with the sensory ganglion, so that the ganglion could be distinctly seen, with the posterior and anterior nerves in connection with it. The third pair appeared to be thus implicated. This tumour was not adherent to the arachnoid membrane, and was distinct from any positive connection with the cord itself. Yet in this exact situation the cord, to the extent of about half an inch, had undergone change, undoubtedly from pressure, and presented a somewhat similar appearance as a cord would do where a fractured vertebra has been for some time pressing upon it. The cord, for a little distance above and below this, was slightly bulging, as from softening. The membranes were slightly supravascular; but there was no adhesion, nor effusion of lymph, or other sign of inflammatory change.

Tumour.—In reference to the tumour, its connection with the cord was not diagnosed during life; neither was it supposed that it had anything to do with the man's parietic state. It was, it will be seen by the rawing, about the size of an orange, and passed between the second

and third vertebræ. This portion evidently formed its pedicle, and there is not much doubt but that it originated from the connective tissue fibres of the dura mater. It was quite free from any trace of adhesion to surrounding textures outside the vertebral canal. Upon section, it was found to be tough, apparently homogeneous, somewhat elastic, and of a dirty white colour. Under the microscope, it presented a fibro-nucleated appearance; consisting, first, of round, oval, and puriform nuclei, with fine granules; secondly, of a multitude of fibres, which divided and subdivided into finer and finer branches; and these branches were connected with the nuclei and granules, and formed with them a network. Small matter of pigment-granules were scattered throughout the tissue.

ON TAR AND THE IPECACUANHA SPRAY IN THE TREATMENT OF WINTER COUGH.

By WILLIAM MURRELL, L.R.C.P.

THE following remarks on the administration of tar will, I hope, remove any difficulty which Mr. Cheyne and other gentlemen may have experienced in the use of this remedy. In the observations made by Dr. Ringer and myself, the drug used was wood-tar, the *pix liquida* of the *Pharmacopœia*. This was made into pills, each containing two grains, by mixing it, by means of a gentle heat, with a grain of wax and two grains of powdered liquorice root. Some difficulty was experienced in coating these pills, as the spirit used for this purpose dissolved out the tar. In private practice, we have therefore usually employed small capsules, each containing from two to three grains. Larger capsules, similar to those used for copaiba, are also made, but they contain a larger dose of the drug than it is necessary to administer in cases of bronchial catarrh. There are several other preparations containing this drug which are largely used on the continent, and might with advantage be introduced into this country. The *dragées de Christiania au goudron de Norvège* are elegant little bonbons, each containing five grains of tar. Tar-water or "eau de goudron" is also made, which contains two grains in the drachm, and may be taken in sugar and water, or with claret at dinner, the combination being almost tasteless.

The observations on the treatment of chronic bronchitis and winter cough by the ipecacuanha spray were originally published in August last. As a considerably increased experience of this method of treatment, both in hospital and in private practice, has not only confirmed our previous statements, but has added several new points of interest to our knowledge of the subject, a brief *résumé* may prove not unacceptable. The inhalations prove most useful in those cases in which the patient suffers from cough and dyspnoea on exertion during the winter, but is comparatively free from these symptoms in summer. The expectoration is usually abundant, and is often frothy and expelled with difficulty. There is never any true hæmoptysis, although the expectoration may be occasionally streaked with blood after a violent paroxysm of cough. This condition may be accompanied by considerable loss of flesh, lowness of spirits, and other symptoms, which quite incapacitate the patient from following his occupation during the winter months. In these cases, almost without exception, the patient either comes of an asthmatic or phthisical family, or he follows some employment which necessitates his exposure to cold, or wet, or dust. Many of these patients suffer from gout or chronic rheumatism. On making a physical examination of the chest, only a little emphysema may be detected, or there may be sibilus over both fronts and backs, with bubbling rhonchus at the bases. It is very necessary in these cases to ascertain the absence of organic cardiac mischief. A patient, who last year suffered from bronchial catarrh, and was greatly benefited by the ipecacuanha spray, applied for relief this winter. The old treatment was adopted with but little benefit; and, on a more careful investigation of the case, it appeared that the patient had, during her absence in the summer, suffered from rheumatic fever, and that the dyspnoea was due to mitral regurgitation. The spray has proved most successful in those cases of winter cough in which the dyspnoea is the prominent symptom. In true neurotic asthma, however, little or no benefit is derived from its employment, and it may even increase the frequency and duration of the paroxysmal attacks. The spray has been used with advantage in a few cases of phthisis, both in the early and in the advanced stages, but our experience upon this point has been limited.

