

into the balance against the good results which may follow. Certainly, it would not cut much of a figure as against the prospects of from two to twenty-five years of a paralyzed, miserable, and useless existence.

I do not intend going into the symptoms of the various degrees of spinal injury, but only to refer to the surgical part of those cases where paralysis exists. A person receiving a severe injury to the spine, and paralysis being present, what shall be our line of treatment? Where continuous paralysis exists, it is positively certain that the cord has either been lacerated or pressed upon by bone, fluid effusion, or a foreign body. If the paralysis comes on immediately after the injury, it is tolerably certain that it is due either to bony compression or laceration of the cord, or both. I know of no symptom or sign that would enable us to say with certainty which it may be.

After careful extension and counter-extension has been resorted to with no appreciable benefits following, why should we not be justified in cutting down and relieving the possible dangers of compression?

Exploratory incisions in abdominal operations are to-day countenanced, and give us the satisfaction of a closer inspection and a definite conclusion as to the nature of any obscure tumor. So would it be in compression and laceration of the cord. The operation could relieve any compression by removal of the posterior arches, and if laceration were present we would not be in any worse condition than before with a great deal of doubt as to the prognosis removed.

I am so convinced that this procedure would be a move in the right direction, from facts gained in two operations I have had the privilege to perform during the last four months, that a recital of them will be of interest in this connection :

On the 26th of January, 1894, Mr. John Lounsbury, æt. 50, of Burford township, was thrown down a steep embankment, alighting on the back part of his head, with the weight of his body thrown upon the cervical spine. He was picked up unconscious, and removed to his home a short distance away. When he had recovered from the stunning it was discovered that he was paralyzed from his arms downwards, and his head was thrown unnaturally forward. He complained of severe pain on motion over the seventh cervical vertebra. During the following three days the paralysis gradually extended to the arms, and the respiration was very much more embarrassed. On January 31st I first saw him. His face and eyes were very much congested, and blood was coming from his nose. The latter was no doubt due to defective respiration, which appeared to be almost entirely diaphragmatic; pulse, very weak, and 155; and temperature 104° F., evidently within a few hours of death. At the earnest solicitation of his family, and with the concurrence of Drs. Johnston,