

December 7th, Dr. H. Folet reported to the same Surgical Society the following case: A carter, as a result of crushing of the legs, developed tetanus. Dr. Folet removed a button of bone at the antero-internal angle of the parietal bones, and injected on each side 5 cc. of the anti-tetanic serum to a depth of 5 cc. into each hemisphere of the patient's brain. The patient died during the night.

In the *Lancet*, September 24th, 1898, David Sime reported a case of tetanus occurring in a young man who, July 2nd, fell down on the ground in a farm-yard and injured the skin over the right hypothenar eminence. The wound was washed and healed rapidly. Eleven days later, July 13th, symptoms of tetanus appeared. He received, by subcutaneous injection, 10 cc. of anti-tetanic serum, July 20th and 21st, and July 22nd, he presented a scarlatiniform rash with fever. The general phenomena quieted down after July 24th, and August 1st he recovered. In reference to this case it must be remarked, that Sime's patient took large doses of chloral, bromide of potassium and cannabis indica. In such a case it is difficult to prove the value of the anti-tetanic serum. Sime thinks, however, that the anti-tetanic serum arrested the steady advance of the tetanic poison. He concludes, that this serum ought to be injected as soon as the diagnosis of tetanus is made, and also, that it should be employed preventively every time that a wound is soiled with earth, especially the earth of a farm-yard, or manure, etc.

In *Le Progrès Medical*, December 3rd, 1898, Dr. H. de Rothschild reports a case of tetanus in a man of forty, who, July 23th, had been wounded in the forearm by the bursting of a gun. Not wishing to amputate, Dr. de Rothschild had the wound carefully bathed with bichloride solution, July 30th. To counteract the tetanic poison he employed (a) bleeding, which eliminates a certain quantity of the toxin; (b) injections of Hayem's artificial serum to cleanse the blood; (c) injections of Roux's anti-tetanic serum to neutralize the toxin in the circulation; (d) chloral and bromide of potassium, to diminish the crethism of the nervous centres; (e) every second day, to overcome secondary infections, the arm was bathed in a solution of permanganate of potash. This treatment seems to be logical, for, as de Rothschild says: (1) The tetanic bacillus is localized in the wound, where it elaborates a toxin; (2) in order that the anerobic bacillus of Nicolaier may cause tetanus, it must be associated with other microbes; (3) the toxin of this bacillus diffuses itself through the blood; (4) the toxin, which it generates, attacks the nerve centres and causes an crethism, which sometimes becomes continuous. The patient recovered, a favorable turn having occurred on the night of August 14th.

In *Riforma Medica*, No. 62, p. 734, 1896, Dr. Sbrana reports a case of tetanus cured by the Baccelli treatment. An Arab, twenty-five years of age, while carrying a load of earth, struck the great toe of his left foot against a rock, causing a wound. By the