

assumption of the identity of the chemical nature of the viper and rattlesnake poisons, founded on Prince L. L. Bonaparte's analysis, made so far back as 1843. But Professor Weir Mitchell's parallel investigation, on which he relied as well, Dr. Badaloni replied, was made at a much later date (1861) and came to precisely similar results. Prince Bonaparte's work had, further, been cited by Poggiale in 1869 as being in advance of Mitchell's. Considering the purely qualitative nature of these analyses, he considered himself justified in relying upon them, and he believed the two poisons to be in every way identical, as De Lacerda himself admitted; the greater virulence of the *Crotalus* being due to the amount of poison which it is capable of injecting.

Whatever value should be given to the experiments made with permanganate of potash by different observers up to the present date, the question of an antidote to viper poison remained unsolved, for this substance had not yet answered the expectations of European experimenters as it had in the hands of Dr. de Lacerda.]

SPINAL MENINGITIS IN A CHILD FOLLOWING SPINAL CONCUSSION; RECOVERY.

By WILLIAM HENRY DAY, M.D.,

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M. T—, aged twelve, a well-made, healthy-looking girl, was admitted into the Samaritan Hospital, Nov. 18th, 1881, suffering from the effects of concussion of the spinal cord. Three months before admission she jumped, it was said, from the top of a heap of dirt, and on touching the ground struck the lower part of the spine, directly over the sacrum, her feet turning upwards at the same time, as she glided some distance along her back. I think there is little doubt, from what the girl said, that she was stunned at the time of the accident, as she was told she did not answer in reply to questions put to her. This is an interesting point, as in violent falls on the lower end of the spine the brain sometimes suffers from slight concussion. With the assistance of two school-fellows she got up, and was led home with difficulty. She suffered sharp pain over the seat of the accident, but, after remaining in bed two days, she resumed attendance at school. After two days as she could not sit up without pain at the bottom of the back, she gave up attempting to walk, and took to her bed till the time of her admission into hospital. On examination there was a distinct fulness over the sacral region, and the coccyx was tender, though on insertion of the finger into the rectum no fracture or dislocation of that bone could be detected. The whole spine was curved, owing no doubt to the position she had assumed in bed. She complained of pains down both legs; there was an inclination to draw them up, and there was a sensation of pins and needles, as if they were going to sleep. The patient walked with the face looking to the ground, the shoulders and head bent forward, and the nates prominently projected. On applying a needle to the legs, sensation in the right limb was much less than in the left. It was not recognised at four inches and a half apart as two pricks; in the left it was recognised at two inches. The temperature was normal, the tongue clean, the pulse quiet, and the bowels were regular. The urine was of a pale straw colour, alkaline, sp. gr. 1020. The child was kept in bed, a light nutritious diet ordered, and the following draught was given three times a day:—Iodide of potassium, two grains; tincture of belladonna, five minims; compound tincture of cinchona, half a drachm; to half an ounce of water.

On Dec. 1st Mr. William Adams was kind enough to see the patient and to report that the case appeared to be a genuine example of spinal concussion, followed by inflammation of the membranes, which might extend to the substance of the cord, but as yet there was no myelitis. He recommended repeated small blisters to the spine in the lumbar region, reaching as high as the eighth dorsal vertebra, so as to relieve congestion about the lumbar enlargement, and a moderate amount of counter-irritation kept up. He thought absolute rest in bed with this for a few months would arrest further mischief. Mr. Adams further wrote, "I believe you are quite right in suggesting chronic inflam-

mation with effusion, and the case should be very carefully watched for a long time, as possibly Pott's disease of the spine may become developed, or paralytic symptoms, preceded by pain; starting and drawing up of legs may show the extension of inflammation to the substance of the cord. Special symptoms were well marked at the time of the fall, as she could not get up, and was obliged to be carried home."—Jan. 20th, 1882: She is better, and makes no complaint of tingling in her legs; the puffiness and tenderness at the lower end of the back are less, but she cannot lie straight in bed. Urine clear, acid, non-albuminous. The blistering was repeated.—Feb. 10th: Has greatly improved since last report. She moves more easily in bed, and the pain and puffiness in the back are less. There is still some tenderness over the lower lumbar and sacral region, and she complains of occasional sensations of pins and needles, chiefly in the right leg. The medicine was omitted.—March 3rd: During the last week she has been walking about the ward for a short time; she is more upright, and the sensation of pins and needles has departed.—March 19th: She left the hospital with instructions to be kept lying on her back for three months.—Jan. 1883: A report from her friends reached me that she laid on her back as directed for three months, and then went to school. She is quite straight, and can walk well without limping, or feeling pain in her back or limbs. No spinal support has been worn throughout. No one would know from her gait that her back had been affected.

SEVEN CASES OF COLOTOMY, WITH REMARKS.

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CASE 1.—Three years ago I saw in consultation a case of absolute intestinal obstruction due to malignant disease of the rectum, when colotomy was advised and performed with the result of giving immediate relief to the patient's suffering and prolonging life for thirteen months. During the last two years six other cases have occurred in my own practice, of which the histories are briefly as follows:—

CASE 2.—The patient was a woman, between thirty and forty years of age, suffering from syphilitic stricture and ulceration of the rectum. As a hospital out-patient she had had both general and local medical treatment without avail, and with the view of diminishing the intensity of her sufferings, if nothing else, the operation was performed on Jan. 29th, 1881. Three weeks subsequently she was discharged—a gainer in comfort, flesh, and strength. From time to time she appears amongst my out-patients, very different from the prematurely old-looking, suffering woman of two years ago.

CASE 3.—On Feb. 10th, 1881, I performed colotomy upon a woman with a recto-vaginal fistula due to syphilitic diseases; an opening into the descending colon was made. The exceeding debility of the patient, induced by a recent acute illness, made the case a very unpromising one; but the loathsome nature of her rectal disease, with its ever-present depressing effect upon her, decided me to operate. Her recovery was fairly good, and on March 16th she left the hospital, entirely relieved of her sufferings. On Dec. 9th of the same year she died, as I was informed, from exhaustion due to the original disease.

CASE 4.—On February 17th, 1881, left colotomy was performed upon a lady from Sheffield who had been under me at various times for several years suffering from many of the phases of syphilis. Mercury locally and constitutionally, the iodides in very large doses (one drachm and a half daily), medicated bougies, &c., had been long and fairly tried, until at length her sufferings from the constant tenesmus became so intense that she implored me, even at the risk of losing her life, to relieve her. Fifteen days after the operation she was able to undertake the journey home, and in a letter which I had from Mr. Pye-Smith of Sheffield (to whom the patient applied last year to have the artificial anus closed because of its discomfort), he informed me that before making this attempt the rectum was examined, and the ulceration by lapse of time and absence of faecal irritation was found to have healed. He concludes his letter by saying that doubtless her life has been prolonged and pain alleviated by the colotomy.