It is surprising to find that the prognosis in spinal epidural abscess is potentially much worse than with intramedullary abscess, if presenting as a syndrome of disease of the spinal cord. Hulme and Dott (1954) came to the conclusion from the literature and from their own material that once conduction in the spinal cord becomes seriously affected in cases of spinal epidural abscess it is already too late for successful treatment, even though in some acute cases the opportunity be lost by only a matter of hours. In contrast, almost complete paraplegia had been present for three days in our case of intramedullary abscess, and for much longer in other published cases in which recovery ensued after operation. The patients in all four of the successful reported cases were able to walk within three months of operation. Presumably the indolence of the infection contributed to the good results in these cases and in the one described here.

Summary
A case of intramedullary abscess in the thoracic part of the spinal cord is described. The infecting organism was *B. fusiformis* of presumed but unproven pulmonary origin. Laminectomy and drainage of the abscess was successful.

We are indebted to Dr. Beryl Corner, F.R.C.P., for referring the patient; to Dr. J. C. Spencer and the Bristol University Department of Bacteriology for their investigations; to Dr. L. Mandelbaum and Mr. E. Dutton for assistance with translations; and to Mr. L. G. Banham for the photography. The illustration Fig. 4 appears by courtesy of the editor of *Brain*.

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* Review of cases reported up to 1944.

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