powder; where there appears to be much gastric irritability, of which the tongue affords a tolerably certain indication, even independent of those sensations which more unequivocally denote such state, the Dover's powder has the best effect, and if the tartrate of antimony be used, it should be given in combination with either opium, or the hydrochlorate of morphia, either of these combinations affording at the same time the best chance of acting on the skin. In this disease, however, diaphoretic medicines seem to have but little power, and should, therefore, where it can be procured, be assisted by the warm bath, which may, provided there be not great debility present, be employed on alternate days. Whilst the red state of the tongue continues, I have given the chalk in full doses with very decided benefit, generally alone, but sometimes in conjunction with the Dover's powder. So soon as the irritability of the stomach has been somewhat diminished, the sulphate of iron, with or without quinine, has been used, and great improvement has been the result; another very useful formula is the citrate of iron with quinine in solution, or in a simple bitter, as the quassia. For common drink, where, as is generally the case, the thirst is urgent, one part of lime water with two or three of milk, both allays this distressing symptom, and also acts beneficially on the lining membrane of the stomach. As to the diet of diabetic patients, it is unnecessary to dilate upon it; it should be chiefly composed of animal food, as beef and mutton, in the form of chop, or steak, with as little bread or vegetable as possible, and where the state of the stomach does not forbid it, wine or malt liquor may be allowed. By some the latter is objected to, but so far as my experience extends, they have never done any harm, and I think have proved useful. In all of the cases which I have seen within the last few years, the iodide of potassium was tried, but from its having been combined with one or other of the preparations of iron, I do not feel justified in offering any opinion on its actual value, as equally decided good has followed the use of iron alone. From all that I have seen, I do not conceive that bread, when taken in small quantity, produces the bad effects attributed to it by many; at the same time the most manifest injury arises both from it and vegetables when taken in the ordinary manner. The foregoing very meagre outline of one of the most fatal, obstinate, and even yet obscure diseases, that the practitioner can be called upon to treat, must for the present suffice, and should it lead to the further investigation of so interesting and important a subject, I shall not regret having trespassed so far on the columns of the Journal.

Sunderland, April 24, 1846.

(To be continued.)

CASE OF SPINA BIFIDA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

I forward to you for publication, if you deem it worthy, the report of an interesting and obscure case of spina bifida.

Yours very truly,

JOHN BARCLAY, M.D.

The child, Elizabeth Ginns, was brought to me some time ago, when about a fortnight old, lying on its face, with a large tumour like a bladder, nearly filled with water, on the back part of its head and neck. I pronounced a hasty opinion, and gave the parents no hopes of its surviving. On the 23rd of March I was asked by Mr. Derington to examine it again along with him, to see whether the parents' anxiety to have something done might not be yielded to with propriety. The child, now eight weeks old, presented a most singular appearance, particularly in the erect posture; a large vascular bag, filled with fluid, and nearly the size of the child's head, hung from the occiput, and by its weight, though it partly rested on the shoulders, the cervical vertebrae were considerably displaced, and the head drawn backwards. The pedicle by which this bag was attached, was extremely short and flat, about an inch in width and a line in thickness; to the feel, like a fold of skin, and only in the centre appearing to have any connection with the cranium, over which it was moveable, except at this point. No perforation nor imperfection in the bone could be detected; and when very considerable pressure was exerted on the bag, no effect was produced on the child. We, therefore, determined on evacuating the sac, and six ounces of clear yellow serum were drawn off, but no further light was thrown on the nature of the case, while the child seemed relieved by the removal of the load. It now had exactly the appearance of a wrinkled empty scrotum hung on to the occiput.

In three days it was found to have filled again considerably, and we then determined to try to rid the child of this unsightly deformity; and the parents being warned of the risk run, on the 30th of March Mr. Derington passed a double ligature of strong silk twice through the flat pedicle, and tied the loops on either side, and the remaining one in the centre, with very considerable force, though not sufficient to strangle it completely; about three ounces of fluid similar to the former were evacuated. On the next day the ligatures were tightened; and on the fourth day, the pedicle being partly ulcerated through, fresh ones were applied, so as to strangle the sac completely. Two days afterwards, (April 5th,) it had sloughed, and was so offensive that Mr. Derington removed it close to the ligatures, and it appeared lined internally with a glistening membrane. The child looked well and healthy on the 6th, and as the administration of "Godfrey" had been discovered, and strictly prohibited, it put on a thriving appearance, much to the satisfaction of the parents. On the 7th, a poultice was ordered, to bring away the ligatures; but the next afternoon, April 8th, the child was seized with convulsions, and died the same evening with all the symptoms of effusion within the cranium.

