

pensary, by the application of the Taylor spinal brace, in such a manner as to give firm support to the spinal column, but not to make special pressure, and keeping the patient in the recumbent position. Out of the forty cases, there were only four that did not show some indications of recovery, the great majority recovering within one year. The disease of the spine was present before the onset of the paralysis for a period of five years and upwards in thirty of the cases. In ten it was present between one and two years; in one for eleven, and in one for twelve years. In twenty-four of the cases the paralysis was solely motor, and in sixteen it was both motor and sensory. Of the twenty-four cases of motor paralysis, twenty-one recovered and three are still under observation. Of the sixteen cases of combined motor and sensory paralysis, eleven recovered. Of the thirty-two who recovered, fifteen walked well, with exaggerated knee jerks; five walked well with normal knee jerks; in the other cases there is no record of knee jerks. Four patients have been under treatment from six to ten years and are still paralyzed. The average duration of the motor paralysis was about seven months and of sensory paralysis ten months.

Dr. V. P. Gibney's paper was based on seventy-four completed cases. In forty-three there was a permanent cure of the paraplegia. In eleven there was improvement when the patients left the hospital, and there was reason to believe that many of these were subsequently cured. In eight there was no improvement, and death took place in thirteen cases. The longest duration of the paralysis was seven years, and recovery then followed. The shortest period was two months. In ten cases the paralysis lasted from four to six months. The average duration was about twenty-two months. Dr. Gibney uses a jacket of plaster of paris. When there is much uncontrollable spasm he uses traction as well. He frequently employs the Paquelin cantery. He has great faith in iodide of potassium given up to the point of tolerance. Several of the speakers who took part in the discussion expressed themselves as being favourable to the use of iodide of potassium. It appears to act much more favourably when combined with proper support of the spine.

With hardly an exception, the speakers considered an operation should only be resorted to in cases where it was clear it was impossible to expect any beneficial effect from the rest and supporting measures.

Dr. de Forest Willard, of Philadelphia, who took part in the discussion, said that he had collected the histories of one hundred and thirty-four cases of operative interference for the relief of spinal