opisthotonos rather more marked. He had slept several hours after the morphia. The morphia to be continued. Pulse about 100. The bowels opened after an enema.

8th.—The symptoms are more marked. The opisthotonos is extreme. The voluntary muscles generally are rigid. He was extremely restless; and though the morphia was increased, it failed to give relief. Pulse 104.

9th.—General rigidity of muscles increased. He was constantly crying out, being in great pain. He had not slept during the night. The muscles in the perineum were extremely rigid, and it was necessary to remove the urine with the catheter. Though the muscular spasm was continuous, it was greatly increased in intensity on anyone touching him, or even approaching him to alter his position. There was great pain about the diaphragm, with hiccough. Skin hot and dry; bowels only acting after an enema; pulse 120, and thready. There was a small collection of matter near the wound, which was opened, and about a drachm of pus evacuated.—Quarter to five P.M.: One-twelfth of a drop of nicotine was administered, the pulse being 120.—Quarter past five P.M.: The dose was repeated; pulse 108.—Quarter past seven: Pulse 112. One-eighth of a drop of nicotine was given.—Nine P.M.: The pulse was 68, and slightly intermittent. He was sweating profusely. There was much less muscular rigidity, and he was enabled to pass his urine naturally, which he had not done for thirty hours. The nicotine was discontinued for the night.

10th.—Nine A.M.: The pulse had risen to 110. He had slept comfortably for several hours. Muscular rigidity certainly less than on the previous day. Skin moist and perspiring. No nicotine was administered during the day; but in the evening one-twelfth of a drop was given, the pulse being noted at 132.

11th.—Passed a tolerably good night, and remained comfortable during the day. Pulse 110. One-eighth of a drop of nicotine to be given at night.

12th.—Had slept for several hours. Pulse 92, and regular. Towards the evening of this day he did not appear so well. The general muscular rigidity was much increased, and it was necessary again to make use of the catheter. Pulse 115. The nicotine was repeated (one-eighth of a drop) twice during the night.

13th.—Half-past eleven A.M.: He had slept for several hours, and was decidedly better. Pulse 100. He was again able to pass his water naturally.

Without going more into detail, I may say that from this date his improvement was uninterrupted, and he left the hospital quite well in six weeks. The nicotine was given occasionally, being invariably followed with relief. During the whole course of the disease a generous fluid diet was given, without stimulants.

In this case, although symptoms did not show themselves till the thirty-second day after the injury, yet they were of a sufficiently aggravated character to lead me to apprehend a fatal result. The morphia in the first instance appeared to give relief; but on its failing, I fell back upon the tobacco treatment as a last resource. In administering the nicotine (which was procured for me with great promptness by Messrs. Clay and Abraham), I found that one-twelfth of a drop was quite sufficient to produce a decided effect, and at no time was it increased to more than one-eighth, dissolved in alcohol and water. An hour always intervened between the doses. I mention these points for the guidance of those who feel disposed to try the plan of treatment. The effect of nicotine on the system is of so depressing a nature, especially in the case of those unused to tobacco, that it is most important not to give the least quantity more than is absolutely necessary.

The effects of the nicotine, as observed in this case, may be summed up as follows:—

1st. A diminution in the frequency of the heart's action. On the 9th of January, in four hours and three quarters, the pulse fell from 120 to 68. This was most marked on the first day; but the same effect was more or less invariably observed consequent upon its administration.

2ndly. The muscular spasm was invariably diminished. This was generally evident, but more especially by the voluntary discharge of urine, and by the breathing becoming easy and unaccompanied with diaphragmatic pain.

3rdly. A tranquillising effect on the nervous system generally.

4thly. It promoted the action of the skin, though I never detected the "snuffy odour" of the excretion as mentioned by others.

Such are the more prominent particulars in this case. I find there are many recorded cases where a recovery followed the use of tobacco; and some speak highly of its beneficial

effects as an external application, in the form of a poultice to the wound by which the tetanic symptoms were produced. From the observation of many cases of this distressing disease, I should certainly feel more confidence in again adopting the treatment that I have recorded than any other I have seen tried. Liverpool, 1867.

"THE TURTLE WOMAN" OF DEMERARA.

By IZETT W. ANDERSON, M.D. EDIN.

I LATELY received from my brother—Dr. F. H. Andersor, of Demerara—a photograph (from which the accompanying engraving is taken) of a case of congenital deformity. It appeared to me one of such interest and comparative rarity that I obtained further particulars regarding it, and the permission of the Surgeon-General and my brother to bring it before the profession in any way I might think fit.

The subject of this case was a black girl, aged twenty-four. She was commonly called "the turtle woman," from, I suppose, the peculiar malformation of the lower extremities, and also from the fact that her mother, when pregnant of her, was frightened by a turtle; and to this misfortune attributed the condition of her child. The girl has generally been healthy, and has never suffered from rickets or any disease of the bones; and her condition, as regards the malformation, has existed unchanged since her birth. None of her relations are deformed. She was able to move about a little, and could do needlework by holding the cloth between the right arm and the body, and using the needle with the left hand. About two years ago she gave birth to a full-grown child free from deformity, but it died the next day. The labour was natural in every respect. In the early part of last April she miscarried of a four months' foetus. On the 13th of the same month she was admitted into the Colonial Hospital, suffering from syphilis, and she died on the 10th of July.

My brother writes me that he could only examine the bones of one leg. The femur was only six inches long, but was articulated in the usual way, there being an acetabulum, with a strong capsule, and a ligamentum teres. "The foot is put on sideways, there being no tibia or fibula. The foot altogether consists of only six bones, four of these being toe bones—viz., the first and second phalanges of the big and second toes. The femur articulates inferiorly with one long bone, which seems to be the prolonged metatarsal bone of the great toe. The sixth bone is the second metatarsal. The right arm consists of a humerus, with the condyles well developed."

Although it is to be regretted that, owing to various circumstances, the post-mortem examination was not more complete, yet I think these rough notes may be of interest to the profession.

Kingston, Jamaica, Sept. 23rd, 1867.