

had not been divided, but it did not necessarily follow that the gastric crises were simply due to irritation of the root outside the spinal cord. As Dr. Purves Stewart said, there was degeneration going on inside the cord. He did not think the gastric crises could be altogether separated from the lightning pains, as Dr. Purves Stewart had seemed to suggest. The operation was not invariably successful for the lightning pains, and it could not be expected to be always successful in gastric crises. The posterior roots should not be divided in tabes until the question had been considered very carefully indeed and other methods of treatment had failed.

The PRESIDENT desired to ask Professor Foerster whether he would advise, as a routine treatment, division of the posterior roots in Pott's disease where there was much spasm. It was an operation which one had frequently to perform where spasm was a very marked feature, and his experience had been that it almost always subsided. He would feel some hesitation in opening the theca when the field of operation was bathed in tuberculous pus.

Professor FOERSTER, in reply, said that he would only advise division of the posterior roots in cases of extreme spasticity. Of ten cases operated upon by Küttner, six had been treated for a long time, but without success, by ordinary orthopædic means. It was very difficult to decide immediately if a case less severe was suitable for division of the posterior spinal nerve-roots, and it was right in every case to try ordinary orthopædic treatment first. As to the influence of the division of posterior cervical nerve-roots in cases of spastic paralysis of the arm, he could only say that the spasm of the adductors of the thumb had been removed by division of the posterior roots. Dr. Spitzky, of Gratz, had proposed to do implantation of the median nerve into the radial, which was a very good idea for the relief of the paralysis of the muscles supplied by the radial nerve. In cases of Pott's disease he thought one should only try division of the posterior roots when one could be sure that the disease was not going to progress. If there was not a feeling of certainty that the tuberculosis of the vertebral column was cured, the posterior spinal nerve-roots should not be divided. The only case of the kind reported was one in which they had first tried laminectomy of the cervical region, because the vertebral column was defective in that region; but there was no effect, spastic paraplegia was of the same degree as before. Later, they tried division of the posterior nerves in the lumbar region, and the spasticity completely disappeared afterwards, so that the child walked again.