

his hands and knees, thus emptying his bladder by drops. The straining resulted in prolapse of the rectum. A catheter had been used, but the pain was so intense that the practice was abandoned. The urine was neutral in reaction, and contained a large amount of pus. There were two ounces of residual urine. A soft catheter could be introduced without much difficulty, and on rectal examination both lobes of the prostate were found to be considerably and uniformly enlarged. Bilateral orchectomy was proposed, accepted, and performed. Improvement in urination was perceptible within a few days, and continued subsequently without medical treatment. The urine could be retained for from two to six hours by day and for two hours at night. Micturition was attended with little pain. On rectal examination the size of the prostate gland was found to have appreciably diminished.—*Medical News.*

Two Cases of Cerebral Syphiloma—At a recent meeting of the New York Neurological Society, Dr. Nammack presented two cases of syphiloma of the brain. The first occurred in a cloth examiner, aged thirty-four, who, six weeks after contracting a chancre suddenly became unconscious, and had no recollection of what transpired during the succeeding forty days. Following this there was right-sided hemiplegia, which confined the man to bed for three months. As soon as the initial lesion was discovered the patient was put on specific treatment, and this was vigorously continued for a long time. About six weeks after the treatment was discontinued the patient developed severe occipital headache and bi-temporal hæmianopsia, with ataxia and exaggeration of the knee-jerks. Under specific treatment these symptoms almost entirely disappeared. It is believed that the lesion was probably a gumma situated in the substance of the optic chiasm. The second patient was a man forty-four years old, who complained of dizziness, bilateral occipital headache, tinnitus, absolute deafness of the left ear, and diplopia. He also had the characteristic cerebellar gait. The history of syphilis in this case was rather obscure, but under specific treatment the man's symptoms almost entirely disappeared. The diagnosis was gumma in the cerebellar region.—*Medical News.*

Laminectomy for Fractured Spine.—The following case (*Weekblad van het Nederlandsch Tydschrift voor Geneeskunde*) was treated in the clinic of the late Professor Salzer: About four years ago a house-painter, doing some work on a high building, lost his footing, but in his fall grasped a ledge which projected some way lower down. Rescued from his perilous position, he did not seem at first to have suffered any serious injury, and was able to continue his occupation for some time, his only complaint being of pain in the back. The symptoms, however, gradually became worse, and finally he lost the use of both legs. After admission he was treated for three months by rest and extension, combined with massage and electricity to the lower extremities, without any good results. Compression of the cord was diagnosed and operative treatment decided on. There was a projection at the level of the tenth dorsal vertebra, on each side of which fluctuation was perceptible. The operation was performed in two stages with an interval of eight days. The first consisted in the opening of the abscesses. The incision extended from the sixth to the twelfth vertebra. After cleansing the openings with sublimate (1 in 3,000), the long muscles of the back were kept apart by tampons of iodoform gauze. The second stage began by the removal of the arch of the tenth vertebra, and afterwards those of the ninth, eighth and seventh, especial care being taken for the preservation of the periosteum. The consistence of the exposed dura mater, however, being absolutely normal and the pulsation of the cerebro-spinal fluid distinctly visible, it was clear that the injury had to be sought in the other direction. The removal of the arches of the eleventh and twelfth vertebræ disclosed a dislocation of the spine, the part of the column situated above the fracture having been pushed over the part situated below it. This had caused a narrowing of the spinal canal, and a flattening and compression of its contents. Notwithstanding the removal of six vertebral arches and the fragments of the fractured vertebral body not having been restored to their relative position, the spinal column, either by the renovation of connective tissue, or perhaps by bone regeneration, was now capable of sustaining the trunk without any supporting apparatus. The patient could again move