ligament and the posterior roots, specially caused severe root pains and in a relatively early stage might induce the Brown-Séquard syndrome. Radicular pains were rare in the antero-laterally lying tumors. The amount of pressure exerted upon the spinal cord by a growth was not proportional to the size of the growth or its duration. Large tumors were usually softer; the small, hard tumors caused most damage. From the appearance of the cord at the operation it was impossible to determine how great the actual damage had been and likewise the degree of recovery which might be expected. Little sensory disturbance might be caused by large tumors. In diagnosis, the most frequent difficulty was to distinguish between true spinal cord neoplasm and malignant vertebral disease. Intramedullary tumor was also difficult to diagnose. In all, 105 patients were operated upon for certain, probable, or possible tumor. In 70 of these, the diagnosis of tumor was made or its existence considered probable and in 60 a tumor was found. In the remaining 35, tumor was considered possible but not probable; in only 7 was a tumor found. In the majority of cases the tumor was found at or near the suspected level. Concerning end results, many recovered completely; others retained disturbing symptoms, but improved; others showed little or no improvement. There was a fatality rate of 10 per cent., but the writer thinks that with experience and a proper selection of cases the fatalities could be reduced to 6 per cent.

Ducamp and Milhaud. DISSEMINATED SCLEROSIS DUE TO SHELL CONCUSSION. [Presse médicale, May 5, 1920.]

The authors here report the case of a man who was temporarily buried by the explosion of a *minenwerfer*, remained deaf for two days, and then resumed his military service. One year later he felt pain in the left lower extremity, sometimes of lightning-like character, which came on with fatigue and passed off with rest. Later paralysis of the right arm and leg appeared, together with sphincter disturbances. Vision was impaired for a time. The paralysis was later partly recovered from, but the patient, on detailed examination, showed the various disorders of locomotion, motility of the upper limbs, reflex action, vision, sensation, voice and sphincters characteristic of disseminated sclerosis. A number of more or less similar cases have been recorded by other observers. The long delay between the trauma and the appearance of symptoms is ascribed to the gradual development of the central nervous lesions from the original capillary hemorrhages produced by the former in the nerve tissues.

Souques, M. A. AMYOTROPHIC LATERAL SCLEROSIS OF LONG DURATION. [Revue Neurologique, January, 1920, Soc. N. d. P. Seance, January 8, 1920.]

Report of a case in a woman in whom the affection began at the age of 21 years and had lasted ten years. The usual duration of cases of