

*Jan. 22nd.*—Great difficulty in swallowing; jaws tightly closed; great soreness about right cheek; what is thought to be the ball can be felt near anterior border of masseter muscle; profuse salivation; slight paralysis of seventh nerve on right side; is for the first time depressed and anxious about himself; wound looks well and is beginning to suppurate; is drained thoroughly by rubber tubing; pulse, 90; temperature, 100°.

*Jan. 23rd.*—Pulse, 100; temperature, 101½°; has had a bad night, being constantly disturbed by the saliva collecting in his mouth; jaws more open than yesterday, but when he attempts to swallow they are noticed to close suddenly, causing the teeth to grind together; the ball can now be felt with the finger in the mouth, lying beneath the mucous membrane, but an attempt to remove it causes such pain and spasm that it is not thought advisable to persevere; paralysis of the seventh nerve more marked, and there is also slight ptosis of right eyelid; he begs for something to clear his throat, and has a constant dread of suffocation; ordered a draught of bromide and chloral.

*Jan. 24th.*—Condition less favorable; every attempt to swallow is followed by spasm of the muscles of the pharynx, jaw, and face generally, of a tetanic character; taking food by the mouth has become absolutely impossible, so that injections per rectum of beef juice, brandy and milk, egg, &c., are ordered; the wound looks fairly well, discharging pus of a thick mucoid character. Dr. Fenwick saw the patient with me to-day and had an opportunity of witnessing one of the spasmodic attacks, brought on by an attempt to inject the canal. On this occasion we noticed that the nares were also closed, so that no air could enter the lungs, and before the relaxation took place the face had become livid and death from asphyxia seemed to impend. The patient articulates in a peculiar halting fashion, pronouncing each word with fair distinctness, but with a long interval between his words. He explains that this is done to prevent a more frequent occurrence of the spasms. The sternomastoid muscles are now in a condition of tonic spasm, this becoming more marked as the convulsion approaches. There has hitherto been no opisthotonos, although towards the conclu-