The mycoid is particularly prevalent in the native patients who are treated in pauper hospitals. Of 445 such patients, successively admitted to the Seremban Hospital (under the writer's care) during the first part of the current year, in whom the blood was carefully examined microscopically, not one was free from mycoids. Whatever the ailment for which admission was sought, it was seldom that a proportion of less than 1 or 2 per cent. of the corpuscles was found affected. Less than one-quarter (122 out of 445) of these patients actually sought admission *for fever*. Nevertheless in more than one-third of them (150 out of 445) various hæmamœbid parasites were found. (Malignant tertian, 99; simple tertian, 31; quartan, 11; quotidian, 6; mixed infections, 13). Of the 150 only 122 complained of fever, or had definite pyrexia; and of these, in 17, no hæmamœbid parasite of any kind could be discovered. The remaining 105 represent the proportion (out of 150) of this class of patients, in whom the presence of such parasites excited no definite fever. In the 17 cases in which there was such fever, although there were no hæmamœbid parasites, the blood was in every case found to be full of mycoids—the proportion of red corpuscles affected with them being anything up to 50, or even a larger proportion, per cent. of all the red corpuscles.

(To be continued).

A Mirror of Hospital Practice.

TWO CASES OF SPINA BIFIDA: OPERATION—RECOVERY.

BY W. J. WANLESS, M.D.,
Miraj.

Case 1.—Yesabai S., female, age one month, Admitted to the Presbyterian Mission Hospital. Miraj, April 4th, 1900.

History.—Tumour in middle cervical region, existing from birth, has increased in size until it is now twice the size of that observed at birth.

Description.—Good general health. Occupying the mid-cervical region immediately over the spinal column is a pear-shaped, fluctuating, translucent, partly reducible tumour, the size of a small mango and which becomes increasingly distended when the child cries. The skin over the growth is thin and glossy. The tumour is pedunculated with a pedicle, about 2 inches in diameter, and which can be reduced by compression to one inch. A gap, into which the finger can be inserted, is found between what seem to be laminæ of the third and fourth vertebræ.

The skin over the growth is thin and has a purplish hue, and is slightly excoriated at the junction of the pedicle with the skin of the region. No nerves are visible coursing over the skin.

The tumour is exceedingly tender to touch.

On admission wet antiseptic dressings of bichloride of mercury 1 in 1,000 were applied and kept wet for 24 hours, after gently cleansing the tumour and adjacent skin with soft soap and water.

April 5th.—Operation—Anæsthetic, A. C. E. mixture, 4 drachms on Junker inhaler. Time, 35 minutes. An elliptical incision, with long diameter vertical, was made in and 1 inch from the base of the pedicle, and the skin dissected back to its junction with the skin of the region, exposing the neck of the sac. This was ligated about half an inch from its exit from the bony opening in the spinal column, heavy catgut being used. The purse string method was used, and the neck of sac pricked up with the encircling needle at four points in its circumference, without completely penetrating its wall. The tumour, which contained clear cerebro-spinal fluid, was then cut away half an inch beyond the ligature. The skin was then closed over the opening with interrupted silk-worm gut and a horse-hair drain inserted beneath it. Acetanilid was dusted over the line of sutures and a bichloride gauze dressing and cotton applied. There was no shock.

Subsequent history.—The child nursed half an hour after the operation. Redressed on 3rd day and subsequently daily. A stitch abscess of the skin developed on the 8th and required the removal of two stitches. Excepting at the site of the stitch abscess the wound healed primarily. The remaining stitches were removed on the 15th, ten days after the operation, the wound having healed throughout and the little patient in good health.

Case No. 2.—The frequent observation that rare diseases often come in pairs holds true here. This little patient, Tookaram M., age three months, male, was admitted April 6th, 1900, the day following case No. 1.

History.—A tumour mass on the lumbar region has existed from birth, having increased in size steadily, until it is about one-and-a-half times as large as when first observed.

Description.—The tumour occupies what seems to be the region of the third lumbar vertebra, is the size of a small orange, globular in shape, translucent, and having a pedicle 1½″ in circumference, compressible to about half this size. Over the summit of the tumour is an area the size of a rupee; the skin is inflamed, glossy and very thin. Tension in tumour increased when the child cries. There is an opening on the spinal column scarcely admitting the index finger.

