of the cord was not affected in the cervical region, where the injury seemed to be the worst.

The nature of the lesion could be judged of by the duration of the symptoms, the absence of deformity, the character of the sternal growth, and the apparent multiplicity of the lesions, so that in spite of not getting a definite history, it was thought to be due to syphilis.

The patient was rapidly failing in general health and the paralysis becoming almost complete, so that after consultation it was determined to operate at once in case a tumor mass might be present, the pressure of which might destroy the cord before specific treatment would bring about absorption. Moreover, if there was a gumma there was a chance that the absorption would not be complete, a fibrous mass being left that would still produce symptoms.

August 20. The patient was anaesthetized and placed in a semi-prone position on the left side. An incision was made in the middle line over the lower cervical and upper dorsal spines, and the operation of laminectomy proceeded with in the usual way. The laminæ of the fifth, sixth and seventh cervical vertebræ were removed and the contents of the neuro canal inspected. Lying upon dura mater was a very vascular membrane, two mm. in thickness, and extending upwards and downwards on the surface of the dura for five or six cm. This membrane lay in close contact with the dura, but was readily separated from it, leaving an apparently healthy membrane beneath. The dura mater was now carefully inspected; it presented a perfectly normal appearance and there was obviously no tension within. One could find no evidence of pressure at this level upon the spinal cord.

Under these conditions it was deemed advisable to close the wound without opening the dura mater. A number of interrupted silkworm gut sutures were introduced and a temporary drain provided by means of a rubber drainage tube.

August 22. Two days after the operation there was very little change noted in the patient's condition. There was, perhaps, a slight increased weakness in the right arm. The bicipital reflex of both arms has diminished somewhat, but the tricep reflexes are increased since the operation. Knee-jerks are still increased. The ankle clonus of each foot is more easily elicited. The Babinski reflex present in the right foot before operation has disappeared, though it has remained in the left foot. Sensation is somewhat dulled, but otherwise does not vary from the condition before the operation. The pain in