In England and Wales, the per-centage of men dying of phthisis is 15.64, and of females 18.67. It is therefore apparent that, in eight of the twelve places specified in the table, the mortality of women from phthisis exceeds the average in England and Wales; and the same is observable regarding six of the places in the column which registers the per-centage of male mortality.

In Rochdale, the mortality from phthisis among the men is nearly twice as much as at Stafford, where it is 11.06; and in Stroud, the female mortality from the same cause is more than twice that of Bristol, where it is only 12.51.

It may be observed, that the relative mortality of the sexes in most instances preserves an average proportion: the order of succession in the list of places representing the male liability being nearly the same in the column for female liability. To this statement there are, however, several remarkable exceptions. For example, at Stroud the per-centage of deaths among men is less than the average for England and Wales, being only 14.98; whereas that of women in the same place is 25.58, nearly the highest in the country. Bradford, in Yorkshire, on the contrary, exhibits rather a high female mortality, namely, 19.24; but the per-centage among the men is low, being only 13.51. Bradford, in Wiltshire, affords a contrast in this respect, the male mortality being rather high, 18.26; the female comparatively low, 15.41.

The explanation of such differences would probably be obtained if the practitioners of these districts would compare the notes of their experience, especially as regards the comparative number of instances of any disease in corresponding numbers among the population differently employed, whether in agriculture, mining, or manufactories. Conclusions derived from the comparative liabilities of districts are open to fallacy; and even a comparison of the liability of different sections of the population, classified in reference to occupation, is not sufficient. With a view to calculate the influence of particular agencies concerned in any manufactory, it is important to have returns of the number of persons employed in each department, and the number in each sick at given periods, the individual diseases being specified.

In support of this opinion it may be mentioned, that in cotton-mills the workpeople engaged in weaving do not use oil, whilst the throstle spinners use it largely; a comparison of the diseased manifestations in these two classes would therefore be applicable to one of the questions proposed in this communication. A still more available comparison might be made in cloth manufactories, between the workers engaged in the oiling processes and the others.

If, as I have been led to believe, the men and women at some of the places which exhibit great contrasts (as respects the relative liability of the sexes to phthisis), are pretty equally employed in the cloth factories, the influence of the oil must be regarded as trivial, or inadequate to overpower other causes of difference.

At Dewsbury, where, from the extent of the blanket manufactories, oil is largely employed, the mortality of men from phthisis is low, 13.69; but women work more than men at the mills, and yet the place is conspicuous for the comparative excess of female mortality, which is 18.89. It is probable that this apparent discrepancy might be cleared up by practitioners conversant with the local circumstances of the town. I am informed that much of the work of the blanket manufactory is performed out of doors. This fact may perhaps serve to explain the peculiarity referred to, for exposure to vicissitudes of weather, although comparatively harmless to men, is peculiarly injurious to women, whose health, on the other hand, is much less endangered than that of men by confinement within doors. If this opinion be questioned, statistics, such as are now invited, would assist to determine it, and probably to remove many other difficulties which at present encompass the complicated questions of etiology.

Halifax is pre-eminent for the small number both of men and of women dying of phthisis. It is worthy of notice that a certain portion of its population are engaged in the coal

mines. This town may be considered as healthily situated. It is prosperous; and I am informed by Mr. Tucker, that the population generally are provident in their habits. Thus far it affords an illustration of the only positive conclusion to which these returns as yet conduct, regarding the etiology of phthisis; namely, that the prevalence of the disease in the towns of England appears to be in the inverse proportion to the contentment and morality of the inhabitants. I have made similar calculations in reference to scrofula, but the numbers are too small to authorise positive conclusions, and are therefore not introduced in this communication.

The inquiry thus presented to the Association is doubtless difficult; similar effects may arise from different causes, the respective boundaries of which it may not be easy to determine, and when various causes are combined, we may not always be able to settle the share of each in producing the effect; whilst a cause, ordinarily influential, may in an individual case prove inefficient, because counteracted by the intervention of other circumstances opposed or inconsistent.

Of all the sciences, "physiology is probably embarrassed by the greatest natural difficulties, and susceptible of the least degree of ultimate perfection"; but if the difficulty and labour be great, the honour is proportional, and I therefore hopefully commend to my brethren in the provinces the task of accumulating and analysing such records of facts as may assist to measure the influence of causes which modify the liability of different classes of the community to particular diseases.

