ient at any rate to enable him to resume his work at home in England.

I mention this case for two reasons:—tst. The completeness of the clinical picture. 2nd. The peculiar course of the disease, first gradually growing worse until the gastric crisis, after which the patient seemed steadily to improve to what looks for the present to be a fairly satisfactory condition.

Whether or not it is fair to attribute this improvement to the treatment which was instituted after his stay in the hospital, I am at a loss to say.

## 3. PRESSURE PARALYSIS OF LOWER EXTREMITIES IN CASE OF SPINAL CARIES.

Case 3.—About 21/2 years ago Mr. D., aged 23, was thrown violently from a buggy and sustained an injury to his back. After a few days the pain and swelling disappeared and patient went about as usual. About a year later however he noticed a small lump appearing on the spine in the dorsal region. At first he took no notice of this, but as it began to increase in size he thought it wise to consult a physician. He gave no history of tuberculosis in the family and he himself had always been in very robust health. After some time the condition became worse and he was obliged to stop work, his employment being that of a grocery clerk, and finally went to the hospital where he was placed at complete rest for several weeks. Here he seemed to improve, but after returning home he again began to grow worse, and in March, 1902, I saw him for the first time. I found him bed-ridden on account of a complete paralysis of lower limbs which had come on about three months before. The lump on the spine was situated at about the 7th or 8th dorsal vertebra and surmounted a considerable kyphotic curve as well as a slight scoliosis. The lower limbs were totally paralysed. Motility was entirely gone, sensation almost absent, and atrophy quite marked. He also complained greatly of starting pains, which not only disturbed his rest, but which materially aggravated his condition. Temperature and pulse normal. No evidence of pulmonary or other disease.