

I would be in favour of excluding meningeal tuberculosis; there would be more pain, the patient would be more restless and irritable, the symptoms would hardly abate so completely; no sighing; pulse, not characteristic, not slow and irregular. In cerebral tumour and cerebral tuberculosis for months the only symptom may be repeated attacks of eclampsia. In cerebral tumour the pupils would be unequal and optic neuritis would most likely be found. Cerebral tumours less usual at this age than tubercles. One case reported of large abscesses giving rise to intermitting neuralgia with intervals of perfect health, until finally epileptiform convulsions occurred. hemiplegia, coma, and case terminated fatally in a few days.