

brae, and through the muscles of the back to a point close beside the spines, but these cases are rare. Abscess accompanying dorsal Pott's disease is a comparatively rare condition to find diagnosed, and the explanation is probably the same as in this case, namely, that it appears insidiously, slowly enlarges, but because of its gradual development and deep position, causes no symptoms or physical signs, is gradually absorbed and, finally, ends up as a small nodule of caseous debris which ultimately becomes calcified.

Although this patient showed no signs of paralysis, three of the principal causes of paraplegia are demonstrated. Examination of the cut surface shows the antero-posterior diameter of the vertebral canal to be seriously encroached upon at two distinct

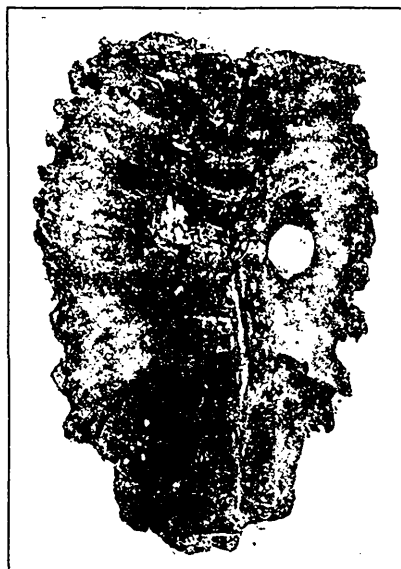


FIG. 2. FRONT VIEW SHOWING ABSCESS.

places, namely, opposite the kyphosis and about an inch and a half higher up. Below the kyphosis the diameter is about half an inch while at the two constricted points it is just a quarter of an inch, or barely wide enough to let the cord pass by without constriction. The narrowing of the lumen at the kyphosis is due to the displacement backwards of the segment of the spine above the diseased focus. The mechanics are beautifully demonstrated by bending the spine forward, when it will be seen that the cord is distinctly pinched between the back of the lowest healthy vertebra and the front of the lamina of the first diseased one. When the spine is hyperextended the lumen is at once increased so that the cord lies loosely in the canal. Upon this observation depends