made in many cases of a tearing of the ligament between the transverse or spinous processes, and I really believe that in many of these cases there was an actual fracture or partial avulsion. As an example of this class, I beg to present one of my own cases:

The patient, a woman aged 42, came complaining of severe pain in the lumbar region. Her primary disability dated to a great muscular effort made in catching a heavy woman when falling. This occurred four years previous to date of consultation. Examination revealed marked tenderness over the right transverse process of the 4th lumbar vertebra. This was ascertained while the patient was lying on her face, as the muscles were far too rigid to allow such relaxation in the erect posture. There was also a neuritis of the 3rd and 4th lumbar nerves of the right side. The patient was markedly neurotic and, several examinations were necessary before a diagnosis could be made. The reflexes were exaggerated, but no Babinski was present. The X-ray showed a fracture of the transverse process of the 4th lumbar vertebra, but the duration of the disability suggested the possibility of an implantation of tuberculosis upon the site of the original injury. Fortunately, the tuberculin test was negative, and fixation of the back gave very satisfactory results.

Spondylitis of Pott's disease is the most serious of conditions which early causes pain in the back besides being the most frequent. For many reasons it may be wise to premise this condition whenever pain is a constant feature, until this diagnosis can be excluded. We have found in so many cases, especially those of the cervicodorsal region, that the lesion causes pain for a long period before flattening or deformity is present. When you consider the pathological picture, this becomes self-evident as deformity necessitates a good deal of destruction of the body of the vertebra before the hump is produced. Moreover, the whole dorsal region is so well splinted by the anatomical bony structure that a much more advanced lesion is required to cause deformity than in the dorso-lumbar or lumbar region. At these latter levels the muscular spasm and rigidity are relatively early in the disease, since the lumbar vertebral column has no additional bony support. The superincumbent weight of the head, upper extremities and thorax, on a weakened lumbar column, will early require the support and rigidity of the lumbar muscles whenever the patient is in the upright posture. In the recumbent position the pain is often increased, especially if the bed has very pliable springs; for then, as you are all aware, the normal lumbar lordosis flattens and greater pressure is brought to bear on the bodies of