

Bradford places the percentage higher and says that 83 per cent. recovered by conservative treatment. Taylor says 100 per cent. when paralysis comes on during the treatment. Parkin, of Hull, says there are very few cases of spastic paraplegia, most are without rigidity and have complete loss of the knee jerk—ankle clonus and knee jerk is marked in some, (cases here quoted). Recumbency and fixation will usually cure. Gibney speaks highly of Potass. Iod. in large doses, gr. 70, three times a day, in addition to recumbency. I have certainly observed some striking results during its use, both in the Hospital for Ruptured and Crippled, New York, and here, as in the following case: a girl 8 years of age, with complete paraplegia and involvement of both rectum and bladder who gave no sign of improvement until the iodide was administered and pushed. This was made a test case on account of lack of faith in the beneficial influence of the drug. She took 35 grains, three times a day, in rising doses, and completely recovered in a comparatively short time. Bradford, of Boston, says Potassium iodide is of no avail. If it is the interior of the body of the vertebra that is carious and pressure is made against the cord posteriorly, extension is of no avail.

Extension can be carried out by a pelvic band and webbing straps to a cross bar below the feet attached to a rope and pulley and gravity or rope and weight counter-extension.

MacEwen's series of laminectomy cases seemed to show as a usual cause of the paraplegia the presence of a connective tissue tumour, hypertrophic pachymeningitis pressing on the cord. (British Medical Journal, II., 1888).

Arbuthnot Lane disputes this and says that it is usually due to direct pressure by an abscess on the cord or by a narrowing of the canal by deposit of bone. Neve deprecates early operation and says the scope for laminectomy in Potts' disease is small.

Noble Smith says laminectomy does not interfere with the stability of the spine.

Operative treatment in Potts' disease is limited in its application. If the tuberculous focus can be eradicated entirely there is hope of a good result—if not, distant parts may be infected by disturbing the original lesion as well as continuing the local trouble.

Wiring of the spinous processes has been suggested and carried out, to support the spine and relieve pressure upon diseased portions, I can get no report of results.