CASE OF SPINA BIFIDA, TREATED BY THE IODO-GLYCERINE SOLUTION.

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IN the beginning of September last (1876) Dr. Milroy, of Kilwinning, informed me by note that, a few days before, he had attended at the birth of a child which was the subject of spina bifida in the lumbar region, and wished to know when it would be proper to operate upon it. To this the reply was that it would be well to allow the child to be fairly over the accidents of birth, unless there was reason to fear the speedy bursting of the tumour, and the consequent draining-off of the spinal fluid.

When nearly a fortnight old, the child was brought to Glasgow to be under my care, and this was then done from a fear that an ulcerated or abraded surface on the most prominent part of the tumour might possibly result in perforation of the sac and escape of the fluid, which is known to be so fatal. This abraded surface was more than an inch in diameter. There was no paralysis.

On the 14th September I saw and examined the tumour, and on the day following operated on it by puncture and injection of the iodo-glycerine fluid, which I have used and recommended for such cases. As the sac was neither very large (the size of an ordinary peach) nor very full, little escape of the clear serous fluid was permitted, and about half a drachm of the iodo-glycerine solution was injected. Collodion was, as usual, applied to the opening, and over that a square inch of lint dipped in collodion, which effectually closed the wound. No disagreeable symptoms followed; the sac seemed in part to solidify, and soon appeared to be about half the size it was previous to the operation.

Watching it from day to day, it did not seem to shrink readily, or so quickly as I could wish, and on the 26th September it was again punctured and injection attempted. The size of the swelling at this period was so much reduced that I was very cautious in pushing the trocar into it, and the cannula had so little hold and space that it slipped out, when I tried to inject a little of the solution by placing the nozzle of the syringe in the opening, but I suspect that very little, probably only a few drops, obtained admission. Collodion and lint were applied as before. Next day the whole tumour seemed slightly inflamed, and from that date has continued gradually to solidify. By the 4th or 5th of October the abraded surface had completely healed, and on the 12th the parents were permitted to return with the child to their home in the country.

It occurred to me that collodion might aid in producing or favouring that corrugation of the skin which is known to take place in favourable cases, and a piece of lint covered with it was laid over the tumour. Whether this expectation may be well founded we cannot at present say, but the application is sufficiently safe, and, indeed, somewhat protective.

The following is, in substance, the report of it sent to me on the 24th October:—"Child well, tumour shrunk a good deal. Has a thick cord of skin a little raised all round it. There is still about the breadth of a shilling of thin bluish-coloured skin covering the centre of it, but it feels firm to the touch underneath, and is nearly quite flat."

This is now the fourteenth case of spina bifida (of which we have any account) which has been subjected to treatment by injection of the iodo-glycerine solution, and of these eleven have proved successful. In all the lumbar cases which I have treated it has been uniformly fortunate, and lumbar cases are known to be much more numerous than dorsal and cervical put together.

Glasgow.

FEVER IN LURGAN.—A considerable amount of typhoid fever is prevalent at present in Lurgan, caused by defective sanitary arrangements and the use of impure water.

CROTON-CHLORAL IN NEURALGIA.*

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WE have recently been informed by Dr. Oscar Liebreich that the substance which is commonly called croton-chloral contains two more atoms of hydrogen than was supposed, and is in reality butyl-chloral. In this paper I shall, however, use that name by which the drug is at present best known and will be most readily recognised. My chief experience of this remedy has been in the out-patient department of the Bristol General Hospital, but I have also frequently prescribed croton-chloral elsewhere, with substantially similar results. As I have more systematic notes of the cases treated at the hospital than of the others, I have selected instances from my case-books illustrative of the various disorders in which I have there used the drug, and of the results.

A brief summary of the *physiological* action of croton-chloral may serve as a useful preface to the record of its effect in the cases that I shall proceed to relate. Liebreich has shown that this drug is essentially an anæsthetic, and in large doses a hypnotic; that anæsthesia always begins at the head, and only after this region is fully under the influence of the croton-chloral and sleep has been induced does the anæsthetic effect gradually extend over the rest of the body. With large doses the respiration and pulse become slower, and a fatal result is due to arrest of the *respiratory* movements, not to paralysis of the heart; in this respect croton-chloral differs from chloral, as with the latter death occurs directly from cessation of the *heart's* action.

We should from the above be led to expect that the most marked effects of croton-chloral as a therapeutic agent would be seen in the case of painful affections of the head.

I have prescribed the drug for about 120 hospital patients, and have made use of it in cases which may be arranged under the following divisions:—

A. Pain or other abnormal sensations about the face, head, and neck, including—(a) Ordinary headache, affecting the anterior part of the head, or the occiput and upper part of the back of the neck. (b) Megrim, migraine, or so-called bilious sick-headache. (c) Facial neuralgia and toothache. (d) Headache associated with cerebral disease. (e) Sensations such as giddiness, without actual pain.

B. Pain in other regions, comprising—(a) Pain other than visceral, in the limbs and trunk. (b) The pain of dysmenorrhœa. (c) Pain connected with digestion.

C. Hysterical convulsions.

A. Pain or other abnormal sensations about the face, head, and neck.

(a) *Ordinary headache*, varying from slight attacks to very severe, the worst of the latter being known as migraine, and popularly as sick-headache, bilious sick-headache, or bilious attack. The affection in all these cases I believe to be essentially neuralgic. The nerve usually at fault is the first or ophthalmic division of the fifth; this supplies the skin over the temporal, frontal, and anterior parietal regions; the area supplied by branches of this nerve is that most generally affected in headache. The auriculo-temporal branch of the third division of the fifth is distributed over an area extending from above the ear to the vertex. So far the whole area is supplied by the fifth nerve. Passing backwards, we come to the region of cervico-occipital neuralgia, occupying the posterior parietal and occipital regions and the back of the neck. The nerves concerned here are the posterior branches of the first four spinal pairs, and especially the great occipital.

The following is a brief description of an attack of neuralgic headache. The pain at the beginning is generally limited to a small area of varying position, and is usually unilateral; it may remain localised, but more often spreads from that spot over a greater or less extent of surface, and

* Read before the Bristol Medico-Chirurgical Society.