

palsy. This is especially important when pain suggests a hemorrhagic cause. Every effort should be made to reduce the blood pressure in the spinal cord. To this end the spine should not be the lowest part. Therefore, the posture of the patient is of great importance. In all cases where there has been an escape of blood, the influence of gravitation for good or evil is too often overlooked. Hence, in the case under consideration, the prone position should be maintained, or, if possible, the patient should be placed in a sitting position. Posture is of the utmost importance in the treatment of all acute affections of the spinal cord.

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MECHANISM OF THE PAROXYSMAL NEUROSES. Francis Hare (Australasian Medical Gazette, Oct., 1903).

The author states the close relationship observed between the different members of the class of paroxysmal neuroses, and argues the occurrence of attacks as essentially due to widespread vaso-constriction, more or less compensated by a localized area of vasodilation or cardiac modification. In proportion to the inadequacy of compensation, so is the rise in blood pressure, etc. Amyl nitrite is suggested as a remedy.

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CHRONIC SPINAL RIGIDITY. E. Barg (Zeitsch. f. klin. Med. Vol. 50, Nos. 3 and 4).

Rheumatic influences and trauma are generally held accountable for Bechterew's type of chronic spinal ankylosis and intoxications and infections, such as alcoholism, gonorrhea and syphilis for the Marie-Strümpell form. The pathological process is not uniform owing to the various structures which enter into the formation of the spine; thus a rigidity may follow inflammation of the vertebræ, ossification of the intervertebral disks or the ligaments, or myositis ossificans, muscular rheumatism or spastic contractions of the muscles of the back. Sometimes all structures are involved, and then it is difficult to say where the process began. Then the case is interesting only pathologically, but where the muscles alone are affected, much good can be done by treatment. The author advises that special attention should be paid to the muscles in all cases. The early diagnosis should be assisted by means of the X-rays and examination in narcosis, for delay will only permit the process to extend to the joints. Often there is a history of trauma and soon after the patients complain of stiffness in neck and back and pains in the head and back, of increasing severity. The stiffness persists, prevents the patients from working and robs them of sleep. Flexion and extension of the spine are absolutely impossible and on percussing the muscles, they are at once thrown into a spastic contraction. The walk is slow and very cautious, since the patients avoid straining the spine in every possible way. When told to lie flat upon the abdomen they generally support the body and extended legs upon the stiffly extended arms and gradually lower themselves by cautious flexion at the elbows. Sometimes the arms cannot be extended beyond the horizontal, but the hips, knees and elbows are generally movable in all directions. Under chloroform complete relaxation of the spine takes place. The treatment consists in the administration of iodides and bromides, massage, warm baths, active and passive motion and galvanism. Kyphoses, so common in the osseous form, have never been described. It is possible that the stiffness and pain are caused by a hemorrhage into the subarachnoidal space, with subsequent pressure upon the emerging nerves, since occasionally altered blood is found in the fluids obtained on lumbar puncture.

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