The method of giving the inhalation may be now considered. In our earlier experiments, Richardson's double-balled spray-producer, such as is used for ether, was employed; but during the past winter the number of patients under treatment at the hospital has necessitated the employment of Siegle's steam spray-inhaler. The ipecacuanha wine was used either pure or variously diluted, the most usual strength being one part of the wine to one or two of water. The use of undiluted wine occasionally produces dryness of the throat and nausea, the latter symptom most frequently occurring in those cases in which the patient is not careful to expectorate the mixture of saliva and condensed spray which accumulates in the mouth. The quantity of wine used at each inhalation varied from a half to two drachms; in a few cases as much as an ounce was given, but with no advantage over the smaller quantity. The Richardson's spray-producer atomised one minim at each squeeze of the ball, so that about 150 squeezes were usually given when a mixture of one in two was employed. The Siegle's apparatus, when fully at work, vaporises a drachm in about three minutes. The inhalations were given daily, the patient usually requiring ten or twelve.

The benefit derived from the spray, though often prompt, is in many

cases of several months' duration. All the patients under treatment last year who have returned this winter, have stated that they have been freer from cough and dyspnoea than usual during the summer months.

During the past winter, other drugs, including carbonate of ammonia, iodide of potassium, and tartar emetic, have been used in the form of spray in the treatment of these cases, but the results have not been satisfactory.

OBSTETRIC MEMORANDA.

A NOVEL TREATMENT OF OBSTINATE VOMITING IN PREGNANCY.

In perusing the JOURNAL of this week, I was much struck with Dr. Copeman's communication on a "Novel Treatment of Obstinate Vomiting in Pregnancy", as it recalled to my mind a case that occurred in my practice some years ago which threatened the life of the patient; and, as it appears to me to have been relieved by similar means to those recommended by Dr. Copeman, I am induced to send the history of it.

On December 21st, 1868, I was called to see the wife of Captain M., who had just returned from a sea voyage around Cape Horn; she was thirty-two years of age, and seven months gone in her fourth pregnancy, naturally strong and robust, but now much reduced by incessant vomiting. The usual remedies—hydrocyanic acid, soda and calumba, and the nitrate of cerium—were prescribed for a few days to allay the gastric irritation, without the least effect, and not the smallest quantity of nourishment (such as milk and lime-water) could be retained. On the 24th, her condition became so precarious, that I suggested premature delivery; and, on consultation with another practitioner, this view being concurred in by the gentleman called in, I proceeded to the induction of premature labour by means of Barnes's bags, having first dilated the os as much as possible by the finger. When I saw her the same day, I found her condition much improved, having retained the medicine and some nourishment; I, therefore, removed the bag, and refrained from further interference for the present. About 5 A.M. on the following morning, I was sent for in a great hurry, and found she had been delivered by spontaneous expulsion of a male child, which only survived a short time. On inquiry, I found she had slept tolerably well during the night, and was aroused from her sleep by a slight pain, and found that the child was born immediately afterwards. She made a rapid recovery, and was out of bed in about a fortnight. I was struck at the time with the sudden cessation of the vomiting and her general improvement, which I attributed at the time to the means employed to allay the gastric irritation; but I am now led to think with Dr. Copeman, that probably the urgent symptoms were due to undue tension, and that the introduction of the bags into the os uteri may have been the immediate cause of relief. It is certain that, after the introduction of the bag, there was little or no vomiting. I am led to think that this was a case of vomiting due entirely to the pregnant state, and not to the combined effects of sea-sickness and the vomiting of pregnancy, from the fact, that this lady had been in the habit of going to sea with her husband, and was never much troubled with sea-sickness, and was subsequently confined at sea of a healthy child about a week before her arrival at Antwerp, the vessel having been longer on her passage than was expected; both mother and child did well. In conclusion I would remark, that I have found the nitrate of cerium (as recommended by the late Sir J. Simpson) most beneficial in the vomiting of pregnancy.

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RUPTURE OF THE UTERUS.