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ON THE ORIGIN AND TREATMENT OF CHRONIC DISEASES OF THE SKIN.

By THOMAS HUNT, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin.

NO. I.

THE nosology and nomenclature of cutaneous diseases present every year increasing difficulties to the student. Modern writers on the subject have generally thought it necessary to call these diseases, or some of them, by new names, or to arrange them in some new method; not reflecting that, by so doing, they are but constructing an ambuscade which their successors will have the trouble of demolishing. If this plan were adopted in science generally, by every writer in every department, her progress would as certainly be stopped as was the building of Babel by the confusion of tongues. In common language, we call things by their accustomed names, whether they have ceased to be properly descriptive or not. What should we think of a man or a woman who should persist in calling a pinafore a *tie-behind*, or a boot-jack a *heel-scotch*, or penmanship *steel-point-manship*? True, a pinafore is no longer pinned in front; a boot-jack is no longer a foot-boy; and a writing tool is now rarely a *pen* or *quill*; but, if we wish to be understood, and to pass for other than coxcombs, we must call things after their usual names.

When Dr. Willan obtained the suffrages of the profession, and gave separate names to diseases which had previously been confounded together, he did not change their names, but he gave names to diseases not named before, or to distinctions not observed before; and, if he unnecessarily multiplied his subdivisions, and if some of his names are now discovered to be inappropriate, still they have been for half a century the signs by which the diseases are expressed in this country; and he who attempts to alter them will only produce confusion, or bring ridicule upon himself. With the French nomenclature we have no concern, except that, when we study the writings of the French, we should be possessed of a vocabulary of the French and of the Willanean terms; for certainly no English writer on the skin has yet succeeded in banishing Willan's nomenclature, although some translators of French works into English have ignorantly or thoughtlessly rendered the

foreign terms into English, not *Willanese*. The student should be acquainted with these defects in our writings, or he will be perpetually reading about one disease, and thinking about another.

As to the order in which cutaneous diseases should be grouped, it is impossible, from the very nature of the case, that any arrangement should be perfect and unobjectionable. One merit, however, it should have, or it will be worse than useless: it should be capable of being recognised as established and understood; rendered familiar, that is, by usage. Dr. Willan's nosology has now this great merit: it is known and recognised by the whole profession, both English and foreign. For this reason, I have thought it right, and even necessary, to adopt it; and I wish it to be understood that I adopt it for this reason, and no other.

Willan divided skin-diseases into eight orders, according to their primary external forms; namely, *pimples, scales, rashes, blisters, pustules, vesicles, tubercles, and discoloured spots or patches*. Of each of these he gave concise definitions, and then subdivided them into genera; and to each genus he gave a separate name, more or less familiarly known as the cognomen of the disease. Some of these genera he again subdivided, and then appended to the name of the genus an adjective appellation significant of the nature of the distinction; such as *STROPHULUS intertinctus*, *STROPHULUS nitidus*, etc. Some of these subdivisions appear superfluous, others contradictory; the adjective not agreeing with the definition given of the noun. But the truth is, these distinctions and differences are endless, and several varieties may occur in one and the same patient at the same time. No possible arrangement can be proposed, which, for this and other reasons, would not be open to objection. *There is no natural order in disease*; it is itself *disorder*, and very properly termed so—a deviation from that which is normal. Still, we must give some kind of description to the more usual deviations from health; and it helps the memory a little to group those deviations together which to the eye appear the most to resemble each other in their initial or primitive signs. But, as some of these signs, such as inflammation and its various results, are more or less common to most of them, the student must expect to see but few *well-marked* cases, in comparison with those which, viewed by the light of nosology, appear confused and contradictory. Besides the difficulties in diagnosis arising from this source, there are two other circumstances which render these difficulties all but insurmountable to the inexperienced observer. The one is the very frequent appearance of two or more forms of cutaneous disease at the same time, or, in common language, the tendency to complication which marks every one of them; the other is the obscuration of the primitive form, pimple, pustule, vesicle, etc., by the crust, scale, scab, or scurf, with which the skin is liable to be covered when the disease has existed a few days or weeks. The appearance of these morbid exuvia is so various, consisting in some cases of purulent, in others of serous or papulous exudation, and in some of primary scales or scurf; and all these modified, sometimes by medicinal topical applications, sometimes by bleeding rhagades or petechial ecchymosis, sometimes by uncleanliness, sometimes by over cleanliness and too frequent ablutions,—that he must be a conjurer indeed who can at once take Willan's definitions, and recognise their handwriting beneath this dense and dirty masquerade. Probably some little help may be rendered by endeavouring to point out some faint lines of analogy or correspondence between the colour and character of the crusts, scales, or scabs, and the initial form of disease which underlies and produces them. As far as I know, this has not been attempted by any author; but long experience has satisfied me that there is a diagnostic mark of some value to be derived from such observations, of which the reader will find ample notice in the course of these papers. I may here observe generally, that, whereas the crusts formed by purulent matter are of a dirty yellow colour, those formed by serous exudations are of a dark mahogany shade, while those by sanguineous discharges are nearly black. There is also a

