



three months previously she had fallen down two steps. The exact history was difficult to obtain because of her ignorance of any other tongue than Russian. She became paralyzed in the legs shortly after the slight injury mentioned. It was difficult to determine whether any relation existed between the slight injury and the paraplegia, as one account of the fall seemed to indicate that it was due to heat prostration. When the child was admitted to the Hospital there was no marked deformity of the spine. Paralysis of both legs was complete, both of motion and sensation and bed-sores existed. Subsequently, swelling about the middle of the dorsal region appeared, but it was evident that this was not the ordinary kyphosis of tubercular disease of the vertebral bodies. The swelling was most marked on each side of the median line, being greater on the right than on the left. Believing that the case was one of tuberculosis of the laminae, and that there was probably an abscess within the spinal canal, I determined to do a laminectomy.

An incision was made in the swelling on the right side of the vertebral spines, from which a small amount of cheesy material, some small fragments of bone, and a considerable quantity of fluid blood escaped. The blood was dark in color and seemed to come from an active venous hemorrhage. The swelling on the left side consisted of a mass of tissue infiltrated with tubercular deposit. The patient died on the table from shock and bleeding, though the bleeding seemed to come only from veins and was not excessive, though it was quite free. Before the patient succumbed I had removed two vertebral arches which were so soft that the ordinary scalpel cut through them with ease, except in one place where I used the chisel. The spinal cord was flattened, but I could easily pass my finger into the vertebral canal above and below. This showed there was

no pressure, except at the point where was situated the tubercular swelling, and the hematoma was apparently due to the opening of a vein by the disease. I removed a section of the spinal column, examination of which, as will be seen by looking at the specimen before you, shows that the tubercular disease was limited to the laminae, and had not attacked the bodies. The primary disease, therefore, is in the posterior arches of the vertebral column, instead of in the bodies where it usually is found. A pathological examination made by Drs. Coplin and Bevan prove the destruction of the bone to be due to tuberculosis. The bacillus was found in abundance.

I report the case because of its rarity. Some orthopedic authorities say that primary tuberculosis of the laminae is unknown.

NITRO-GLYCERIN AND THE NITRITES IN ARTERIO-SCLEROSIS.

By AUGUSTUS A. ESHNER, M. D.,

ADJUNCT PROFESSOR OF CLINICAL MEDICINE IN THE PHILADELPHIA POLYCLINIC.

The results obtained from the administration of nitro-glycerin or the nitrites in cases of arterio-sclerosis, of which common symptoms are apparently causeless shortness of breath, cardiac palpitation and arrhythmia, with accentuation of of the second sound and sometimes a booming first sound, tense, resistant and tortuous arteries, vertigo, coldness of the extremities, paresthesiae, impaired memory, impaired motor power, heightened reflexes, tremor, are sometimes quite remarkable.

In these cases I ordinarily prescribe one drop of a centesimal solution of nitro-glycerin, to be taken thrice daily, the dose to be increased one drop every day, or every second or third day, according to the state of the vessels and the individual susceptibility. Of the nitrites, sodic or potassic, I administer



two and a-half grains thrice daily. This dose may likewise be cautiously increased. I am convinced that this medication, in conjunction with a suitable regime, is not merely palliative.

In one case in particular the improvement in the subjective symptoms following the taking of nitro-glycerin for a few days was so pronounced as to occasion the remark on the part of the patient that he could not have realized that so much could be accomplished in so short a time with so small a dose of medicine.

Current Literature.

Fibroid Growths in the Dark-Skinned Races.—Dr. E. A. Balloch (*Medical News*), says it is shown by the independent testimony of English, French and American observers, that three diseases are characteristically frequent in the dark-skinned races. These are elephantiasis Arabum, keloid, and uterine myomata; and that in general terms they are essentially characteristic of an increasing development of fibrous tissue due to proliferation of the cells around the capillaries; these being increased in number and size. In respect to malignant growths, the same connective tissue type predominates, and he lays it down as a pathologic law that there is a peculiarity in the dark-skinned races rendering them liable to growths of a fibrous nature in a degree greatly exceeding that observed in the white race.

A Prolonged Fast.—A girl of 17 took refuge from a Russian snow storm in a small out-building, and being unable to escape, remained buried beneath three and a half feet of snow for 51 days without food after the first day. When found, she was unable to move, but conscious, and rapidly recovered.

Syphilis and Tabes Dorsalis.—B.

Sachs (*N. Y. Med. Jour.*) thinks that of the causal relation between syphilis and tabes, there can no longer be any doubt. The question has been definitely settled by Erb's recent statistics proving previous syphilitic infection in at least eighty-nine per cent. of tabic patients, and in only twenty-two and a half per cent. of hospital patients suffering from other diseases. Aside from statistical evidence, the close relation between syphilis and tabes is brought to light by the frequent development of general paresis after tabes and of tabic symptoms in the course of general paresis, the latter also being much more apt to occur in syphilitic subjects than in others. Cases of tabes, and for that matter of general paresis as well, occurring in women and in very young subjects are invariably preceded by syphilis, which may be acquired or hereditary. In cases of undoubted cerebral syphilis or of cerebro-spinal syphilis, symptoms occur which, on the one hand, may resemble general paresis, and on the other tabes.

Those writers who have wished to dispute the importance of syphilitic infection in the causation of tabes have always made much of the failure of anti-syphilitic measures to cure or even to improve tabes. Its failure to do this would not prove much either way, for in very manifest specific diseases in other organs and in the brain itself it is often quite as useless; but Dinkler, reporting upon Erb's cases, gives good proof of improvement in fifty-eight per cent. of cases of tabes. Remembering the destructive effect of the ordinary syphilitic process, such a result seems gratifying enough. Such a percentage of improvement will not, he thinks, surprise those of us who have been in the habit of using vigorous specific treatment in all but the most inveterate cases of tabes.

But as soon as we acknowledge syphilis to be the prime cause of tabes dorsalis, our troubles begin in dead earnest, and a number