Two days afterwards we obtained leave with the

utmost difficulty, only "to examine the wound" in the presence of two neighbours. We found a cicatrix already forming, but not at all fixed to the cranium, from which it was easily reflected. About a line above the tubercle of the os occipitis was a foramen about the size of a crow-quill, giving passage to a cord like the vas deferens. It did not appear pervious, but a single probe could be passed obliquely downwards through the foramen, quite to the posterior part of the medulla oblongata. We hurriedly ripped through the occipito-parietal sutures, and forcibly reflected the occipital bone, when we saw the channel to be connected with the dura mater, but the impatience of the people prevented the possibility of our seeing more satisfactorily the relative position of the parts. The brain and its membranes were loaded with serum, which flowed in considerable quantity from an incision penetrating to the ventricles.

The obliquity of the foramen in the bone, and the very small communication with the membranes of the brain or spinal cord, probably prevented our producing any effect on the brain by compression of the sac. Had nature been left to herself, the child might have survived for a longer period—an object of wonder to the neighbourhood, and aversion to its parents; but it appears to have been as fair a case for an attempt at removal of such growths, as is likely to be met with, even supposing the diagnosis to have been much more distinct.

Leicester, April 30, 1846.

ON DISEASES OF THE EYE.

(Continued from page 205.)

DIVISION II.

Diseases of the Eyelids.

1.—Catarrhal Inflammation—

Affects the mucous membrane, and glands of Meibomius; commencing near the margin of the lids. The inner surface of the lids looks like scarlet velvet; the pain is severe on the motion of the eyelid; at first there is a sense of dryness, which is soon followed by an increased and puriform secretion.

2.—Psorophthalmia, (ψωρ, the itch; οφθαλμία, inflammation of the eye. Syn. Ophthalmia Tarsi.

Chronic inflammation of the lids, especially their margins, leading to a falling off of the eyelashes, and a rounded, raw, red state of the edges of the lids, called lippitudo (lippus, blear-eyed), or blearedness. The lids adhere together at night, and are sore, and itch.

3.—Stye, (stichan; Saxon, a springing up.) Syn. Hordeolum, (Dim. of hordeum, barley.)

A small boil in the eyelid. It sometimes leaves a hard chronic tumour named grando, (a hail-stone;) or chalazion, (χαλαζα, a hail-stone.)

4.—Abscess, &c.

May affect the substance of the eye-lids.

5.—Encysted Tumours—

Are common, and occur in the cellular tissue, generally between the skin, and orbicular muscle.

6.—Ectropium, (εκτρίπω, to evert.)

Eversion of the eyelids may result from inflam-

mation, and the relaxation which is often its consequence; or from the contraction of the skin from any cause, as excoriation, a burn, &c.

7.—Entropium, (εν, in; τρεπω, to turn.)

Inversion of the eyelids arises from causes exactly the reverse of the former disease, i. e., the relaxation of the skin, or contraction of the lining of the lids.

8.—Trichiasis, (τριξ, τριχας, the hair.)

Growth of one or more of the eyelashes inwards against the eyeball, when all the cilia are turned in, it is usually from an inversion of the lid.

a Districhiasis. A double row of cilia; the inner one, however, is scattered and irregular.

9.—Ptosis, (πτωσις, prolapsus; from πτω, to fall.)

A falling of the upper eyelid, with more or less loss of power to elevate it, usually from paralysis of the levator palpebræ.

10.—Paralysis of the orbicular muscle.

The eye cannot be completely closed. This disease sometimes follows operations, from injury of the portio dura nerve.

11.—Granular Conjunctiva—

Usually is an effect of severe purulent ophthalmia; the lining of the eyelid is rough, hard, and granular.

12.—Concretion of the Eyelids.

The lids may adhere to the eyeball or be connected together.

ANALYTICAL TABLE.

Diseases of the Eyelids.

Inflammation—

Acute . . .	1. Catarrhal Inflammation.
Chronic . . .	2. Psorophthalmia.
Boil . . .	3. Stye.
&c. &c. . .	4. Abscess, &c.

Morbid growths . . . 5. Encysted Tumours.

Eversion of the lid . . . 6. Ectropium.

Inversion . . . 7. Entropium.

Eyelashes turned in . . . 8. Trichiasis.

a Districhiasis.

Dropping of the upper lid . . . 9. Ptosis.

Eye incompletely closed } . . . 10. } Paralysis of the orbicular muscle.

Lining of the lid rough, } . . . 11. Granular conjunctiva.

Lids adherent to the } . . . 12. Concretion of the Eyelids.

other.

DIVISION III.

Diseases of the Lachrymal Organs.

The lachrymal gland is not very liable to disease.

1.—Inflammation and suppuration of it sometimes occurs in scrofulous children.

2.—Indolent scrofulous enlargement, and—

3.—Scirrhus, are both of rare occurrence.

Caruncula Lachrymalis.

1.—Inflammation and suppuration may attack the caruncula and semilunar folds of the conjunctiva.

2.—Encanthias, (εν, in; κανθος, the corner of the eye), is a chronic enlargement of the caruncula; it is sometimes scirrhus. It prevents the complete closure of the eye, and leads to chronic ophthalmia, and