

We have already seen that these cysts may be attached by inflammation; they are also liable to putrid decomposition, and that, on puncturing the cyst, fœtid gas may pass from the canula, and may lead the surgeon to believe that he has perforated the intestines.

Gloucester-road, Hyde-park, March, 1850.

REPORT OF A

CASE OF SPINA BIFIDA TREATED BY LIGATURE AND EXCISION OF THE SAC.

By JAMES B. MOXON, Esq., Surgeon, Brigg, Lincolnshire.

A FEMALE infant, one of twins, the child of Geo. H—, of Barnetby-le-Wold, was born with a tumour in the lumbar region, which presented all the appearances of spina bifida. It was about the size of a small egg, translucent, and evidently full of a clear fluid; its form was globular, and its base narrow. The infant was, in other respects, healthy and lively, and there were no symptoms of any lesion of the spinal cord.

The parents were desirous that the tumour should be removed, and after I had warned them of the probably unfavourable result of an operation, I acceded to their request. The operation was performed on the 21st of April, 1849, the infant being four months old.

A needle, armed with a strong double ligature, was passed through the neck of the tumour, on a level with the surrounding skin, and tied tightly each way. In this manner I hoped at once to close the passage which led into the cavity of the spinal arachnoid, and to glue its sides together by the inflammation caused by the pressure of the ligature. A stroke of the scalpel a little above the ligature was sufficient to remove the sac. There was little or no bleeding, and no oozing of the spinal fluid. Dry lint and strapping were applied, and I expected that the small remaining part would be strangulated by the ligatures, and slough away in a few days.

The dressings were removed on the 24th, when I found that there had been no oozing of the spinal fluid, but that the ligatures had not been sufficiently tight to cause the death of the remaining part of the sac. I therefore cut it away, and dressed as before. The child appeared to be quite well.

At the next dressing a little clear fluid escaped from two almost invisible openings on the surface of the small sore, and the mother had noticed that the dressings and bandages had been wet during the two or three previous days. The child continued quite well. I touched the surface of the sore with the nitrate of silver, and dressed as before.

A further escape of fluid, in smaller quantity, took place for a few days, but another application of the caustic was sufficient to cause the complete cicatrization of the wound. Since that period the child has been in good health, and I saw it the other day running about the house.

March, 1850.

Hospital Reports.

NEWCASTLE INFIRMARY.

Reported by Mr. G. L. DRESSER.

Injury to the Mouth from a Tobacco-pipe.

R. T—, aged 60, was admitted into the Newcastle Infirmary, Nov. 29th, 1849, under the care of T. M. Greenhow, Esq. The left side of the face much swollen, and inflamed; within the mouth a large abscess, with thick, irregular, and indurated walls; the jaws so completely fixed as to prevent almost entirely the inhibition even of liquid food, and that examination of the inner part of the cheek which is necessary to form a satisfactory opinion of its condition. The external swelling and induration extend backwards, beyond the angle of the lower jaw. About a fortnight ago, while smoking a common tobacco-pipe, he fell forward, when the shaft of the pipe was driven forcibly into the cheek, lacerating it very severely; several fragments of the pipe had been removed before his admission, and no others can be detected on careful examination. The discharge from the mouth considerable and offensive; and he complains of much pain, which prevents sleep. An alum gargle, with tincture of myrrh, a dose of calomel and Dover's powder, at bed-time, and house medicine in the morning.

Dec. 1st.—Less pain; more sleep; on careful examination no foreign body can be discovered. Continue gargle, &c.

4th.—An external abscess opened, giving discharge to a large quantity of pus; no portion of pipe discovered. Poultice externally; continue gargle.

15th.—Swelling and pain of cheek much relieved; mouth partially opened, and takes more food; bowels confined; an active purge. Continue poultice and gargle.

25th.—An abscess behind angle of jaw, opened, with relief, though discharge from it not great. Continue.

30th.—Swelling much diminished; abscess last opened discharges freely; but still the mouth can be very imperfectly opened; bowels indolent. Calomel and colocynth pills, occasionally; continue poultice and gargle.

Jan. 8th, 1850.—No considerable change in the condition of the cheek, which is of a deep red colour, considerably swollen, and discharges freely; a third abscess lower in the neck opened. To take iodide of potassium, five grains, three times a day; continue gargle and poultice.

13th.—The abscess last opened discharges freely; the swelling of cheek much lessened, and appearance more natural; the inner surface of cheek remains hard, rugged, and irregular, projecting painfully between the teeth. A gargle of iodide of potassium to be substituted for that of alum; continue the poultices and mixture.

19th.—Another abscess in neck opened, and much pus discharged; complains of the throat; mouth still opens to a small extent only. Medicines continued.

31st.—Inflammation and swelling much subsided; less discharge, and opens his mouth with much greater freedom; his general condition much improved. Continue.

Feb. 8th.—Not so well: cheek more swollen, with erysipelatous inflammation. On passing a probe into one of the external openings, a foreign substance, distinctly felt, which could not, however, be extracted in that direction; but, by pressing it with a director towards the mouth, and dividing the inner cheek with a bistoury, it was drawn out with forceps, and proved to be a portion of pipe, nearly two inches in length; a second, but much smaller piece, was also removed in the same manner; no bleeding took place, and the poultice and medicines were continued.

17th.—The condition of the cheek greatly improved, having nearly lost the erysipelatous appearance, and he can now open his mouth freely, and take food in sufficient quantity; general appearance more healthy, and strength returning.

20th.—The internal and external incisions healed; the cheek is nearly in its natural condition, and he feels well. Dismissed.

Reviews and Notices.

Some Account of the last Yellow-Fever-Epidemic of British Guiana. By DANIEL BLAIR, M.D., Surgeon-General, British Guiana. Edited by JOHN DAVY, M.D., F.R.S. Lond. & Edin., Inspector-general of Army Hospitals, &c. Longman & Co., Paternoster-row, London. 1850. Royal 8vo. pp. 161.

A BOOK on fever is no new thing. However meritorious its contents may be, the author and the publisher are sure to find the subject in little demand. We could wish it were otherwise, as we feel quite assured that the great question touching the essential nature of febrile affections is not so widely and thoroughly understood as to render future inquiries on the matter unimportant. In every type there is ample room for zealous investigators, and when we give it as our opinion, that in every term of years an alteration seems to be apparent in the *essence* of fevers, and which, it will be remembered, was the doctrine of the older physicians, the use of unprejudiced and philosophic histories of epidemics must needs be obvious. In these days it too often happens that fancy tinges theory, and that theory influences treatment. The kind of knowledge which we require is not of speculative notions and refined hypothesis, but numerical data, and the unprejudiced declaration of facts. The work laid open before us aims at the desideratum, and its author appears fully qualified for the task which he has taken up.

Yellow fever is of course the most interesting to those physicians whose sphere of action lies in the countries which are scourged by that pestilence; but here, at home, is the cradle of their education, and before they take upon themselves the active duties to be discharged in distant lands, it is morally incumbent upon them to become familiarized as much as possible with those maladies, over whose progress it will be their lot to watch. To such, then, the treatise now under notice