occurs while the patient is under treatment and without increase in the deformity. Under these circumstances it is likely that an abscess has developed, and is pressing on the cord, or that the tuberculous process has extended to the meninges, and has produced sufficient thickening to cause a transverse compression myelitis. The rational treatment in these cases is to wait a while to see if any improvement occurs from the conservative plan outlined, and if this fails, to proceed with open incision. When a laminectomy is performed, spicules of bone can be removed, the lumen widened, abscesses evacuated and thickened meninges divided.

The treatment of the deformity has given rise to much discussion. When you look at the specimen you are struck with the comparative ease with which the kyphosis could be straightened out by forcible pressure applied to the spines. When you remember, however, that even in the collapsed state of the spine, bony union may fail to occur, it would be useless to hope for the wide gap produced by a forcible correction to be filled in with bone. The operation which was formerly advocated by Calot, never resulted in permanent cure of the deformity, and was very apt to start up tuberculous meningitis or the miliary form of the disease.

The study of this specimen has led me into a discussion of various aspects of the disease, and into a review of many well-known points in its symptomatology and treatment, but the gross pathology of the condition is so rarely demonstrable that I trust I may be pardoned for the tediousness of detail.

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