

man of 45 years, in which, different from the cases previously reported, there was marked deformity in the cervical region, dating back to typhoid fever at the age of 22. Two years of pain and disability had immediately succeeded the typhoid attack. Usually the symptoms had not appeared till one or two months after the fever.

Dr. Hadra recalled an epidemic of typhoid with so much tenderness on pressure of the vertebræ that the affection was at first thought to be meningitis.

RHEUMATIC SPONDYLITIS.

Dr. Ryan said that this rare affection should not be confounded with rheumatoid arthritis of the spine. It is usually accompanied by rheumatic manifestations elsewhere. In the early stage, the symptoms resemble those of tubercular spondylitis. Later, the deformity is not angular, but resembles that of senile kyphosis. Treatment should be directed to the relief of pain by support, cautery, and medication. In the chronic form, when pain has lessened, mobility should be encouraged by passive motion.

Dr. Hoadley deplored the confusion which is found in the nomenclature of these conditions which produce such a variety of results. He thought both rheumatism and osteo-arthritis were microbic diseases. If ligamentous structures interfere with motion, passive motion was proper.

Dr. Lee was reminded of a case which was at first thought to be spinal myalgia, but which proved to be gouty disease of the cartilages, an infrequent affection. Apparatus afforded relief, but, of course, not a cure.

Dr. Ryan said that gouty spondylitis is generally attended by manifestations in other parts of the body. He had failed to state that his patient had limited respiratory movements.

Dr. Vance related a case in which there was, in addition to the spinal affection, complete immobilization of the thorax with chiefly diaphragmatic respiration.

Dr. Bartow had seen a case in which relief was afforded by the spinal jacket.

Dr. Gillette reported a case which, at the first glance, resembled the deformity of Potts' disease, but which proved to be rachitic in its etiology. Improvement followed a few days after suspension was begun.

TORTICOLLIS.

Dr. Whitman inferred from the study of 264 cases that torticollis was more frequent in females than in males, and that the two sides of the neck were equally liable. Acquired torticollis, being often the result of suppurating cervical glands, should be