

and no gross changes occur in motion. Its development is gradual. The etiology is not clear. This disease occurs most commonly in women at the menopause. Sommer advises that when paresthesia occurs after an injury, the possibility of acroparesthesia should be considered, and thus spare the patient the accusation of simulation.

W. E. RATHE (Philadelphia).

MYELOSARRHAPHY FOLLOWED BY RETURN OF FUNCTION. Stewart and Hart (Phil. Med. Jour., June 7, 1902).

These authors report the case of a young woman twenty-six years old, who had been shot, one of the bullets entering the spinal canal at the seventh dorsal vertebra, and causing complete abolition of motion and sensation below the level of the tenth dorsal spine. The operation, performed three hours after the shooting, exposed by incision and dissection that the right lamina of the seventh dorsal vertebra was crushed in, and the left lamina fractured at the base, while on removal of the spines and laminae of the seventh and eighth dorsal vertebrae the cord was discovered to be completely divided, with a separation of three-quarters of an inch after the lacerated nervous tissue had been removed. The ends of the cord were drawn together by three chromicized gut sutures, one passing anteroposteriorly and the others transversely through the entire thickness of the cord. They were unable to approximate the dura. A small drain of gauze was left in place for twenty-four hours. The muscles were united by means of catgut, and silkworm gut was used to close the skin. After the operation the patient's condition was excellent, the wound healing by the seventh day. Sensation began to return in a few days, flexion of the foot was recognized after about two weeks, followed by powerful leg contraction, with consciousness of deep pressure over the limbs and abdomen. In three weeks pin-pricks could be felt as far as the umbilicus, although the patient could not localize the pain, urine could be felt in the bladder, but not voided, and the patellar reflex returned. After two months the knees could be fully bent, and after five the patient was able to slide out of bed into a chair without aid. The menses returned during the seventh month, and by the eighth good control over the bladder and bowels was regained, and she could stand without support. General improvement continued until in fourteen months in a tub bath she was able to feel water on the lower extremities and distinguish between hot and cold. In sixteen months she was capable of flexion and extension of the toes, legs and thighs, though flexion was stronger than extension. General health and sensation of temperature, pain and position were excellent. When the cord is divided or crushed, "no interference" is a good maxim for spinal surgery. There is special indication of myelorrhaphy when the cord has been cut in two by a sharp instrument or projectile, and it is the opinion of the investigators of this case that there should be immediate exploration to decide the exact nature of the injury and whether the symptoms are caused by pressure or by concussion.

JELLIFFE.