got up, no immediate trouble, but three weeks later was seized with severe pain between the shoulders, and contraction of the brachial muscles, and later had paraplegia. Recovery ensued with some paresis of the arms remaining over a long period. In another instance, a man fell from a train in motion, but apparently sustained nothing more than some slight bruises. On the night of the seventh day he awoke to find complete paralysis of the right side. Later, recovery was complete. Reynier and Lepine have published some remarkable examples of the acute and consecutive varieties. In May, 1900, a young man came under my care, who had of late fallen about fifteen feet, striking on his head and shoulders. In great shock, when he was brought to the hospital; quite complete motor paralysis, with loss of the patellar reflexes. Had to be catheterized. On the second day, temperature 104 F.; pulse, 110. Great pain between the shoulders, right arm drawn up over the chest, and rigid. After ten days, amelioration of all his symptoms set in, and on the thirty-second day, he left the hospital quite fully recovered. In some of these cases, it is highly probable that there is a small subdural hemorrhage, coincident with the external. Bastian supports the view that intra-dural hemorrhage is rare here; this, he thinks, is because of the consistence of the cord, as compared with the brain, and the richer supply of connective tissue around the blood-vessels. Gowers regarded severe hematomyelia as rarely primary and never traumatic. Erichsen divided spinal hemorrhage into three types: the first into the canal, the second into the theca-spinalis, and the third into the cord; the latter never, except after very grave traumatism, with fracture.

M. Lambert, of Lille, saw a man, who that day had sustained a violent spinal injury in the upper dorsal region, with paraplegia and complete loss of the reflexes following. It was intended to operate the next day to relieve what seemed to be osseous pressure of the cord, but he died the same night of bulbar paralysis. On autopsy, only a simple extra-dural effusion of blood was found, extending from the third to the fifth cervical vertebra. There was no visible alteration of the cord or bulb. From the autopsy findings in this case, this author is led to believe that acute hemorrhagic compression of the cord, is ample to produce paralysis or death, without any serious structural alterations in it.

In conclusion, we may summarize that extrinsic rachidian hemorrhages appear in the form of, first, intermuscular effusions of blood or hematoma, succeeding laceration of muscle, cleavage of bone or rupture of ligament; second, intra-rachidian hemorrhage from rupture of the larger intra-dural plexus of veins; third, a co-existing hemorrhage from the large connecting vessels lying between extra-vertebral and the rachidian plexus; fourth, non-complicated, intra-rachidian hemorrhage is seldom the cause