

the treatment of Pott's paraplegia. The patients are at once placed in a hyperextended attitude in a horizontal position on a frame or in a plaster jacket or a spine brace. This procedure produces the same effect as hyperextending the specimen, enlarging the narrowed lumen, and if the paraplegia is due to this cause it is rapidly relieved. It actually occurs that cases of paraplegia are sometimes cured in a couple of weeks by this plan of treatment.

The other constriction of the vertebral canal is due to an abscess outside the dura. This consists of a caseous mass, about an inch and a quarter long and three-sixteenths of an inch thick, situated directly behind the cord, between the dura and the laminae. It is probably in communication with the abscess on the front of the ribs which is just opposite the lower end of the internal abscess. From the shape of the mass, one would judge that the abscess found it easier to spread up and down the vertebral canal than to make a localized bulging against the cord, and yet there are cases on record where the appearance of an abscess externally has been attended by relief of the paraplegia, evidently owing to the relief of pressure, and Joachimsthal has published photographs of an autopsy specimen showing an abscess producing a distinct cutting off of the cord.

The third cause of paraplegia is seen in the sharp angulation of the anterior wall of the vertebral canal at the kyphosis. Here the cord is stretched over a sharp ledge, and unless the deformity is accompanied by a marked shortening of the total length of the spine by the complete destruction of several vertebrae as in this case, there is sure to be sufficient pressure backwards on the front of the cord to result in paraplegia. The remarkable character of some of these cases, in which there is a considerable paralysis of the legs with but slight interference with sensation, is thus explained.

The observation of these pathological conditions naturally brings up the question of the treatment of paraplegia. It would seem an almost hopeless task to try to diagnose which of these conditions is producing the symptoms or whether it is a fourth cause, not demonstrated in this specimen, namely, a transverse tuberculous myelitis, and yet there are certain points which will assist in arriving at a decision in the matter. If the paralysis has arisen in company with a rapid increase in the deformity, we are justified in supposing that the cord has been pinched by the bones, or is being stretched over a sharp ledge. In that case the obvious treatment would be to place the patient on his back in a hyperextended attitude, and thus try to relieve the compression. If, after several months have elapsed, no improvement has taken place, other measures must be adopted. Sometimes paraplegia occurs when there is practically no deformity, or it