

given freely, the quantity being regulated by the state of heart and pulse. The bowels were kept free with an occasional soapsuds enema.

After the tetanic spasms ceased, rigidity continued for some time and convalescence was slow. The injured leg was not stiffer than the other. Even after his general health had greatly improved and he could use his arms and body well, the legs remained more or less stiff, their movements were uncertain and unsteady, and he tired after a short walk. Even about Xmas, the stiffness had not altogether left the legs, although none was noticeable elsewhere. At the present time he seems quite well and can run and walk as well as ever.

In looking back over this case, some points seem to stand out prominently as of special interest.

1. The insidious onset of the characteristic spasms. They began on the 12th day after the injury, with a slight soreness of throat, replaced on the 14th day by slight stiffness and soreness of the back of the neck. On the 15th day stiffness and soreness had left the head, neck and throat, and settled in the back and shoulders, and on the 16th day involved the chest, causing for the first time difficulty of breathing, and attended for the first time with a slight rise of temperature (99°). On the 17th day came the first decided rise of temperature, pulse and respiration, and the patient for the first time felt ill. Then the tetanic symptoms developed with such rapidity and severity that the patient's life was soon in imminent danger.

2. The short time the infecting agent was in contact with the wound—for three and a half hours only, were the earth and manure imbedded in the wound, yet there was sufficient absorption of poisonous products to produce a slowly-developing, but severe attack of tetanus. Does the shortness of time account for the insidious nature of the onset, and the amenability to treatment? Had the manure with its putrefactive organisms and probable colon bacilli any causative influence upon the rapidity of formation and