powdered alum in teaspoonful doses at short intervals, which failed, however, to produce emesis or even nausea, although 3jss was taken. 3j of sul. zinc and 3ss ipecac were then given, and in a short time free vomiting followed, but not a particle of false membrane was ejected. During the time consumed in the administration of emetics, symptoms of exhaustion had supervened, and the prostration was now extreme. The lips, portions of the face, ends of the fingers had become permanently livid; the pulse was imperceptible at the wrist, and a cold, clammy sweat bedewed the whole surface. Stimulants were freely administered, but all to no purpose. The pitiable sufferer, after repeated convulsive efforts, sprang from his bed, and fell upon the floor a *corpse*—dying literally from “*want of breath.*”

An *autopsy* was made eighteen hours after death, and the specimen, which is herewith presented to the Society, obtained. (The specimen consisted of larynx and a portion of the trachea, so slit open as to show the interior, which was almost entirely closed by a coating of false membrane.)

There are two or three points connected with this case which I wish to bring to the attention of the Society.

First. The *age* of the patient; as before stated, he was fifteen and a half years old. Now, although this is not unprecedented, it certainly is unusual, the disease being one almost exclusively confined to childhood. Meigs does not report a case occurring after the seventh year; Watson, in referring to ninety-one cases reported by Jurin, states that only *one case* occurred after the tenth year. Dickson says that it is very seldom seen in children before they are weaned, or after the age of puberty, although he reports one case of a lady fifty years of age, who was subject to it all her life.

Secondly. I would call attention to the rapidity with which the disease progressed, or, at least, manifested itself, during the last ten or twelve hours of the boy's existence.

May 20. Traumatic Tetanus.—Dr. J. FORD THOMPSON reported the following case:—

Steward B. P. Blewitt, 24th Regiment Veteran Reserve Corps, age thirty; of rather delicate constitution, but enjoying tolerably good health. May 8th, 9 P. M., in turning over the seat of a wagon, received a small punctured wound, from a nail, in the palm of the right hand immediately over the metacarpo-phalangeal articulation. The wound bled quite freely, but ceased in a short time, when he applied a compress wet with water and tr. opii to relieve the pain, which he said was quite severe. By 11 P. M. the pain had much increased, extending up the forearm, and there was also contraction of the digital muscles. Becoming very uneasy with that feeling of impending evil, so characteristic of this disease, the surgeon in charge, Dr. Frisbie, was summoned, and prescribed the local application of warm fomentations with laudanum and camphor, and a dose of opium internally.

May 9, 2 A. M. The treatment has afforded no relief, and the spasms have extended up the arm, with well-marked trismus and great difficulty in deglutition. Dr. Frisbie again saw him, and administered tr. opii, spts. æth. comp., aa gtt. xl., remaining with the patient during the remainder of the night, giving him twenty-five drop doses of laudanum every half hour, until 7 A. M., when he fell asleep and slept until 9 A. M.

Saw him in consultation with Dr. Frisbie at 8.15 A. M., when he was sleeping soundly, with a good pulse, no spasmodic contractions, and the muscles of the jaws perfectly relaxed.

A few minutes after 9 A. M. the patient awoke, and was soon seized with the same symptoms, with an extension of the spasms to the muscles of the back of the neck and of the back; though there was no opisthotonos, the contractions not being tonic in character. At 10.30 A. M. the inhalation of chloroform was commenced, and he was kept partially under its influence until 5 P. M. This treatment greatly diminished the frequency and force of the muscular spasms, but it was found that he was growing much weaker, and therefore the use of the chloroform was suspended. He was then put upon opium and whiskey, but continued to fail, dying May 10, 1 A. M., twenty-eight hours after the receipt of the injury.

In his summary of this case Dr. Thompson referred to the assertion made by Erichsen in his work on surgery, who says: "*Wherever the wound may be situated the first symptoms are observed in the portio-dura of the seventh pair of nerves,*" and cited a case which had occurred during his army practice, which would tend to disprove such assertion; the case being that of a soldier who had had his leg amputated at the point of election, and in which the spine of the tibia had ulcerated through the anterior flap; in this case the spasms of the muscles of the thigh preceded several days any evidence whatever of an affection of the portio-dura.

In speaking of the treatment, he referred to two cases treated by Dr. W. V. B. Bogan, of this city; in the first of which the patient recovered, the treatment being mainly injections of sulphuric ether. In the second case (the patient being a lady in whom the disease supervened seven or eight days after an abortion had taken place) the same treatment was pursued, but death resulted. He also referred to a case treated at the Armory Square Hospital, in which tetanus ensued after a severe lacerated wound of the buttocks; this case recovered, being treated by the applications of ice over the spinal column, and the local application of morph. sulph. to the wound.

In the discussion which ensued after the reading of the paper, Dr. Middleton mentioned a case which occurred at Blockley Hospital, Philadelphia, under his notice, in which tetanus ensued as the result of an injury to the ulnar nerve; the nerve was divided and the patient recovered.

May 27. Compound Fracture of Ulna; Resection of Elbow-Joint.—Dr. S. J. Todd reported the following case:—

C. S., mulatto, thirty-five years of age, tall, robust, and of good general health, came under my care July 21st, 1864. He had received a wound on the anterior aspect of the left forearm, one inch from the joint, and extending towards the hand a distance of three inches. The wound was caused by a blow inflicted by a spade in a street fight; his arm, at the moment of the accident, being in a semi-flexed position, protecting his head, to which the blow was directed. The edges of the wound were rough, and venous hemorrhage profuse. Passing my finger into the wound, I found there was a comminuted fracture of the ulna, two inches from the extremity of the olecranon process, and involving three or four inches of the shaft of the bone. The following day, in the presence and with the assistance of Drs. Dove, Lincoln, and Wordsworth, resection of