difference between the scabs formed by syphilitic ulcers and those which cover strumous sores: the former generally exhibit a reddish-brown or copper-coloured shade; the latter a leaden or livid appearance.

It is, however, far less important to be able to call a skin-disease by its right name, than to ascertain, with a view to treatment, its nature and origin, and the state of the general system under the disease. Sometimes the appearance of the skin indicates at once and unmistakably the specific malady which it represents. Thus, the eruptions of small-pox, scarlatina, and measles, clearly show that the poison of one or other of these diseases respectively has entered the circulation. By far the great majority of cutaneous affections, on the other hand, do not indicate the presence of any particular poison. My design in this and the following essays is to treat of the latter class—those eruptions, namely, which are not pathognomonic of any specific disease of the constitution, although they may, and often do, indicate something of the nature of that general lesion to which attention should be directed in the treatment. Recent experience has convinced me that there is much valuable information to be obtained respecting the general health and the condition of the blood by observing the nature and character and course of the eruption. In what I have hitherto published on diseases of the skin, I have not felt sufficient confidence in these signs to hold them forth as important; so that what I shall now have to say on this subject, as it will be entirely new, will occupy a prominent place in these observations; and will, I trust, be received by my brethren with that candour and kindness which has been so freely awarded to the dissertations already published.

The following diseases, indicating the presence of specific animal poisons, may be regarded as a class by themselves, and I do not propose to treat of them, except by way of diagnosis; viz., chicken-pox, cow-pox, measles, scarlatina, small-pox, and syphilitic eruptions. These constitute the whole of those eruptions usually met with in this country, which, by common consent, are believed to indicate the presence of a specific poison in the blood, communicable from one patient to another, and, as a general rule, affecting the patient but once in his life-time. There is a second class of eruptions which partake more or less of the character of the specific exanthemata; but they may occur more than once or twice in the same individual: these are, erysipelas, miliaria (or sudamina), the acute form of pemphigus (very rare in this country), herpes zoster, erythema nodosum, purpura contagiosa (or the petechia of typhus), scabies cachectica, and urticaria febrilis. To some of these I shall have occasion further to allude. There is another class, which may be denominated *parasitical*; such as ring-worm, scabies, aphtha, alopecia, sycosis, and perhaps others, the parasitic origin of which remains to be discovered: and the remaining diseases of the skin, not being known to have any specific origin, may be considered a fourth class. And these two latter classes will be selected for more particular discussion. In thus describing the distinctions between the diseases of which I propose to treat and those which will be omitted, I have inadvertently and of necessity presented the reader with a new arrangement of cutaneous diseases: but, although I have long found it useful, and even essential to their proper treatment, to contemplate skin diseases primarily with reference to their origin or cause when known, and would therefore suggest such a recollection of this division as may assist the practitioner in determining the treatment, I would by no means subject the arrangement to a tabular form; for this would lead, in the present state of our knowledge, to additional confusion.

For the sake of convenience, I shall treat of the third and fourth of these divisions under one general head, following the arrangement of Willan and Bateman.

Before proceeding to describe these diseases in the order above referred to, I propose to offer some

GENERAL OBSERVATIONS ON THE TREATMENT OF CHRONIC DISEASES OF THE SKIN. As these remarks will have a

general bearing upon almost every kind of skin-disease, which is not specific in its origin, it will be convenient to introduce them in this place.

