sure of precaution, it seemed to me prudent to embrace a considerable depth of soft parts in the ligatures, and that the twisted ligature, which I used, should be much thicker than the one commonly employed.

CASE I.—Child eight days old—*spina bifida*—excision of the sac—twisted suture—cure.

In the spring of 1837, I was summoned to examine a little girl eight days old, who had a tumor on the lumbar region, which two medical men had been unable to characterise. At first sight, the nature of the tumor seemed doubtful; it was not larger than an apple, slightly flattened, firm to the touch, and attached by a pedicle of about five and a half lines in diameter; covered with a net-work of turgid veins, it had the appearance of a vascular fungus. On examining the base of the tumor, we discovered two osseous edges, and in the centre a want of resistance evidently arising from defective ossification of the vertebræ; the opening might receive the tip of the index finger. The tumor was opaque, and its walls were very thick, much denser than in cases of well-developed hydrorachis; as to the seat, it seemed to occupy the last lumbar vertebræ; all the others were perfectly formed. The child presented no other deformity; the head was not large; all the organs and functions were healthy; the operation, therefore, might be undertaken under favourable circumstances.

An elliptical incision was made round the base of the tumor, but as soon as its pedicle was divided, a quantity of reddish serum escaped; the excision of the sac was, therefore, rapidly effected. To close the opening, the end of the index finger was placed over the vertebral deficiency, but it penetrated into the canal, and came in contact with the exposed spinal marrow. The edges of the wound were now brought together with four needles, and the twisted suture applied, as in hare-lip.

The child cried vigorously at the commencement of the operation, but as soon as the cerebro-spinal fluid was discharged it fell, for a few minutes, into a state of stupor. As the needles were applied it again began to cry, and when the dressing was finished, took the mother's breast as if nothing had happened. As may be well imagined, I watched this case with great anxiety: on the fourth day the needles and the sutures were removed, and the edges of the wound were found to be united by the adhesive inflammation; sticking plaster was now applied, and in fifteen days the cicatrix was completely solid, filling up the slit in the spinous processes. Since then I have frequently seen this child, whose cure remains perfect.

On examining the tumor after its removal, we found that it was a true cyst, communicating with the cavity of the vertebral canal, and composed of integuments, lined with dura mater and arachnoid; its cavity, however, was not proportionate to its size, for there were several layers of adipose and cellular tissue between the external and internal walls; hence the opacity of the tumor, which would have, probably, become thinner and more transparent as these layers disappeared.

CASE II.—Child eleven days old—tumor in the cervical region—excision—twisted suture—cure.

Early in September, 1838, a young woman gave birth to a female child, at the back of whose neck was noticed a spherical tumor as large as a middle-sized orange; the year before the mother had given birth to another child, affected with the same deformity, in the same region of the body.

The tumor, in the present instance, was of rounded form, somewhat flattened at the apex, little transparent, fixed over the junction of the last cervical and first dorsal vertebræ by a large pedicle; in the centre of this latter was felt a hard cord which led to an irregular slit or opening in the vertebræ. The general health of the child was satisfactory; its parents were healthy, and there was no other trace of anomaly or disease.

Having arranged everything necessary for the operation, I seized the tumor in my left hand, and passed a narrow bistoury through the pedicle, so as to form a lateral flap from within outwards, taking care not to penetrate into the sac, as I did in my former operation; a second incision served to remove the sac, and form the other flap; the cerebro-spinal fluid immediately issued in a limpid stream; in order to prevent the access of air and the escape of any more fluid, I hastened to introduce four needles, and to apply the twisted suture. The child exhibited marks of suffering during the operation, but took the breast immediately afterwards. On dissecting the tumor we found, as in the last case, that it communicated directly with the spinal canal, leaving an opening sufficient to admit the end of the thumb. The wound was not dressed until the fifth day, when its edges were found to be united; the little patient experienced no unfavourable symptom, and up to the present time (January 1841) has remained perfectly well.

Remarks.—From the above facts, and those which have been already recorded, we may conclude that,

1. Certain cases of *spina bifida* admit of a radical cure.
2. Although it is difficult to lay down any general rules, we may conclude that, when the opening into the vertebral canal does not exceed an inch in diameter, an operation should be performed.
3. The best operation consists in excision of the tumor and the twisted suture.
4. When the opening is small and the walls of the sac thick, we may form our flaps before opening the tumor, but under opposite circumstances we must dissect off the skin on either side.
5. The prognosis will depend on the size of the opening in the vertebræ and general health of the child.—*Gaz. Med. No. 31.*

CASE OF SPASMODIC AFFECTION

OF

THE LARYNX AND ITS APPENDAGES,

CURED BY THE

EXTERNAL APPLICATION OF VERATRIA.

By JAMES TUNSTALL, M.D.

(Read at the York Meeting of the Provincial Medical and Surgical Association.)

