

calibre than normal. Small hemorrhages have occasionally been noted.

The theories to account for this remarkable condition are as numerous as they are unsatisfactory. It is supposed by some that syringomyelia always develops in a congenital defect of the cord; that the central canal is unduly distended with fluid at birth, and that around this the epiblastic elements proliferate, and afterwards extend into the normal tissue. This would account for the cylindrical epithelium lining the cavity. Other observers consider that during the closure of the central canal in the embryo, a second canal is formed, about which occurs neuroglial hyperplasia, and subsequent degeneration. There are not wanting, too, those who would attribute the gliosis to toxic or to bacterial causes, some color being given to the latter theory by a consideration of that peculiar form of syringomyelia called Morvan's disease, occurring with comparative frequency in some of the French fishing villages. In a number of instances, cavities have been found subsequent to disease of the spinal arteries. This would, perhaps, explain those cases following injuries of the back. But it is well to bear in mind, in considering these theories, the fact which Weigert has emphasized,—that the neuroglia is merely a substance which nature uses to fill up a space, and that its proliferation is only a sign that nerve tissue has been destroyed. His studies of neuroglia lead him to the conclusion that the wall of the cavity is not a true glioma, that, in other words, the gliosis is not the essential feature, but only a secondary result. Lastly, it must be mentioned that sarcomata and other tumors of the cord may degenerate and give rise to cavity formation. (Bertholet.)

From a consideration of the paralysis, and the areas of analgesia and thermic anesthesia in this patient, the lesion must be located in the 6th, 7th and 8th cervical and 1st dorsal segments.

*Symptoms.*—Although the clinical features are complex, there are three characteristic symptoms which are usually present together. These are (1) A loss of thermic and painful sensations in some part of the body, but the muscular and tactile senses are retained. This has been named by Charcot, "dissociated anesthesia." (2) Paralysis of the amyotrophic type. (3) Trophic disturbances of the muscles, bones and skin. Starr makes the statement that one of these symptoms alone should excite suspicion, but the presence of any two of them make the diagnosis probable. Besides this triad, we often find a spastic paraplegia, the initial stage of which is shown in our