hard, indurated tumor. With the existence of the primary tumor of the breast the painful progressive paraplegia was easily and readily explained. The difficulty in these cases arises from the fact that weeks and months often intervene between the onset of the pain and the development of the paraplegia, and that pain and pain alone is the feature presented by the case for many months. Dr. Thayer may tell us of a case of that kind which he saw last year. Two years, I think, following operation on the breast the patient began to have these pains. She was a nervous, hysterical individual, and these pains were regarded for a time, at any rate, as probably functional and due to her neurotic condition. I saw her first with Dr. Atkinson, and it was not possible then to say what was the trouble. There were no signs of local recurrences although the condition was suggestive. Three weeks ago, when I saw her again with Dr. Atkinson, she had the well characterized features of paraplegia dolorosa. These cases are exceedingly trying because one is in doubt whether he has to deal simply with the pains of a neurasthenic patient, and dreads to give morphia, yet the pains become progressively worse and he has to give morphia ultimately in large doses while he has the feeling, as I have had in some cases, that the patient should have had the morphia and plenty of it very much earlier.

The early symptoms usually are not associated with a scar. They are usually distinct pains, a feeling of tingling and numbness, neuralgia of great intensity and shooting pains down the front or back of the legs, then a slight paraplegia followed by complete pataplegia, but long before this last you have the characteristic retraction of the legs associated with severe pain. The degree of suffering is probably as great as that seen in any other condition in medical practice. Now remember that all this may occur without the slightest sign of a secondary tumor.

A patient died in the Hopkins a few months ago who had these agonizing pains, with paraplegia but no definite tumor, no kiphosis and as a rule you find no evidence of tumor masses in the spinal column, but must accept as the signs of tumor rather the signs of pressure upon the nerve roots as they emerge from the spinal cord. In the case referred to it was found at autopsy that the tumor growing from the membranes and pressing upon the cord was not larger than a walnut. The spinal list is the longest of the cases I have seen, and in scarcely one of my long series was the condition recognized in the early stage. What I wish to emphasize particularly about these cases is that they are, so far as we know, utterly hopeless cases, and just so soon as you can reach a diagnosis give the patient all the comfort and aid that medicine can offer, and