

Pain in the hyperæsthetic part may be relieved by breaking up adhesions nothing more can be expected.

Paresis and limited anæsthesia of the lumbar root supplies call for operation. This will probably be followed by recovery. Paraplegia and persistent acute pain warrant a diagnosis of myelitis and local meningitis. For this condition a chance for relief should be given, as White's case shows the benefit which may follow operation under such circumstances.

The results in three reported cases seem to justify intra-dural division of the roots of the posterior branches of the brachial or sciatic plexuses for the relief of intractable neuralgias.

In opening the spinal canal an incision should be made half an inch to one side and parallel with a block of at least five spines. Bone-cutting forceps are used to sever the spines at their base; the interspinous ligament is not cut. The laminæ are cleaned of the adjacent muscles by a periosteal elevator, and the entire block of severed spines is drawn to the opposite side by the aid of retractors and elevators. The laminæ may be removed by rongeurs.

LOCATION OF FOREIGN BODIES BY ELECTRO-MAGNETISM.

KUMMER (*Révue Méd. de la Suisse Romande*, No. 10, 1890) located a sewing-needle imbedded in the right knee by means of a magnet. Thus guided, he readily removed the foreign body.

A needle was driven into the knee by a blow. Eight days later the movements of the joint were painful, and synovitis developed. It was impossible by palpation to locate the foreign body. The knee was placed upon an electro-magnet charged with a current of about ten ampères; on carrying a galvanometer over the surface after removal of the magnet, a deviation was evident. By repeated searching with the galvanometer the position of the foreign body was accurately determined and the direction of its long axis also became apparent. The surface was marked with nitrate of silver and the following day the operation was performed. Incision was carried down to the capsule of the joint without finding the needle. On placing a galvanometer needle in the wound, such an action was manifest that the operator felt no hesitation in opening the joint. A considerable quantity of sanguinolent synovia escaped and the needle was found in the upper angle of the incision lying between the synovia and the fibrous capsule and corresponding closely in position with that marked on the surface by the aid of the galvanometer.

Kocher had a patient in whom, after anomalous nervous symptoms, lasting many months, a needle was discovered by means of the galvanometer; and Dumont records a case in which a primary operation was unsuccessful in removing the foreign body, but a second operation, aided by the galvanometer, enabled the operator to reach the seat of trouble. In addition several cases are cited by Graeser, Lauenstein, and Kalin.

AN UNSUCCESSFUL CASE OF DIGITAL DILATATION OF THE PYLORUS FOR CICATRICIAL STENOSIS.

It is a rule of such universal acceptance in the profession that only successful cases should be reported that those who are sufficiently honest to record