April 7th.—Operation.—Anæsthetic, A. C. E. mixture. Time, 20 minutes. No shock. Region prepared as in Case I. The incision in Case I was used, excepting that its long axis was placed horizontally in order to avoid infection from rectal discharges. The neck of the sac was exposed and ligated as in Case I. In addition the portion of the sac projecting beyond the ligature was sutured with an over-and-over running suture of catgut. The skin was closed horizontally and horse-hair drain inserted beneath it. The dressing was the same as in Case I and was protected by adhesive plaster and guttapercha tissue. The wound was redressed on the 3rd day and drain removed. The wound was clean. On the 4th day serum escaped from

the wound and three stitches were removed. The remaining stitches were removed on the 11th day, the wound having healed. The child's temperature rose to 101 on the 4th day, to 102 on the 5th and on the 6th, became subnormal on the morning of the 7th and 8th days and subsequently remained normal. Diarrhœa was present for three days from the 5th day, but subsided with the disappearance of the fever. The child was discharged on the 18th apparently in good health.

A CASE OF INSULAR OR DISSEMINATE SCLEROSIS.

BY GURU PROSAD MITRA, M.B.,
ASSISTANT-SURGEON,
Medical School, Dibrugarh.

THE following case of disseminate sclerosis, which came under observation from the very onset, is worth recording.

On the 28th November last, the patient felt a slight attack of giddiness, which went on increasing for the two following days. On the fourth day of his illness, the giddiness increased very much and he began to vomit and had fever, which passed off in two or three days. The objects around him, he felt, were moving, and it was for the treatment of his vertigo that he came to hospital to be treated. The patient named Dukhi, a Hindu male, aged 22 years, is a muscular man of active habit, a syce by occupation. He has no history of syphilis nor of alcoholism. There is no indication of neurotic temperament in his features nor in his family history.

On admission, the digestive and respiratory systems were normal and the pulse very slow—49 per minute. There are jerky movements of the muscles supporting the head. The head moves from side to side, remaining inclined to the right side. The movements cease when the patient lies flat on the bed, but are present while the patient sits up in bed, and the movements increase when he is being looked at and when the head is moved about; they diminish markedly when he fixes the head towards a certain point. There is also some tremor of the small muscles of the eyebrow (corrugator supercilii) and those over the upper maxillary region.

There is nystagmus of both eyes, which markedly diminishes when the eyeballs are fixed on a point, and comes out when the eyeballs move from side to side. The power of conjugate movements and of convergence is intact. No strabismus, no diplopia. The field of vision not contracted and eyesight not affected at all. The pupils are normal and react to light and accommodation. The optic discs were examined; there was a slight vascular fulness in the right one. The upper extremity shows nothing abnormal. There is tremor of the muscles of the leg, the flexors are mainly affected; of the muscles on the front of the leg, only the tibiales antici are involved; the gait is therefore ataxic, the patient walking with the feet apart; when the feet are closed together there is some want of balancing power, which is not however increased when the eyes are closed in addition. When the patient lies on his back and is directed to lift the legs, the tremor of the muscles of the legs becomes apparent.

The myotatic irritability as indicated by knee-jerks is increased, especially on the left side, but there is no ankle clonus, no patellar clonus, no jawjerks; the superficial reflexes are normal.

No staccato speech present. The bladder and the rectum are not affected. No sensory symptoms; no sensation of coldness, numbness, "pins and needles." No trophic disturbances present. Muscular tonus a little increased over the calves, though there is no actual stiffness.

Consciousness perfect. The patient is fairly intelligent.

Remarks.—The peculiarity of this case is its acute onset, accompanied with febrile reaction. The marked slowing of the pulse at the onset (49 per minute) is also noteworthy, and its significance as a sign of cerebral disease has to be considered. The febrile reaction is a phenomenon which is rather an anomaly when we remember the slow degenerative nature of the disease. The absence of scanning speech, though one of the classical symptoms, does not offer much difficulty when we think of the extremely slow course of the malady. The escape of the muscles of the upper extremity may be interpreted in the same light specially in view of the scattered nature of the lesion. The case is evidently one of that aberrant type, on the recognition of which Russell has laid so much stress in Albutt's System of Medicine.

I am indebted to Major E. A. W. Hall, M.B.,C.M., I.M.S., Superintendent, Medical School, Dibrugarh, for his kind permission to make use of the case.

CASE OF DETACHMENT OF ODONTOID PROCESS OF AXIS WITH FRACTURE OF ATLAS IN A MAN WHO CONTINUED TO WALK ABOUT WITH NO SPINAL CORD SYMPTOMS AND EVENTUALLY DIED OF SOMETHING ELSE.

BY L. B. SCOTT, B.A., M.B. (CAMB.),
LIEUTENANT, I.M.S.,
Offg. Civil Surgn., Roorkee.

History.—U. K. (age 23) was brought in from the country by the police for treatment and for a medical report on his injuries to the civil dispensary, Roorkee, on February 14th, 1903.

He stated that two days before, while cutting leaves for goats' food, he was attacked by some men, who hit him across the back of the neck with a heavy stick. He put up his hands to