I. LOCAL TREATMENT. Perhaps no greater error in the therapeutics is ever committed, than in supposing that cutaneous diseases of constitutional origin can be safely and permanently cured by topical applications. They may, indeed, by these means, be moderated, checked, relieved, and even dissipated; but, unless the application is absorbed, so as to effect a change in the circulating fluids, it is clear that, the source of the disease being untouched, it cannot be thus cured: and it is very doubtful if the cure can even be accelerated by local treatment. Relief may, however, be afforded by it, and sometimes to a great extent. Among these remedies, may be enumerated:

1. *The Tepid Bath.* This may be used daily, or less often. It acts first, by cleansing the skin, and removing extraneous sources of irritation; secondly, by cooling the surface, and thus arresting or assuaging inflammation; thirdly, by promoting insensible perspiration, which is often of general use to the system, as well as to the skin.

2. *Glycerine.* This fluid, when mingled with five or six times its bulk of elder-flower water, is very useful where the skin is harsh and dry, or covered with hard crusts and scales, or disposed to crack. One application of this lotion will soften the skin, and moisten it for many hours; for the glycerine does not sensibly evaporate, like other fluids, and the skin becomes permanently lubricated. It is said to exercise a specific and curative action in lepra; but of this I have seen no proof.

3. *Creasote*, in a very diluted form, will sometimes allay irritability, and act as a charm.

4. *The Solutions of Metallic Salts*, such as of the bichloride of mercury and the sulphates of zinc and copper, will occasionally be found useful for a time, when applied to the face, in acne or lichen, very much diluted with water.

5. *The German Poultice*, which consists of wet rags covered by oil-silk, is sometimes a source of great comfort in eczematous and scaly eruptions on the limbs.

6. *Ointments*, which generally do harm, are found useful in affections of the scalp, when the hair is not removed. They tend to separate the crusts. Those composed of calomel, white precipitate, and oxyde of zinc, or the nitrate of mercury, are the most useful. Tar ointment is in high repute; but it should only be used in hospital, dispensary, or parochial practice, and even then the remedy is often as annoying as the disease. These are all the applications I have found generally useful; but, as a general rule, it is better to apply nothing but what is necessary to cleanse the skin. Local treatment is apt to obscure the disease, or to drive it to other parts of the body, thus masking the progress of the improvement effected by the internal or general treatment, and leaving the practitioner ignorant of what is going on.

II. GENERAL TREATMENT. The state of the general health is always the first thing to be inquired into. If that is obviously defective, it is useless to think about treating the cutaneous disease. About one third of the patients suffering under chronic eruptions complain that their health is not good. Constipation of the bowels, headache, and general dyspepsia, are very frequent complications. Suppression of the natural exhalation from the skin, of the urinary or uterine secretion, and of other natural or morbid discharges, are frequently associated with cutaneous disease. Occasionally all the secretions are more profuse than natural, and a state of general plethora exists. Sometimes an anæmic or strumous diathesis prevails. All these require appropriate treatment in the first instance; and, if this be successful in rectifying the general health, the skin commonly recovers its tone at the same time. If, however, it fails to do so, the case may be treated specifically. The medicines generally useful may be described as *purgatives*, *sudorifics*, *diuretics*, *tonics*, and *alteratives*, which may be given alone or combined, according to circumstances.

Purgatives are the most generally useful. Almost every eruption is more or less benefited by their action; and there

are many cutaneous affections which probably arise from the absorption of feculent matter accumulated in the bowels. But, in order to derive the full benefit from purgatives, they should be administered for several weeks together; and the materials of which they are composed cannot be too numerous, or too frequently changed. The saline class are the most important; and, although they seldom suffice to cure the disease, they render the cure by alteratives much more easy and rapid. In these days of asthenic disease, when depletion is too generally condemned *in toto*, we are apt to lose sight of the invaluable advantage of clearing the bowels daily. If the diet is not stinted, debility seldom results; and it often happens that, by unloading the bowels, and thus enabling the function of defecation to be more easily performed, they act in effect as tonics, improving the appetite and spirits, and actually adding to the strength. When the patient is weak, great advantage is found in combining the sulphate of magnesia (for example) with the sulphate of iron, the disulphate of quinia, and dilute sulphuric acid. This often proves the best treatment of inveterate eczema in asthenic subjects.

Sudorifics are useful when the skin is dry and harsh, and the extremities cold. The warm bath, the liquor ammoniæ acetatis, and the potassio-tartrate of antimony are the most valuable. Dover's powder is sometimes useful in allaying extreme irritation.

