

ite immediately, to be followed by four minims every hour. 8 p.m.—The spasm and rigidity have somewhat diminished, the former affecting chiefly the muscles of the hip and thigh. He lies with the lower extremities semi-flexed; pulse 100—96; pupils natural. He takes food at intervals.

7th.—Has slept a little during the night; spasms unaltered; pulse 104; respiration 32. The dose of tincture of aconite increased to six minims hourly, and an aperient administered consisting of one drop of croton oil and ten grains of extract of colocynth, which acted freely. 9 p.m.—Rigidity much less; spasms in lower extremities frequent, but not very painful; slight opisthotonos; pulse and respiration unchanged; supuration in wound much diminished. He has felt some tingling of the fingers to-day for the first time.

8th.—A good night, with more sleep than heretofore; the spasms are weaker; pulse 84; surface warm and perspiring; pupils natural. At 5 p.m. the dose of tincture of aconite was increased to eight minims hourly. 6 p.m.—Pulse 100; respiration 32; the spasms are rather more violent; tingling of hands and feet continues.

9th, 1 a.m.—The spasms are stronger than they have been before, and appear to cause him intense pain. He cries loudly when they come on. At half-past twelve eight minims of the aconite were administered, and now ten additional minims—these large doses not having the effect of controlling or even weakening the violence of the attacks. At half-past one a drop of nicotine dissolved in spirits of wine and added to two tablespoonfuls of wine, was given. His pulse was then 120; respiration 32. In less than five minutes his eyes closed, and he became more tranquil, breathed more freely, and within twenty minutes fell into a sound sleep of one hour's duration. 2 a.m.—Pulse 108. 3 a.m.—Pulse, 92. He is able to put out his tongue. Sweating continues, but clammy, and devoid of snuff odor. 5 a.m.—He took a second drop of nicotine. 9 a.m.—Has had three or four hours' sleep, is refreshed, and complains but little of pain. 2 p.m.—During the morning he had frequent slight spasms, but slept at intervals. Rigidity of upper and lower extremities, and masseters continues. Pulse, 100; pupils natural. Given one drop of nicotine. 4 p.m.—Nicotine repeated. 10 p.m.—Pulse 140; respiration 36—40. Has rambling delirium; the arms are curved; spasms continue, and affect the right arm more than the left.

10th 10 a.m.—Pulse 120. Abdomen covered with a pustular-looking eruption. Lower maxilla falls as he dozes; but he is unable to open his mouth. He died at 11 this morning after severe convulsion.

*Remarks.*—The above case appears to confirm the observations of Pro-