generally accepted there a year before Cohnheim's *Manual*, in which he first gave expression to the embryonic theory, was published in Germany. Besides Durante's theory is not so exclusive as Cohnheim's, as Durante admits that elements which have reacquired embryonal characters in the adult organism through a deviation of the chemico-physiological activities in the adult organism may also be the generating elements of neoplasms, and that an irritation or a stimulus suffices to excite in these elements the growth of a tumour. These two statements were not accepted by Cohnheim, but they are consonant with the teaching of the majority of the pathologists of to-day.

When Professor Durante published his theory, now twenty-two years ago, he was a young man of 29 years of age, and occupied the post of *Libero Docente* of Surgical Pathology at the University of Rome. It was, however, only a forecast of the ability he has since shown both as a scientific and practical surgeon. The ultimate outcome of this is his excellent *Treatise on Surgical Pathology and Therapeutics*, which is now being issued in Rome, and of which two volumes have been already published. To anyone who is conversant with the Italian language I strongly recommend this work, more particularly that portion of it which contains the division on tumours, which certainly has not been surpassed, if equalled, by any work on tumours written up to the present time.

A CASE OF PARAPLEGIA DUE TO SPINAL CARIES: MÉNARD'S OPERATION.

By T. SINCLAIR KIRK, M.B.,
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S. M., aged 5½ years, was admitted to the Belfast Hospital for Sick Children on February 4th, 1895, with loss of power in the lower limbs, accompanied with rigidity, increased patellar tendon reflex, and ankle clonus. She remained in hospital till June 11th, and during this interval caries of the upper dorsal spine was diagnosed. There was scarcely any deformity. She was treated by extension, but her symptoms gradually became worse, and finally before she left she had to a great extent lost control over the sphincters of the bowel and bladder. In June the Children's Hospital was closed, and she was sent to the Throne Hospital for Children.

I saw the child at the Throne Hospital in July, and her condition was as follows: There was slight angular curvature of the spine, with the fifth dorsal vertebra at the most prominent spot; loss of control of the sphincters of bladder and anus; complete motor paralysis of both legs, the right one being somewhat rigid, the left one not at all rigid; complete analgesia as high up as the lower part of the thorax, and over same area almost complete anæsthesia; ankle clonus well marked, patellar reflexes exaggerated, and superficial plantar reflex obtained as a slight extension of the great toe after prolonged light friction of the sole.

She was readmitted to the Children's Hospital on September 26th. She was then greatly wasted, and had some slight bedsores, and the curvature was greatly increased. Extension was again tried by Dr. McCaw, under whose care she was, but without any good effect. The anæsthesia of the lower part of the body and legs became complete, and from the middle of October all her motions were liquid and frequent, and any variation from a fish and milk diet or any warm liquids at once brought on an attack of diarrhoea, which was not affected by any astringents or by opium. She continued to waste rapidly, and at the time of operation was very much emaciated.

On January 14th, 1896, I operated on the patient according to Ménard's plan. A longitudinal incision, 4 inches long, was made just internal to the tips of the transverse processes on the left side. The fourth and fifth dorsal transverse processes, their junction with the laminae and pedicles, their articulation with the ribs, and a portion of the ribs beyond the joints were laid bare. The transverse processes were cut through at their bases and freed from the ribs and removed. The ribs were cut through internal to their angles and the heads and necks removed. The diseased portions of the bodies were then very easily found, and when all the carious bone had been removed a cavity was left which had no firm

boundary in front; behind there was something which was fairly tough—possibly some of the posterior common ligament. All the bone on the left side was removed, but on the right side part of the bodies was left. The lower part of the cavity was flat and the upper part had one or two firm pieces of bone projecting into it. The cavity seemed to correspond to the body of the fifth and part of that of the fourth dorsal vertebrae. In removing one of the portions of rib the pleura was punctured, but no harm seemed to be done. No drainage tube was used, and the wound was entirely closed by deep and superficial stitches.

The patient was nursed on her face for the first eleven days. Immediately after the operation the patient was considerably collapsed, but she soon recovered, and three hours after the operation her temperature was 103°. She complained of a good deal of pain in the back of her neck, and was very restless during the night. Her temperature was normal twenty-four hours after the operation, and she had no more pain and slept and ate well from that time on.

January 16th. Two days after the operation the patient passed a couple of solid motions, and could give warning when the bowels and bladder were going to act.

January 18th. Four days after the operation the superficial plantar reflex was easily obtained and well, that is, all the foot moved, and the patient could tell quite quickly when her legs were touched.

January 21st. Wound was dressed, and had healed without any suppuration.

January 24th. Ten days after the operation the analgesia was quite gone.

January 30th. Sixteen days after operation the patient could flex and extend her thighs and knees and move her feet.

A few days later she could move her toes quite well. She went on steadily improving, and soon acquired complete control over the bowels and bladder, and there has been no return of the diarrhoea which troubled her so much before the operation.

On April 13th a jacket with a head support was applied, and the patient was allowed to attempt walking and standing, which she could do with some support.

She was then sent to the convalescent home in the country, and in June a sinus formed about the centre of the operation wound, which has been discharging a small amount of thin pus since then.

She can now walk round the ward holding the nurse's hand. The ankle clonus has entirely disappeared, and the knee-jerks are normal. There is no change in the amount of curvature since the operation.

A CASE OF ACUTE PANCREATITIS.

By RICHARD H. KENNAN, M.B.,
Dublin.

THE case of acute pancreatitis described by Dr. W. Cayley in his clinical lecture, and reported in the *BRITISH MEDICAL JOURNAL* of July 4th, 1896, must be of great assistance in further investigation of this condition, which—as Dr. Cayley says—though probably rare, is possibly not so rare as is commonly supposed.

Reading accounts of cases of acute pancreatitis published last year brought to my mind a case which puzzled me much at the time, in the year 1894, when I was house-surgeon at Sir Patrick Dun's Hospital, Dublin. Since reading Dr. Cayley's paper on the subject I have looked up the notes of the case in the hospital, taken when acute pancreatitis was a condition and subject quite unfamiliar to me.

The patient—M. B., a married woman, aged 38—was admitted to hospital at about 7 P.M. on July 18th, 1894, complaining of pain in her stomach. She stated that about noon on July 17th she was seized with vomiting and pain in the upper part of her abdomen. The pain and vomiting continued, and the abdomen gradually became distended. She passed a small quantity of urine on the morning of July 18th, but none since, and when the catheter was passed after her admission there was no urine in the bladder.

She was in a collapsed condition. The temperature was