

of the membranes composing it, has given results superior to anything yet known. In spite of the fact that the special committee of the Clinical Society of London some years ago announced, as the results of their laborious research, that by far the best and safest method of curing the condition was by the injection of Morton's iodo-glycerin solution—by which sixty per cent. of the patients operated on were "cured"—there comes to those who use it a far poorer record! Cases of spina bifida differ so much in their interior structure, as regards the distribution of the spinal nerves, that it becomes difficult to know, before injection, whether the nerves themselves are not in the sac, where they will be bathed by the irritating fluid. On the other hand, the method of Mayo Robson enables one at once to inspect the interior and to make such disposition of the nerve-ends as may seem surgically best. After having twice used the injection method, with results I was forced to regret—convulsions having ensued, and death—I have lately had an opportunity of removing a very large spina bifida, in which about one-third of the cauda equina traversed the sac, passing in the median plane to the opposite wall. This I severed and laid back in the groove of the divided spine; then I excised the entire sac. This case had been subjected to repeated aspirations by the physician in charge before I saw it, and had an inflamed condition of the sac, with general fever; temperature 105; and death seemed impending when I operated. The temperature declined immediately after operation, and the spina bifida was cured. At the end of three weeks the child, being out of my care, fell into some disorders of nutrition and died suddenly. An autopsy was obtained, and the site of the tumor found to be perfectly healed. The ease, the satisfaction, and the safety of the operation, renders it, to my mind, the only rational treatment. As regards the loss of spinal fluid involved by entering the sac, it entails no danger to the child, provided the patient be kept in a horizontal posture or with the hips elevated. No drainage can then take place from the cranial cavity or the upper spine. The child does not suffer convulsions; and the operation is quite as simple as when we operate elsewhere on serous cavities. Fine cat-

gut suturing of the serous lining, not quite underlying the line of skin incision, renders good primary union, with a strong covering, quite certain.

Robson reported, among others, one recovery in a case where the sac was inflamed, and its contents slightly turbid.

The question of interference in caries from Potts' disease hinges upon two conditions: First, in the early stage, before extensive destruction of bone has occurred, an endeavor may be made to abbreviate the course of the disease by curetting, and treating the lesion precisely as we deal with tubercular lesions elsewhere. Second, there are cases where paraplegia has followed upon angular curvature from destruction of the bones, or from inter-spinal pressure from neoplasms incident to the disease. Surgical museums everywhere attest the power of Nature, by building up ample osteoplastic involucra for the carious vertebrae, to handle the question of surgical repair quite as well as the doctor. What she wants in the way of help, however, is that we should rid her of the burden of the tubercular infection. It seems as if we had almost in view that relief, from Koch's fluid. But as the use of this is not yet established, we can fairly say that our best method of relieving these carious conditions is through the free use of the curette, the injection of iodoform; and if there be bad sinuses, the use of peroxide of hydrogen. It is not often that cases of caries of the spine are early operated on; but I conceive that the course of the disease will, in some cases, be rendered more brief by direct local treatment. This was one of the earliest dreams of Lister, after initiating antiseptic surgery, but a disappointing one. The use of iodoform, however, has assisted materially in justifying this expectation. The disease rarely begins in the arches of the vertebrae; more often in the vertebral bodies. Kraske, of Freiburg, regards this portion as too inaccessible to be operated on successfully. I have myself operated in one case which well illustrated the ease with which the bodies of the vertebrae may be approached. My method was illustrated briefly as follows: The patient, a young man of twenty, had a history of pleurisy, *fistula in ano*, and slight phthisical changes in the apex of one lung, a history