

creased, but there is no ankle clonus. Neither the Babinsky nor Mendel reflex can be obtained.

*Sensation.*—All portions of the body examined showed an acute sense of touch, and a perfect muscular sense. Heat and cold, however, are not felt at all, or very imperfectly over the right hand and forearm to the elbow, and over the anterior and posterior surfaces of left hand and arm half-way to the elbow. In all other parts of the body the thermal sense is very accurate. Over the right hand, back and front, to the wrist, there is a complete absence of pain. The boundaries of these zones of analgesia and thermo-anesthesia vary slightly at different examinations. There is no involvement of the sphincters and the course of the disease so far has been painless.

*The Etiology* is absolutely unknown. In many cases it is probably due to an anomalous embryonic condition, which, sooner or later, gives rise to cavities in the cord, uninfluenced by external circumstances. Blows upon the back have been noted many times, and this case adds another to the list. Buzzard has seen syringomyelia develop within a short time after an injury to the spine. Cases have been observed following infectious diseases and childbirth. Syphilis, alcohol and heredity, three etiological factors so very prominent in neurology, play no part whatever in this disease. The age of onset is most often between 11 and 30, and males are greatly in the majority.

*Pathology.*—This disease is characterized by the formation of cavities within the spinal cord, sometimes involving the central canal, but more frequently embracing the posterior commissure, and extending laterally in an irregular way to the posterior horns and posterior columns. The anterior cornua may be involved, but the lateral tracts almost always escape. The form and size of the individual cavities are as irregular as the mode of extension. Very often a portion of the interior of the cavity is lined with cylindrical epithelium, the remains of the central canal, and a zone of thick neuroglial tissue forms a wall, which is usually ruptured at the autopsy, allowing the turbid fluid contents to escape.

The lower cervical and upper dorsal regions are always first involved, extension taking place later either upwards or downwards. Microscopically, we find an increase of neuroglia around the cavity, the cells nearest the lumen often being vacuolated, and showing other signs of breaking down. Few capillaries are found in the wall itself, but in the surrounding tissue the vessels are abundant, more tortuous and of greater