

speaking, in a fairly healthy condition. Sections through the cauda equina showed very little change, indeed, 90 per cent. of the nerve fibres making up this structure were to all intents and purposes normal by the Pal-Weigert stain.

I had the pleasure of showing the specimens at a meeting of the Lister Club at McGill University, where the pathologists without hesitation assented to the view that regeneration had taken place.

The success in this case, I think, was largely due to the patient having been so assiduously treated by electricity, the prevention of contractures and the frequent movement and massage of the extremities.

Since I have been connected with the Montreal General Hospital quite a few cases of pressure paralysis, without total lesion with motor and sensory paralysis, the result of fracture dislocation of the spinal column, have come under my care, where operation was carried out a very short time after the accident, yet satisfactory results were not obtained. In my opinion this was due largely in some of the cases to the fact that the massage, electricity, etc., were not applied.

In one case only, where I was fortunate in obtaining assistance in carrying out treatment, were good results obtained. This was of a patient of Dr. Kenneth Cameron's, who was brought into the hospital in the summer of 1903, suffering from pressure on the cord, the result of fracture dislocation, with complete flaccid paralysis, loss of the reflexes, grave sensory disturbances and bladder and rectal retention. At the operation Dr. Cameron found a fracture dislocation and displacement of the eleventh and twelfth dorsal laminae with pressure on the cord, the result of the fracture, yet no macroscopical alteration in the structure was detected. The wound was closed up and the patient placed in a plaster jacket. More or less constant electrical treatment was carried out for six months. At the end of that time sensation had partially returned, and this was followed in a couple of months by the return of slight voluntary power. To-day, after a lapse of a year and a half, the patient comes regularly to my clinic for treatment, and is able to walk into the room without the aid of a stick.

The following is a case of Dr. Alexander Blackader's, which he kindly gave me permission to watch. I shall here relate only the essential facts denoting that a marked destructive lesion and probable hæmorrhage had occurred in the region of the fifth, sixth, seventh and eighth cervical segments of the cord on the right side, producing flaccid and atrophic paralysis of the right arm and spastic paralysis of the right leg with sensory symptoms of syringomyelia symptom complex, and the presence of enophthalmos in the right eye and exophthalmos in the left. For two months after entrance to the hos-