

cation between the aorta and vein. The opening was about the size of an ordinary lead pencil; its edges were smooth, and everted toward the vein. The opening was evidently not very recent. The aorta elsewhere was covered with atheroma. Heart of natural size.—*Condensed from the Medical Times and Gazette, April 9, 1864.*

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PARTICULARS OF THE TREATMENT OF A CASE OF TETANUS, IN WHICH THE CALABAR BEAN WAS FREELY ADMINISTERED.

By HOLMES COOTE, F.R.C.S., Surgeon to St. Bartholomew's Hospital.

I take no credit whatever to myself for the treatment of the following case. The patient was seen shortly after the manifestation of the first indications of trismus; the symptoms did not advance rapidly; the man was always hopeful, and endued with great moral courage; he received during his stay in the hospital the greatest possible attention. But I publish the case that it may serve to illustrate the action of certain medicines in the treatment of this unmanageable affection—viz., croton oil, calomel, the Calabar bean, morphine by hypodermic injection, and quinine; and these, too, in no small doses, but fully administered and in quick succession, as is necessary in the treatment of a disease in which the symptoms of every hour possess an untold value for good or for evil.

It may not be out of place to remark that a previous case of tetanus under my care likewise recovered. He was a lad, also with a crushed finger. In this case I amputated the member, administered croton oil, and produced rapid salivation. The after treatment consisted in the exhibition of sulphate of quinine.

For the particulars of the following case I am indebted to Mr. Nash, my house surgeon.

William P—, aged thirty-five, a healthy-looking man, crushed the last joint of the right forefinger on Feb. 11th, 1864, with a heavy iron roller. A fortnight afterwards (Feb. 25th) he applied at the hospital, when he was seen by Mr. Nash, who found the whole of the last phalanx exposed, denuded of periosteum, and dead, and who very properly removed it by operation, and closed the wound. In doing this the usual silver wire sutures were employed. No unpleasant symptoms ensued until two days afterwards, when the patient complained of stiffness in the lower jaw, a condition which he attributed to cold, and which, he added, had existed in a slighter degree from the former date (the 25th). When seen on the 28th he exhibited unmistakable evidences of trismus: the mouth could not be more than half opened, and there was some difficulty in the act of swallowing. He was admitted into the hospital, and, as the