

galvanic irritability were normal in the muscles of the extremities. As the patient was in such a poor condition, being on the borderland of delirium tremens and his chest full of rales, it was thought inadvisable to have him placed on the operating table and an anæsthetic administered.

On Monday the paralysis of motion and sensation were unaltered, and urinary and rectal retention were still present. The patient complained of a considerable amount of pain in his back and of a girdle sensation. He slept very little during the night, was unable to take nourishment, and there were present symptoms pointing to a pneumonic condition. On Wednesday he was much the same, with this exception, that the reflexes were not so brisk as previously. Galvanic and faradic irritability were normal. On Thursday the reflexes were diminished in the right leg and absent in the left. On Friday all the reflexes were gone and the spastic condition less marked. Monday, on examining him, we found that, in addition to the loss of the reflexes, the muscles showed slight alteration to the faradic and galvanic current, with flaccid paralysis. On Wednesday faradic response was completely absent throughout both lower extremities. The surgeon was strongly advised to operate, as the symptoms now seemed to point to a progressive condition, and were more or less typical of complete transverse division of the cord. The patient was taken to the operating theatre, and given brandy and a hypodermic injection of cocain, administered locally. Dr. Armstrong then made an incision over the spines of the seventh, eighth and ninth dorsal vertebrae, cutting down and exposing the bones. The laminae of the seventh and eighth dorsal vertebrae were found to be fractured, but not causing any pressure. On their removal, and opening the dura mater, stimulation of the cord by mild faradic current did not cause any discomfort to the patient. It was decided that there was pressure further up. On exposing the sixth dorsal, it was found that the laminae were also broken, and pressed forward lying upon the cord. They were removed. The dura mater was opened. No blood clot was found, nor was the cord severed, but a certain amount of flattening had taken place where the laminae of the sixth dorsal vertebra had lain upon it. On stimulation in this region the patient was at once conscious of pain. The wound was closed up, the patient put in a plaster jacket and removed to the ward. Throughout the operation he bore up better than was expected.

This case illustrated to me the value of operating without putting the patient under the influence of a general anæsthetic in all these cases of fracture-dislocation, for the reason that we were able to tell at once whether we had reached the seat of pressure by the patient being able to tell us whether or not he felt the stimulation of the battery.