INDICATIONS WHEN SYMPTOMS ARE DUE TO PRESSURE OF INFLAMMATORY PRODUCTS.

In our treatment of the second class of cases, those, namely, in which the symptoms are due to the pressure of inflammatory products, in the broad sense of that term, we must have due respect to the element of During the repair of a fracture, for example, temporary callus may be thrown out to such an extent as to produce compression. As recovery proceeds, however, the excess of the callus will probably be absorbed, with an accompanying restoration of the functions of the cord. cases, moreover, degenerations do not appear to take place early, and cystitis, bedsores, etc., are not likely to present themselves as complications, so that operative interference should not be undertaken until nature has been given ample opportunity to exert her powers of absorption and restoration. It is impossible to exact a time-limit in such cases, and much must depend on accompanying or resulting symptoms; but we must bear in mind the possibility of such callus persisting, and also the possibility of a cicatricial band forming in such a position as to compress the cord and vitiate its functions. Hence we may be called upon to operate in such cases when nature has proven herself unequal to the task of restoring the abrogated functions of a cord which has suffered from compression.

LAMINECTOMY IN POTT'S DISEASE.

It is somewhat remarkable that the operation of laminectomy has scored its most brilliant successes in cases of compression-paraplegia due to Pott's disease. There is no doubt that cases of spontaneous recovery from this condition are by no means rare. And it may perhaps be objected that the cases in which the functions of the cord are restored after operation are those which would have recovered if left alone. This, however, is scarcely a generous criticism, for the recorded cases are those in which recumbency, rest, and extension have been given a fair trial without resulting benefit. It may be claimed, on the contrary, that in many of the cases in which operation has proved successful it was undertaken under the most unfavorable circumstances, when the patient was greatly enfeebled, and perhaps had suffered from cysticis, bedsores, and pulmonary complications, as the result of the deformity and compression.

As may very readily be conjectured, there is a very wide difference of opinion as to the time when cases of compression-paraplegia, due to Pott's disease, should be made the subjects of operative treatment. As representing the conservative side of the argument, I cannot do better than quote from a paper by Mr. Southam,* of Manchester. In remarks upon a case of operation in his own practice, which terminated very satisfactorily,

^{*} British Medical Journal, March 26th, 1892, p. 655.