

Dr. Foster Kennedy stated he had had the opportunity of seeing Dr. Elsberg operate, and could strongly indorse what he said about the freedom from risk attending an ordinary laminectomy in a patient in good condition.

The speaker said that while in London he saw a number of operations for supposed spinal tumor, and in spite of the fact that no gross lesion was found, the beneficial effects of these operations were often remarkable. In some of these cases, for want of a better name, the condition was somewhat loosely spoken of as a pachymeningitis.

Dr. Kennedy said the benefit derived from the decompression operation was perhaps due to changes induced in the local circulation.

Dr. J. Ramsay Hunt said that in considering the advisability of an operation for a spinal cord condition, one should not lose sight of the possibility of an unfavorable result after laminectomy. He recalled three cases of tumor of the spinal cord in which the diagnosis rested between an intra- and an extra-medullary growth, and in which operation was not followed by improvement; on the contrary, in two of them there were very definite signs indicating an increase of growth following the operation. While those cases in which an exploratory operation on the spine was followed by distinct improvement in the symptoms were very interesting, we should not lose sight of the fact that in some instances the traumatism incident to an exposure of the cord would accelerate the pathological condition, and the indication should not be made too general.

Dr. I. Strauss said he had seen Dr. Elsberg do a number of laminectomies and he had seen other surgeons do the operation, and he did not think the view should go forth that laminectomy was a simple operation without any risk to the patient, especially in the hands of a surgeon inexperienced in this field. He recalled one case, which resulted fatally, in which, in his opinion, the cord was handled to an entirely unjustifiable extent, which was perhaps the determining factor in the fatal issue in some of these cases, rather than the laminectomy itself.

Dr. Strauss said that one of the cases reported by Dr. Elsberg was originally believed to be one of spondylitis deformans. In one such case which was under the care of Dr. B. Sachs, the patient was turned over to an orthopedist, and as the result of the application of a proper apparatus he was now able to go about without pain and was very comfortable.

The speaker said he did not think it was necessary to incise the dura in these cases. He recalled one case of chronic infection of the bone in which remarkable improvement followed a laminectomy, without incision of the dura. In one case of staphylococcus infection of the spine with a coincident infection of the femur, an operation was considered, but the idea was abandoned because the patient recovered under orthopedic treatment—spinal fixation by means of a brace. Had this case been operated upon and the dura incised there would have been great risk of meningeal infection.

Speaking of laminectomy for spinal syphilis, Dr. Strauss said that in a case of meningo-myelitis of specific origin which failed to improve under the use of mercury, laminectomy might have been of some avail.

Dr. Leszynsky said there was one point Dr. Elsberg had omitted to mention in his paper, and that was, the rapidity with which he did this operation. In one case, he had seen Dr. Elsberg remove five laminæ and spines, and expose the dura, in less than fourteen minutes.

Dr. I. Abrahamson said that in a case of localized serous meningitis

that was operated on by Sir Victor Horsley, the cord began to pulsate immediately after the operation and the patient was assured that he would probably get well. No improvement, however, followed.

Dr. Pearce Bailey said that in connection with these cases the question naturally arose, what would become of these patients if they had not been operated on? That question he could not answer as most of these cases presented a complete picture of spinal cord tumor, with definitely localized symptoms, and there was little choice in the matter but to operate.

The feature that astonished him most, Dr. Bailey said, was the frequency with which these conditions occurred. Horsley operated on over twenty cases without a single death, and in that number he failed to find a single spinal cord tumor. Personally, the speaker said, in view of these pseudo-tumor cases, he had become very chary of guaranteeing the presence of a tumor, although he expected to see the operation followed by beneficial results.

Dr. Elsberg said the case referred to by Dr. Strauss did not show a true spondylitis deformans. As to the necessity of opening the dura, the speaker said it was beyond his comprehension that any one could judge of intra-dural conditions by the external appearance of the dura. The only thorough method was to widely open the dura, so that a complete inspection of the cord could be made. The posterior body of the vertebrae should also be examined.

Dr. Elsberg said that while one should not try to do a laminectomy by the clock, it was doubtless true that the quicker the operation was done, the less the consequent shock and loss of blood. The purely mechanical part of the operation must be done as rapidly as possible.

Dr. Bailey said Horsley had expressed the view that probably many cases of so-called myelitis were really meningeal in origin, and that an operation might arrest the whole process.

The following officers were elected for the ensuing year: President, Dr. L. Pierce Clark; first vice-president, Dr. Smith Ely Jelliffe; second vice-president, Dr. E. W. Scripture; corresponding secretary, Dr. J. Ramsay Hunt; recording secretary and treasurer, Dr. Edwin G. Zabriskie.

THE PHILADELPHIA NEUROLOGICAL SOCIETY

December 22d, 1911

The President, DR. ALFRED REGINALD ALLEN, in the Chair

A CASE PRESENTING LOSS OF PAIN AND TEMPERATURE SENSES ON THE ENTIRE RIGHT SIDE, PARESIS OF THE LEFT FACE AND RIGHT ARM AND LEG, ATAXIA AND INCREASED REFLEXES; SYPHILIS OF THE PONS

By George E. Price, M.D.

The patient (from the Neurological Department of the Jefferson Hospital) was 38 years old; an American; occupation, cook.

Family history was negative.

Previous History.—He had "black fever" in Cuba during the Spanish-American War; gonorrhea at the age of 16, and chance when 25 years old. He at times used alcohol to excess. Since he was 8 years of age he