

a great part of it is involved in the sac of the spina-bifida. This child does not thrive at all and has grown very little, if any, since birth.

Case 2. On March 26 I attended Mrs. C. In this case there was nothing abnormal in labour till the head and shoulders of the child had been delivered, then there was offered considerable resistance. On delivery I saw a large cystic tumor, larger than a large orange, stretched in the middle line at the lower part of the back.

In this case also the family history is good, and the mother is an exceptionally large, strong and healthy woman. The father, although quite healthy, I mistook for one of the patient's children. She had one child, also healthy. On examining the tumor I found it pedunculated, the pedicle small, the wall thin and somewhat translucent. There was distinct impulse on crying and increased tension. Fluctuation was distinct. The size and tension could be diminished slightly by pressure, this appeared to cause some pain. On examining the spine I found the spinous process and lamina of the last lumbar vertebra deficient. Movement of the right leg was much impaired, that of the left not nearly so much. There was very slight, if any, loss of sensation.

In every other respect the child appeared to be an exceptionally strong and healthy boy. He was large and well developed. In this case I think only a very slight portion of the cord was contained in the sac. About three weeks after birth I was sent for to see the child as it had had a convulsion. I found in the morning there had been an escape of the fluid from the sac although it did not all flow away, the outlet was only a very small hole. That night he had a more severe convulsion, after which the mother told me he was quite easy. She went to bed with the child asleep on her arm and found it dead shortly afterwards.

The treatment in both cases was entirely palliative, consisting in protecting the tumor from friction and injurious pressure, and in retaining in as healthy a condition as possible, the coverings of the tumor. In the first case I used a pad of absorbent cotton covered over with vaseline and iodoform. In the second case a pad of absorbent cotton simply smeared with vaseline and retained in place by a bandage.

In the first case I considered operation to be out of the question as regards being of any benefit. And in the second case I did not have time.

The principal curative methods, so called, are, (1,) puncture, (2,) injection, (3,) ligature, (4,) excision. Had this child lived I intended first to try puncture, drawing off a small quantity of fluid each time, and keep up pressure. If this failed, to try injection, using the injection advised by Dr. Morton, of Glasgow, which consists of iodine grs. X. iodide of potassium grs. XXX, glycerine $\frac{3}{4}$ i. The tumour is about half emptied and from 3ss to 3iii of the solution is slowly injected and allowed to remain. The injection may be repeated in a few days, if necessary.

In looking up the literature on the subject, (which, as a rule is very unsatisfactory,) I find a very interesting case of immediate operation after birth by J. W. Carhart, of Tampasas, Texas. There was unexplained obstruction in delivery. In the course of the efforts to deliver there was a sudden gush of water and the child was born. The trouble it was found came from a spina-bifida sac which was ruptured, and it is said must have been as large as a child's head. After proper attention to the mother, finding the child was living, Dr. Carhart cut a flap of skin from the empty sac sufficient to cover the band portion at the seat of rupture. The lower portion of the circumference of the flap was undisturbed. The parts were washed antiseptically, (bichlor 1:500), and stitched accurately with fine silk. Adhesive plasters in various directions were applied. On the fifth day the child was doing remarkably well and gave promise of complete recovery.

THE THERAPEUTIC VALUE OF MANGANESE SALTS.

BY H. S. JACQUES, M. D.

In the paper I present I do not deem it necessary to go into detail in reference to all the uses of the Salts of Manganese, but will chiefly confine my remarks to one or two special uses, the consideration of which gave rise to the following remarks.

We have the following mentioned as the principal salts of manganese in use.

Bromide.
Phosphate.
Sulphate.

And in most of the articles on the subject we find special reference to the Permanganate of Potassium, which is prepared from the Binoxide of Manganese. I wish to place