As it is of the first importance that each successful application of a new remedial agent should

be communicated to an association like ours, whose object is the improvement of medical and surgical science, I shall proceed, without circumlocution, to state the result of my labours in the cure of one of the most distressing and painful cases of spasmodic disease it has ever been my lot to witness.

Mrs. Stokes, the subject of the following observations, is of a leucophlegmatic habit, spare frame, and short in stature; a schoolmistress by profession; temperate, and a widow without issue; her age is forty-four. Several years have elapsed since she underwent an operation for the removal of her breast, which was attended with complete success. She has always been in delicate health, and says that when a young woman she had a violent and dangerous attack of pleurisy, the bleedings necessary for the cure of which, left her in such a weak state, that she considers herself never to have regained her strength, and to this she attributes the violent attacks which are more immediately to engage our attention.

Suddenly, and without previous premonitory symptoms, she is seized with a sense of suffocation, the whole of the muscles employed in respiration are put into violent and convulsive action, the lower extremities become cold, the face purple, the jugular veins enlarge and feel cordy to the touch; the whole surface is bedewed with cold perspiration, and the countenance is expressive of death-like agony. She is perfectly sensible during the whole attack, having never been feverish or delirious. The fit terminates usually in ordinary dyspnoea, which lasts for hours or even days, according to the violence of the attack, leaving her in her usual health.

The pulse, during the attack, is but little affected, either in force or frequency of beat; examination of the chest by auscultation shows that the air does not permeate more than about one-third of each lung, no sound being detected lower than the fifth or sixth rib on each side; this sound is the crepitating rattle, giving place, as the fit subsides, to a general bellows sound throughout the lungs; the heart is smaller than natural; it labours as though its action had been weakened by the too frequent and indiscriminate abstraction of blood, but it affords no abnormal sounds; the pulse is about 60, varying to 75.

On examining her arms, few veins are discoverable, and these mere threads; each presents numberless scars caused by the lancet, in every direction, hand, fore-arm, and elbow, while numerous scars from cupping encompass the neck, back, and chest.

In June, 1840, I was requested to visit her: she was then labouring under one of her attacks, which were described to me as asthmatic; on asking where the constriction existed, she clasped her throat. I carefully examined her, and felt convinced that it was a case of spasmodic affection of the laryngeal nerves.

Upon inquiry I found that every variety of depletion and counter-irritation had been employed; that the strongest opiates and antispasmodics had failed in procuring the slightest mitigation of the symptoms, which could only be expected from time and the most perfect rest. I found that the usual cause of the attack was violent mental emotion, or any over-exertion in her duties as schoolmistress.

Having thus, as I considered, detected the cause, and as far as possible ascertained the seat of the disease, I immediately commenced an investigation into the proper mode of treatment, but could suggest nothing but what had been repeatedly and vainly tried before.

About this period I received Dr. Stephenson Bushnan's letter to the members of the association, recommending the use of the ointment of veratria in the treatment of dysmenorrhœa. If, said I, this latter complaint is produced by a perversion of the nervous action of the lower portion of the spinal nerves, and if good effects follow the application of veratria to the sacrum, surely this case, which is characterised by undue nervous excitability of the superior and cervical portion of the spinal marrow, ought to admit of the same mode of treatment, the diagnosis being the same.

I therefore prescribed a scruple of veratria to one ounce of simple cerate, and directed that a small portion should be applied on each side of the cervical vertebrae, and rubbed well into the neck, throughout its whole extent, twice a day. About a fortnight after commencing its employment, she had an attack of what she said would have been her old complaint, but she repeated the ointment as soon as she felt it coming on, and it terminated in simple dyspnoea, without spasm or expectoration, in an hour or two.

She persisted in its use about two months, during which time she had several attacks of winter catarrh, but without spasm; she discontinued its employment in December, and from the 21st of October, the day on which it was first prescribed, to the 20th of June, she had no return whatever of her spasms, but recovered her health so well, that she was enabled to walk eight miles without assistance, whereas, previously to its use, she rarely if ever left her residence, as it always induced a return of the spasm.

I shall not offer any remarks on the efficacy of the veratria in diseases attended by undue nervous excitability, or perversion of nervous action; but I am led to believe, by the result of the above case, the only one in which I have tried it, that it is a valuable addition to the *materia medica*, and one which may be safely employed for the relief of those distressing nervous affections which have hitherto baffled professional skill; I therefore leave this case in the hands of those who have a more ample field for professional research, my object being merely to state the result of my employment of the veratria, with a view to improve our practice in these and similar spasmodic affections.

Dawlish, July 15, 1841.

ON DIACETATE OF LEAD IN INTERNAL HÆMORRHAGE.

By W. SWEETING, Esq., Abbotsbury.

THE use of this remedy has been long known, but as far as my observations extend, it has been administered in inefficient doses, and with combinations which appear to me objectionable, and made upon wrong principles.

Four or five years have elapsed since I first administered this medicine, in what I consider an effective dose. My practice is to give it in five