

it has been found that strict antiseptic treatment of the wound is followed by as good results as the more heroic measures of excision or amputation.

For convenience I may take up the treatment under the four following heads:

1. Local treatment of the wound.
2. General treatment.
3. Specific or serum treatment.
4. Medicinal.

### 1. *Local Treatment.*

I removed all the stitches and freely opened up the wound at the point where suppuration was occurring, and thoroughly cauterized it with pure carbolic, and left the wound exposed to the air without any dressing. I also left a solution of carbolic acid 1-40 with the patient, with instructions to moisten the wound with it every two hours, but twice daily throughout the acute stage I swabbed the wound out thoroughly with hydrogen peroxide and then cauterized with pure carbolic acid.

### 2. *General.*

For the first day or two the patient was rather restless and irritable, but he occupied a room which was rather noisy. I had him removed to a quiet room, partially darkened, and excluded all except those who were actually nursing him. He seemed to appreciate the change very much, and when we remember that the tetanus toxin has a selective action on nervous tissue, and greatly increases its excitability, one of the first principles of treatment ought to be to avoid as far as possible all external stimuli. Some claim that blue light is much more soothing to these cases than ordinary light, but I found that modification of the light by drawing the ordinary blind was just as effectual in this case. Feeding is sometimes a matter of difficulty. In this case, however, he was able to take enough milk through his teeth to make rectal or nasal feeding unnecessary.

### 3. *Specific or Serum Therapy.*

It has been shown beyond doubt that the presence of pyogenic organisms greatly increases the virulence of the tetanus bacillus. It has also been shown that the toxins produced by the tetanus bacillus are absorbed largely along the nerve trunks and by them are conveyed to the spinal cord. Only comparatively small quantities of the toxin pass into the general circulation through the lymph