

Aug. 13. No ear discharge to-day; quinine gr.  $\frac{1}{3}$  added to mixture.

Aug. 30. Dr. R. A. Reeve examined and found a perforation of the right membrana tympani in the process of healing; Politzer's bag does not improve the hearing. Ophthalmoscopic examination:

Right Eye.—Optic disc hazy, veins sinuous; slight papillitis.

Left Eye.—Optic neuritis more marked.

Sept. 14. Occipital pain every afternoon; chilly sensations; no discharge from ear.

Oct. 12. Temperature ranging around  $103^{\circ}$  F. every night.

Oct. 18. Somewhat worse; complains more of the pain in head; had a profuse attack of epistaxis, tenderness just below the ear, but not over mastoid process.

Oct. 27. To endeavour to relieve the pain in head she was given  $\mathcal{R}$ . antipyrin grs. iii., to be repeated in half hour for three doses if needed.

Oct. 28. Antipyrin seems to afford some relief.

Nov. 9. Failing.

Nov. 19. Getting worse; greater discharge from ear, cervical glands swollen; right tonsil swollen.

Nov. 24. General hyperæsthesia; no enlarged abdominal glands; creaking heard in right chest.

Nov. 26. Chills and sweats at night; slight photophobia.

Nov. 28. Worse; epistaxis; tongue dry and coated; small crepitation in left lung.

Nov. 29. Dr. McPhedran examined patient; crepitation and slight dullness over left lung; spleen enlarged; photophobia marked; no paralysis.

Nov. 30. Last night she thought there was a bad smell around her bed; so fixed was this idea that she had to be moved to the other end of the ward in order to quiet her. At midnight she had a convulsion, which commenced with a scream. At the beginning of the fit her head turned to the right side. When Dr. Nevitt saw her there was opisthotonos, and right lateral deviation of both eyes. She was given an enema of bromide of potassium and chloral.

Dec. 1. Pupils dilated; no response to light; right lateral deviation of eyes; Cheyne Stokes respiration; difficulty in swallowing, but no

other sign of paralysis. Unconscious ever since convulsion. Coma deepens until death this p.m.

POST MORTEM EXAMINATION.

*Inspection.*—Female; complexion dark; emaciated; rigor mortis well marked; P. M. staining in usual places; skin over lower part of abdomen and upper part of thighs particularly dark; in external meatus of right ear a crust of yellowish white material found; teeth and lips covered with sticky half dried mucus; on inner side of left index finger cuticle is gone for  $\frac{3}{4}$  inch.

*Section.*—Heart; pericardium extremely thin, contains about  $\bar{3}$ ii. of fluid; right auricle distended with blood; size of heart normal; thrombus attached to left border of right ventricle at junction of anterior wall with interventricular septum, attached also to anterior wall of ventricle, one inch in breadth; from this a clot, partly A.M. partly P.M., extends into pulmonary artery. In left ventricle a thrombus, extending from apex to mitral valves, attached to both and reaching into the aorta. Valves all normal. Foramen ovale closed. Interventricular, undefended space, extremely thin at two points.

*Lungs.*—Front and free borders very pale and anæmic.

Left Lung.—No adhesions to parietes, a few delicate adhesions between the lobes. Outer and upper part of lower lobe shows a triangular area of collapse. In the base of this triangle is an abscess cavity, containing a quantity of curdy pus and cheesy matter. This abscess opens into a branch of main-bronchus about one inch from root of lung. At root of lung, and lying upon main-bronchus is a caseous lymphatic gland. Other bronchial glands, indurated. Section of upper lobe, shows it to be thickly studded with miliary grey tubercles. None seen in lower lobe. Slight emphysema around the free border, especially of upper lobe.

Right Lung.—Splénization in greater part of the lower lobe, and outer and back part of upper; remainder very anaemic, muco-purulent matter flows from bronchi on section; whole lung studded with grey miliary tubercle.

*Kidneys.*—Right, size normal, capsule peels off readily. Healthy, save in a spot where there is a small abscess size of a split pea.