

In this instance, as in one recently in hospital, I operated on the left side only, although Foerster advises that the operation should be bilateral—a course which has generally been adopted by his successors. I have also done the bilateral operation in certain cases, but I have still an open mind whether it is necessary, the division of the posterior roots on the left side appearing to be quite sufficient to produce a cure in those cases in which it was restricted to that side; but it must be added that I have only thus restricted it when pain was absolutely unilateral. Foerster collected 67 cases of this operation, of which 6 died, 25 presented no return of the crises, 18 were considerably improved, and 9 presented but slight improvement; with respect to these it is to be noted that many must have been performed by surgeons with little experience in laminectomy, for the death-rate is far below that here given, and is in my personal cases of all laminectomies, other than those for injury, tubercle or malignant disease, nil.

Incidentally, it is not improbable that the opening and drainage of the spinal theca has, at any rate, some beneficial effect upon the evolution of locomotor ataxia, as of other lesions of the spinal cord, and, although I am not now concerned with the general subject of spinal drainage, I should like to call attention to the case of a young man at the present moment in my wards, who was admitted about a month ago with complete paraplegia and other usual symptoms of transverse myelitis of unknown cause, and who, within ten days of an exploratory operation with a four-inch incision into the dura mater, is able to move all the joints of both his lower limbs, and has rapidly returning sensation. In some, but not in all, the cases thus operated

upon, the arachnoid has been thickened and opaque, and we can unhesitatingly regard many of them as syphilitic, but in the young man whose case I have just described repeated Wassermann tests were negative, and there was no indication of syphilitic infection.

IV. There are a large number of cases of neuralgia which, I think, we can most conveniently describe as being due to *intra-neural* lesions. Cases will present themselves from time to time which appear to be due to hæmorrhage into the substance of nerves.

A few weeks ago I saw a gentleman of middle age who, after unaccustomed exercise in the form of a long afternoon at tennis, felt a severe pain in the region of the left foot, and who has since been entirely confined to bed with intense burning pain, relieved only by the continuous exposure of the foot to the open air. The foot had become deeply cyanotic, and the super-vention of gangrene in the toes was feared. I found no indication of vascular occlusion, but the foot presented very much the appearance with which we became only too familiar in the "trench-feet" of Flanders and Salonika. There were congestion, a little oedema, intense burning pain, and tenderness along the anterior tibial nerve.

Cases of this kind, accompanied by somewhat complicated symptoms, are possibly due to hæmorrhage into a peripheral nerve, although I have no definite pathological data on this subject.

More obvious in their nature, but clearly due also to affections of the nerve-trunk, are the cases of causalgia with which we have become familiar during the war. Probably, also, a certain number of cases of sciatica are due to neuritis of extreme chronicity, the cause of which is often quite obscure.

Various methods have been adopted for dealing with pain arising from unknown causes, but apparently located within the nerve. In the case of the sciatic, which is most com-