

spine more rigid than the previous night. Muscles of the arms and legs unaffected, skin bathed with perspiration and the skin more pallid than usual, pulse 100, respiration hurried and difficult; clonic spasms came on about every half hour, but occasionally passed over a period of one hour. Rested about two hours during the night and voided urine in regular quantity, rather high coloured but passed without difficulty. Ordered Strychnine $\frac{1}{16}$ gr. every two hours and to be carefully watched.

9 P. M. The symptoms of trismus more marked and the contraction of masseters aggravated into more painful spasm, extending to the muscles of throat and jaws, rendering mastication impracticable and deglutition difficult; the countenance depicted all that anxiety and dread incidental to this formidable malady. Upon being raised to have the bed made by the attendants, considerable increase took place in the spasmodic contraction of the lumbar and dorsal muscles, the head during each contraction being forcibly driven backwards. Enema cum Ol. Ricini ξ ij was administered after the action of which considerable relief was experienced. To continue mixture during the night at intervals of three hours.

April 1st 9 A. M. No great alteration as regards the titanic symptoms; slept several times during the night, at which periods of repose the spasms were not observed; when awake they were more frequent but not so severe. The last evacuation not being perfect, a second enema was ordered with directions to be repeated if necessary, and beef tea given as nourishment, in small quantities, but frequently.

9 P. M. Passed a restless day; paroxysms not so severe; his face has a peculiar dark jaundiced hue and those in attendance complain of the disagreeable odor of his breath, pulse 110, skin cool, during the day perspired freely. No evacuation from the bowels. Discontinue mixture. Ordered

R. Olei Tiglii gtt. j.

Mucilg. Acacia 3 j.

Aque puræ ξ j, Misce, ut fiat haustus statim sumend.

Ext. Aconiti applied epidermically to the spine and chloroform to the abdominal parietes.

April 2nd 10 A. M. The patient obtained some sleep during the night, presented a restless and excited appearance, complained of an uncomfortable feeling in the throat and abdomen which he attributed to the non action of the oil. An enema was again administered and an evacuation obtained although not of a very feculent character. When the enema was being administered, the sphincter ani contracted to its utmost extent, considerable pain was experienced and the spasmodic paroxysms were more frequent and severe than formerly.

3rd 9 A. M. All the symptoms were increased, there was a deep hollow at the scrobiculus cordis and increased pain throughout the diaphragmatic region. The abdomen was forcibly thrown forwards and was almost immovable during respiration, pulse 120, laboring and constricted, perspires freely. Bowels acted upon again by a stimulating clyster. At this stage of proceedings it was evident that an alteration in treatment was necessary; although strychnine had been administered according to the recommendation of Lüders,* in order to

* Dunglison, New Remedies, p. 661.