

diaphragm through involvement of the roots of the phrenic nerve.

When all the foregoing has received full consideration, I am aware that cases may and do still present themselves in which it is the part of wisdom to suspend judgment. In the enumeration of symptoms no reference is here made to such as will not aid in an *early* diagnosis, and only to such as experience has taught the writer to emphasize. In the desire to make an early diagnosis there are certain affections which must be differentiated :

(1) *Rheumatism.* Occasionally persons suffering from rheumatism present symptoms very similar to those detailed above, and if it be a child who is affected there may be great difficulty in making a diagnosis.

CASE 1. Alice G., 3 years old. The family attendant informed me that she had been ill for about two weeks, and that he entertained doubt as to diagnosis. She had no antecedent illness ; had elevation of temperature to about 102° F. Her walk was typical of Pott's disease ; there was no deformity ; could not learn that there was pain in the area of distribution of the spinal nerves. Was very cross, and resisted examination. Diagnosis deferred, and anti-rheumatic remedies given. Early improvement and complete recovery.

(2) *The sensitive or hyperesthetic spine* may simulate organic disease very closely, and time for observation may be required to make a diagnosis certain, but there is generally extreme tenderness in one or more parts over the spinous processes. This is not an indication of caries. There is generally normal mobility, and nervous symptoms are prominent.

CASE 2. February 23, '92, K.P., 24 years, sent to me to have a spinal support applied for Pott's disease. In November, 1890, had much pain in back, neck, and head. Had a convulsion, and several since that time. The spinal pain and tenderness continued. In July, 1891, family attendant discovered a "knuckle," and applied a plaster jacket, from which she derived great comfort. Seen by a doctor in Toronto, who would not exclude Pott's disease, nor assert confidently that it was present. I did not find the knuckle, nor any other positive symptom of caries. I applied a rawhide corset at the request of her physician, which she wore with comfort, her health improving, and convulsions being less frequent. Passed from observation a few months ago ; still wearing the corset, but not presenting any further evidence of disease of the bones. These cases often derive great comfort from a spinal support ; but, if used at all, it should not be long continued, and other means of treatment should be employed.³

CASE 3. May, 1891, E.A., 19 years. Good family history. In 1888 had been thrown from a buggy, falling on her head. Had complained much of pain in neck, arms, and back of head, most marked in