I SEND this note in reference to Mr. Wood, having a professional but no direct personal interest in his case. Many years since, I was summoned by Mrs. Walter, one of the midwives of St. Marylebone, to Mrs. H., then some hours in labour with her ninth child. The head occupied the pelvic cavity, but did not advance, true uterine pains having ceased. The patient was low, but neither pulseless nor markedly collapsed. There were hurried breathing, and fixed pain in the abdomen, but the child was not felt through its walls. The forceps was resorted to, but not being readily applied, perforation was performed. The placenta not becoming detached was manually removed, when an enormous rent was discovered in the uterus, the hand passing freely into the peritoneal cavity as far as the lower border of the liver, and the great omentum "pulsated awfully" in front. (I can conceive a practitioner in his consternation attempting to remove the latter structure

as an abnormal afterbirth.) There was scarcely any external hæmorrhage. Opium was given, but the patient sank twelve hours after delivery, and twenty-eight after the commencement of labour. Unfortunately, a *post mortem* examination was not permitted. Of course, men are sometimes incompetent, occasionally intoxicated; but, granting sobriety and ordinary qualification to the attendant, must he not be better acquainted with a case than a man called in at the end, or after death, to make the *post mortem* examination; the latter operation often indispensable to the solution of its obscurity? Assuming the report of the necropsy to be in the main correct, I ask, Will the gentleman who performed it oblige more ignorant practitioners by stating the distinctions between lacerations "resulting from force, and those resulting from natural (?) labour"? On what ground does he affirm that the "rupture did not exist prior to delivery"? Does he base his conclusions on hypothesis or on experience; in other words, how many cases of ruptured uterus has he attended, and what were their history and termination? Was the patient a multipara? and does he hold rupture of the uterus to be mostly due to violence applied to the uterine walls or to parietal degeneration? Trite as the proverb is, I cannot refrain from adding that it is frequently not difficult to exhibit wisdom after the event.

W. BOYD MUSHET, M.B.Lond., M.R.C.P.

SURGICAL MEMORANDA.

SUPPURATION IN KNEE-JOINT FROM A FALL: COMPLETE RECOVERY OF MOTION.

Miss C., aged 19, first came under my notice on October 9th, 1874, complaining of slight pain in the left knee-joint on walking or standing. About five days before, while riding rather fast, she felt the saddle slipping round, and, to avoid falling with her foot in the stirrup, threw herself from the horse, and fell upon the knee. She complained of slight pain for a day or two, but did not take any particular care. On examination, the joint was slightly enlarged and hot, with pain on motion; pulse 112; tongue furred. There was slight increase of temperature in the body generally. She was ordered a calomel and jalap powder, rest in bed, and cold lotion to be kept applied to the joint. For the first two days, she went on well, and, on the third, imprudently got up; and, on the thirteenth, all the symptoms were much aggravated. I cupped the knee above the joint, and, on the two following days, applied six leeches daily, and gave at the same time antimonial salines and general antiphlogistic regimen. On the 15th, I put the leg up in cardboard, and swung it in Salter's swing. In spite of treatment, swelling increased until the 24th, when a large quantity of healthy pus escaped from the interior of the joint. Eventually, two other openings formed, and the three continued to discharge for a month, during which time she took bark and mineral acid, with a liberal diet. At the end of about a month the openings had closed, and, in another fortnight, the splints were discontinued, and passive motion commenced. This was continued for two months, and now (February 1875) the patient is able to kneel down, and walk almost without a limp. There can be no doubt about the locality of the pus, as the patient was seen by another medical man, who fully confirmed the diagnosis.

I held out to the friends no better termination than a stiff joint, as I had no idea that any joint so thoroughly filled with pus and discharging so freely, and for so long a time, could eventually repair itself. I did not feel certain about the existence of pus until the joint began to discharge, as there were no rigors or any symptoms to warrant the certainty. I did not open the joint as recommended by some surgeons, as the escape was free, and there was little tendency to bagging.

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SPINA BIFIDA, TREATED BY THE ELASTIC LIGATURE: RECOVERY.

THE series of cases of so-called spina bifida, or, perhaps more correctly, meningocele, which have lately appeared in the JOURNAL, induce me to contribute one which came lately under my care in the Leeds General Infirmary; more especially because I treated it in a different manner from those hitherto published, and the result was not only successful, but much more speedily attained.

M. F., aged 8 weeks, the child of healthy parents (who had previously twice had twins, one only of the four children yet surviving, but none having presented any malformation), was brought to the hos-