Diuretics are not only useful when the blood is loaded with urates, but, when the urine is scanty in leucophlegmatic subjects, they are often essential to the cure. The acetate of potash and spirit of nitric ether in full doses, with or without squills and colchicum, are very efficacious. If they fail, saline purgatives may be substituted.

Tonics are seldom required, except by the weak and ill-nourished class of patients. In dispensary practice, I have found the bebeerine an excellent substitute for quinine, in doses equal to those of the latter drug; and it can be obtained at about half the price. In emaciated or strumous subjects, Dr. De Jongh's light brown cod-liver oil is highly useful. This oil, though somewhat more expensive, goes three times as far as any other I have tried. One drachm is equal to half an ounce of the pale oil; and children will generally take it without objection. In some cases of lupus it acts as a specific. The iodide of iron is also useful in these cases.

Alteratives are either primarily or ultimately essential to the successful treatment of a large majority of cutaneous cases. It is generally necessary in idiopathic cases to use some preparation of arsenic; for in most of them *all other alteratives fail*. The most manageable preparation is Dr. De Valengen's "solution of solvent mineral", now introduced into the Pharmacopœia under the cognomen "liquor arsenici chloridi". The dose is ten or twelve minims thrice a day, for all ages above two years. This dose is equivalent to five minims of Fowler's solution. This should be borne in mind, as its chemical composition has betrayed writers on pharmacy into the error of representing it as equal in strength to the liquor potasso-arsenitis. It should be given always immediately after a meal, and the dose slightly reduced if the eyes become irritated, or the eyelids puffy. Patients will take it for many months without injury. If it fail, or disagree, the solution of arsenite of potass may be substituted for it; but it is far better that, in preparing this solution, the compound spirit of lavender should be left out. It is then tasteless and clear, and will keep, without becoming musty or decomposed, at least ten times as long. The dose is five minims for both adults and children. Children require, except in early infancy, as large a dose of arsenic as adults, and often larger. But some children are very susceptible of its toxic effects; and it is safer to begin with a smaller dose, which may be increased at the end of a week, and afterwards decreased, if necessary.

The signs of an over-dose of arsenic vary a good deal in different individuals; and yet they are comprised within a very few palpable symptoms, the most common of which is a horizontal streak of red injection in the membrane lining the lower eyelid: this is soon followed by a slight itching

or pricking in the eyelids, an increased secretion, and a puffy appearance in the lids and upper part of the cheek, as though the patient had been weeping. If the medicine is now pushed in full doses, or in increasing doses (as was formerly the practice), the tarsi become affected by pustular irritation at the roots of the eyelashes, which, if unheeded, may terminate, as I have once seen, in chronic induration of the tarsi.

The next most usual sign of an over-dose is irritation in the mucous membrane of the nostrils and fauces, with slight tickling cough, and a sense of fulness or stuffiness of the throat, simulating a common catarrh; but this symptom is so rare in summer, that I have seldom found it necessary to pay much regard to it. Still it is certain that arsenic will aggravate a severe catarrh.

Irritation of the bowels I have found to be a very rare result of arsenical treatment, provided the medicine is not given on an empty stomach. Still more rare is irritation in the urethra; but I have seen, in two cases only, a slight gleet, and in one a purulent gonorrhœa, produced by arsenic, in each case recovering as soon as the medicine was withheld. Now and then, tenderness, and vesication of the soles of the feet, occur, but not until after a lengthened course of arsenic; and, in fair individuals, a very delicate desquamation of the skin in the parts covered by the clothes, giving a dirt-brown appearance, is by no means uncommon. This gradually disappears on the termination of the course, leaving the skin more delicate, fair, and smooth, than before its commencement. Some individuals (about one in two hundred) are unusually susceptible of the toxic effects of arsenic. The face swells; the voice is husky and thick; the breathing is short; a sense of sickness, oppression, and fulness, at the precordia, is felt; and the nervous system is prostrated. These symptoms I have once seen produced by half a drachm of Fowler's solution, in divided doses. Some of these patients will bear one minim for a dose very well, and the skin will recover under it; but it is more prudent, in other cases, to abandon the medicine altogether. In some patients, arsenic affects the nervous system at first, producing general depression, tremor, and insomnia; but these symptoms are often only temporary, whereas the vascular disturbance is apt to increase by perseverance with the remedy. In others, the appetite fails; but this seldom continues long.

