

lateral or petrosal sinuses and internal jugular vein, where it may have originated from the untreated abscess.

**Treatment.** Bromides and iodides in massive doses had no apparent effect and on Jan. 24, 1900, Drs. Bingham and Bruce trephined over the motor area involved and found the pia matted down to a dark and apparently sclerotic area of cortex surrounded by a softened area. The cortex of motor areas for face and arm were removed for depth of about one-half inch. The arm remained paralyzed for a few hours after recovery from the operation, but by the third day the spasm had gradually returned and was as bad as ever. On the 13th Feb., 20 days, Dr. Bingham, assisted by [Dr. Bruce, performed neurectomy. An incision was made in the left axilla and parts of the median, musculo cutaneous, musculo spiral and circumflex nerves were excised. As the patient was taking the anæsthetic nicely, it was decided to operate at the same time on the spinal accessory. An incision was made from the mastoid process down the anterior border of the sterno mastoid and after a brief search the nerve was secured and excised.

Feb. 14th, morning, temp. 101°, pulse 100°, resp. 20°.

" 16th " " 99°, " 90°, " 20°.

Examination on Feb. 16th shows:—Sensation is present in the shoulder and arm, also on the inner side of the fore-arm, gradually becoming less as the wrist is approached. Sensation is absent from the wrist to a point about three inches above on the inner side, and if lines be drawn from that point to the ext. condyle of the humerus before and behind, the skin on the outer side of those lines lacks sensation. In the hand sensation can only be elicited over the thenar and hypothenar eminences and on the front of the 5th and half of the 4th fingers. Motion is entirely lost in the arm, fore-arm and hand. The deltoid, trapezius and sterno mastoid are also quite functionless. The clavicular portion of the pectoralis major is still spasmodic and to a less degree the teres major. The temperature varies considerably in various patches on the hand and arm. The tongue is protruded to the left and the left leg is, according to the patient, more spasmodic than before. The wounds in the head and neck have healed, that in the axilla is prevented from closing by the contraction of the pect. maj.

Condition on Feb. 28th:—

The patient has been complaining of great pain which he refers to the hand, and generally to a particular finger. He still says the left leg is worse than before the operation. This is not apparent. Probably, his arm being quiet, his attention is drawn to the leg. On examination no sensation can be elicited below the elbow except along the upper and posterior part of the ulna for about 3 inches. The limb feels cold and marked atrophy has taken place, bringing into prominence the contracting portion of the pect. maj. The left shoulder is raised much higher than the right. The arm forcibly drawn inwards and forwards. The head