was unable to stoop or to turn the head; in order to look round, he had to turn the whole body. There had previously been tertiary manifestations, and the meningitis yielded to iodide of potassium, leaving the patient, however, with a stoop; to it also was probably attributable sexual impotence, from which he was found to suffer afterwards.

[To be continued.]

SPINA BIFIDA CURED BY INJECTION.

By J. ROSS WATT, M.B.,

Consulting Surgeon to the Fever Hospital, Ayr, N.B.

THIS wood-cut, from a photograph, represents E. G., aged three years, as she was brought to me in April last, and therefore conveys a correct idea of the size and situation of a spina bifida tumour, which, wholly

covered by true skin, stood out with a prominence of nearly four inches, and measured thirteen and a half in circumference. It was very sensitive to the touch, became tense when the child cried, and palpation discovered a perfectly fluid condition of its contents. It was slightly pendulous when the child was erect, and gave her a ludicrous, although at present rather fashionable, appearance when dressed—the projection at her age being unlooked for.

Her mother stated that it was like a walnut at birth, and had increased gradually; that she walked at two years; was now active, although not firm on her legs, and easily knocked over; that she enjoyed excellent health, but was constantly annoyed by escapes from the bladder and rectum; and that she had always been advised to let it alone.

The treatment of this—my second successful case—was by the same method as that described in the JOURNAL of the 26th April last; viz., by injection of Dr. James Morton's solution of iodine and iodide of potassium in glycerine; and was briefly this. Two tentative tappings with a medium cannula, of respectively twelve and ten ounces of clear fluid, were made, with an interval of eight days, both being followed by an irritable and feverish condition of the child, and gradual refilling of the tumour to its original size. Ten days afterwards, other ten fluid-ounces were removed, and half a drachm of the solution injected. The opening was instantly closed on each occasion by a layer of lint soaked with flexile collodion. This last operation in a few days made the tumour tender, and caused the child to be feverish, restless, and extremely excitable, with decrease of appetite, milk and soups alone being taken. Ten days after this first injection, the tumour was very slightly less, and eight ounces were then removed, followed by injection of a similar quantity of the solution. This gave rise to even more severe irritative symptoms of the nature described; but a fortnight later showed the tumour only one-third of its original size, although still sensitive and painful when interfered with. At that time, about five ounces were removed, followed by a third injection of half a drachm; this caused cessation of any further formation of fluid, and a gradual absorption began, which, at the end of twelve weeks from the first interference, presented the appearance conveyed by the second wood-cut—a roughened, darkened, hardened, and thickened condition of skin, quite normally sensitive to the prick of a needle, replacing the tumour and closing the spinal aperture with an apparently gelatinous mass.

The treatment extended over nearly seven weeks, and the measured fluid removed amounted to forty-six ounces—a larger quantity, to my knowledge, than from any previously successful case. Half a drachm of the solution was deemed sufficient for each injection, owing to the large extent of sensitive surface to be dealt with; and the irritative symptoms developing therefrom quite justified the precaution taken.

This, my second case, with Dr. Morton's, make four successes, all that have been so treated; and, without appearing too confident of further success, the result is very hopeful and gratifying to the introducer of this method of treatment.

The patient is now very active on her feet (amusing herself, and standing as much consequent fatigue daily as her healthy companions), growing rapidly, and the sphincters are now almost wholly under control; cold sea-water baths being persevered with.*

THE PROPAGATION OF CHOLERA IN INDIA:

BEING A REPLY TO DR. MURRAY'S REVIEW OF DR. CUNINGHAM'S REPORT OF THE EPIDEMIC OF CHOLERA IN 1872.†

By J. M. CUNINGHAM, M.D.,

Sanitary Commissioner with the Government in India.‡

DR. MURRAY very kindly sent me his paper yesterday, so that I might be prepared to answer him at the meeting to-night; but I regret that, owing to a press of business during a short visit to England, I have not been able to do more than make a few rough notes on the subject. I shall first take up, as shortly as possible, the various points to which Dr. Murray has referred, and then discuss others of very great importance which he has left out. Before doing this, however, I may make one remark regarding the Report itself.

The great object I had in view was not to promulgate any opinions of my own, but to collect facts and to draw from them the practical conclusions as to the best mode of dealing with cholera which these facts warrant. The collected facts are the really important part of the Report. To the best of my belief, no fact of any importance has been misstated, nor have any which were ascertained been omitted. The Report has been widely circulated among medical officers in India, and no exception has been taken to the record. We pass on, then, to the interpretation to be put on the facts; and here Dr. Murray urges objections.

He first raises the question as to the comparative value of negative in contradistinction to what he calls positive evidence. I am glad he has raised this question, for the proper solution of it is a matter of very great moment in the cholera inquiry. What constitutes positive evidence? If a person, after having come into contact with a case of cholera, be affected with the disease, he claims this fact as positive evidence that cholera is contagious. But such reasoning is altogether fallacious. The mere coincidence of two events by no means shows that they stand to one another in the relation of cause and effect. The

* This case was shown at a meeting of the Ayrshire Medical Association.

† See BRITISH MEDICAL JOURNAL, January 17th, p. 71.

‡ Read before the Epidemiological Society of London.