

marked symptoms in that case were weak, thready, and irregular pulse, rapid and suspicious breathing, and delirium with excitement. The temperature, however, never rose above 100° F., and, at the time of death, which occurred on the fourth day, the wound was fairly healed, except in the position of the drainage tubes. Although we frequently read of cases in which there has been an escape of large quantities of cerebro-spinal fluid without ill result, I confess that I am unable to bring myself to believe that such markedly changed conditions of intracranial pressure as such considerable losses must entail can be altogether unaccompanied by corresponding changes in nutrition, and so in the exercise of function of the brain cells. The case above cited, together with a case of drainage in hydrocephalus recently under my care, in which similar symptoms were observed, leads me to believe that the fatal characters of the cases are due to disturbance, especially of the respiratory and cardiac centres, in the medulla.

That such losses of fluid do not always occur when the dura is opened, and that such losses, when they do occur, are not by any means always fatal, is abundantly attested by numerous cases ending in recovery; so that the additional risk entailed by opening the dura forms no valid argument against the operation. I would, accordingly, repeat my conviction that operation should be performed in all cases in which the paraplegia could be determined to depend upon the pressure of a benign tumor; but I would urge the importance of leaving the membranes intact, if possible, of coapting them accurately by sutures, if they have been opened, and of endeavoring to get union of the whole wound by first intention without the use of any drainage tube.