

alternately from above downwards, or *vice versa*. In addition there are usually areas of hyperæsthesia on one side or other of the vertebral column, and very frequently an area of maximum pain is referred to the site of original trauma. The skin reflex is interesting owing to the marked variation according to whether the mind of the patient is diverted or no. By firmly stroking the skin toward the area with a pin head, in the latter case, a marked reflex is obtained, and so definite that the area may be outlined, while when the patient's mind is diverted no reflex is obtainable. Besides, the variation in the hyperæsthetic area does not, in most cases, coincide with any tenderness over the spines of the vertebral. The conduct of the patients during examination is very variable; at times they are well under control, at other times, as in a case recently seen, a condition resembling hystero-epilepsy comes on during the examination. Concussion of the column, either by pressing the head or striking the heels, or subjectively by the patient, as when driving in a carriage, does not cause pain. Where there is some flattening of the normal curves or some rigidity of the spinal muscles, the greatest care must be taken, and if any doubt exists it would be wise to have the patient put to bed and the tuberculin test given in order to exclude the organic lesion most frequently met with, tubercular spondylitis.

Summary: (1) Indefinite history of trauma; (2) Varying site of pain and irregular anatomical distribution; (3) Normal mobility; (4) Peculiar skin reflex; (5) Absence of pain on concussion.

The organic lesions, with pain as a prominent feature, may be considered under the heading of acute and chronic.

Under the first variety, I would like to mention certain traumatic lesions which give rise to very puzzling phenomena. Several such cases have come under notice and were very puzzling from the complexity of their symptoms. No mention is here made of the injuries from direct contusions but to a class which is larger than would be at first imagined, where the disability and pain date from some violent or else prolonged muscular exertion. The importance of this class must be realized. It was first brought to the notice of the writer while with Ludloff,¹ in Breslau, where artisans presented themselves for disability claims. The number of men from machine shops who complained of lame back and severe pain after heavy exertion was very striking. When examined, some limitation of the spinal movements was noted, also tenderness either over one spine or frequently just one side of a spinous process. The X-ray was used with negative results. In some cases there would be pain referred along some nerve trunk. A provisional diagnosis was