

those upper motor neurones that had been injured, the patient might have had considerable locomotive power to-day. No doubt the history of specific disease and alcohol and his age all help to hinder a good recovery.

In this case it is of interest to know whether the results were due to the immediate effects at the time of the accident or to the steady and prolonged pressure on the cord producing a progressive development of a condition which at the 10th day pointed clinically to the symptoms of transverse division of the cord. It is no doubt possible that the fracture and displacement of the laminae of the dorsal vertebrae might have impinged on the cord with such force as to produce marked molecular separation of the constituents of the motor and sensory neurones, and yet not produce a macroscopical alteration in the cord. Immediate operation with the removal of fragments might even then have failed, if the above had taken place. The history of this case rather points to the reverse, it being due to a more prolonged and continuous pressure than from the immediate results of the accident, as shown by the progressive steps in the progress of the case. This goes to show how advisable it is to operate early in all these cases in the hope that little molecular damage has been done, and to prevent by any continuous or prolonged pressure the development of more serious symptoms.

Cerebral Pressure and Laceration:—J. S., aged twenty-eight years, a mechanic in the Canadian Pacific Railway workshops at Hochelaga. Patient while at work was struck on the forehead by a piece of machinery and knocked down, receiving an incised wound on the left side of the forehead. He was unconscious for about half a minute, and was at once brought to the Montreal General Hospital by an ambulance, arriving there at 10.30 a.m. in a semi-comatose condition. When seen shortly after entrance he was suffering from the results of the concussion, and still in a more or less semi-comatose condition, but by talking loudly to him he gave his name and address, and a few facts concerning the accident. The wound was thoroughly washed out by a house surgeon, and no depressed bone or fracture was visible. A few stitches were inserted and the scalp dressed. Dr. Armstrong saw him about 12 o'clock, but no alteration was found in his condition, except that the stuporose state was a little more marked. At 1.30 p.m. Dr. Armstrong found the patient in a very marked state of stupor, and noticed that the limbs were becoming rigid, especially those on the right side. Drs. Blackader, Lafleur and myself were requested by Dr. Armstrong to see the case, as he was inclined to think that the condition of the patient pointed to the likelihood of a fresh hæmorrhage taking place. On examination at this time, the patient, though in a