I have now exhibited arsenic in several thousands of cases, and have kept a minute record of almost every case; and the above are the only toxic symptoms I have noticed which could be reasonably attributed to the medicine in the cautious method of administration above described. I have generally found it perfectly manageable; and, when prescribed under favourable indications, generally useful. In very few cases have I been obliged to abandon it.

[To be continued.]

Alfred Place, Bedford Square.

CASE OF TETANUS IN WHICH RECOVERY TOOK PLACE.

By J. B. BARTLETT, Esq.

AMELIA BARNES, aged 40, a month prior to my attendance on her received a severe bruise on the nail of the great toe of the left foot, by the fall of an iron fender.

When called to her, on the 15th August, I found the toe much discoloured, the nail partly detached, and the patient suffering from violent spasms in her legs, back, and neck, with her head drawn back, and the jaw all but permanently locked. Liquids in the smallest quantity could only be given with the greatest difficulty. The respiration was quick, and the body was bedewed with perspiration. I ordered chloroform to be freely rubbed into the spine, and two grains of acetate of morphine to be taken.

Aug. 16th. There had been very severe spasms all night; she had no sleep, and had been constantly wandering. I

removed the nail, applied a solution of nitrate of silver (ten grains to the ounce) to the part three times a day, and ordered the wound to be kept covered with a poultice of belladonna and opium.

Aug. 17th and 18th. She was much the same; she had profuse perspiration, and intense contraction of the muscles; the spasms were very severe. The following medicines were ordered.

℞ Hydragryi chloridi gr. v.
Statim sumatur.

℞ Quinæ disulphatis gr. ij
Camphoræ gr. ij
Spiritus vini rect. q. s. M.

Fiat pilula ita quaque hora sumenda.

Aug. 19th, 20th, 21st. There was no improvement.

Aug. 22nd. The patient had violent spasms in the legs and across the abdomen; she moaned deeply. I ordered an enema of turpentine and castor oil, of each one ounce with half a pint of water; and two grains of morphine to be taken every three hours.

Aug. 23rd. The bowels were not relieved. She had vomited an acid, offensive fluid. I ordered the morphine to be discontinued, and an enema of turpentine, etc., to be administered.

Aug. 24th. She had been free from violent pain during the night.

Aug. 25th. The patient was much exhausted. The pulse was very quick and weak; she appeared to be sinking. I ordered her to take strong beef-tea and port wine *ad libitum*.

℞ Quinæ disulphatis gr. v.
Sumatur quartâ quaque hora.

Aug. 26th. She was not quite so weak, the other symptoms were the same.

℞ Hydragryi chloridi gr. iv
Olei crotoni gtt. ij. M.

Fiat pilula statim sumenda.

At times she felt a sudden and painful traction in the epigastric region, which struck through to the spine, and instantly increased the rigidity of almost every muscle of the body.

9 A.M. The medicine had produced three foetid evacuations. I ordered her to be put into a hot bath, and ether to be applied to the head during the time she was in the bath. I also ordered a strong embrocation of extract of belladonna, opium, and ether, to be rubbed into the spine, and a plaster of opium and belladonna to be applied over the umbilicus.

Aug. 27th. She was very restless all night. I ordered two grains of morphine every four hours, and the embrocation to be continued.

Aug. 28th. This morning I found her sitting up in bed. She said that during the application of the embrocation in the night, the spasm of the jaw suddenly gave way, and she was able to open her mouth to the extent of an inch, she could swallow with ease, and was perfectly free from pain.

Aug. 29th. She continued the embrocation; and for some time the patient walked with difficulty, having every appearance of being under an attack of paralysis, which passed off in a few days.

I have now the satisfaction to say that she is in perfect health.

REMARKS. The preceding case is one of considerable interest, as it terminated in an unusually favourable manner, considering the want of prompt treatment at the commencement of the attack. The obstinate nature of this disease is such, that the worst results, in the generality of cases, must be apprehended, whatever plan of treatment is pursued; for a remedy that appears to do good in one case will totally fail in another. The plan I should be inclined to adopt in such cases would be to remove all sources of irritation, if the tetanus proceeds from a bruised or lacerated wound, by making it into an incised one; thereby dividing any nerve that might have been partially divided, relieving the congestion of the vessels, bringing on suppuration, and restor-