

tenderness, may give rise to the supposition that a bone abscess is present, but a distinction can generally be made by the observation that the pain is not so localized as in a bone abscess, and extends frequently along the course of some nerve, and may at times be accompanied by nodosities of this nerve, changes in the color of the skin, purple or blue spots which may be elevated, and at times by patches which are very painful.

From the numerous other cases that have come under my observation I would say that in taking a differential diagnosis between chronic joint disease and a traumatic neurosis, the following points were chiefly to be noted :

1. A neurosis is apt to follow injury sooner than is disease of a joint.
2. The temperature is usually subnormal in a neurosis and elevated in inflammation of a joint.
3. The local temperature is usually much lower in case of a neurosis than in disease of a joint.
4. Atrophy progresses more rapidly after injury to a nerve.
5. True muscular spasm is not present except in joint disease. It may be simulated, however.
6. True night cries are pathognomonic of joint disease.
7. The appearance of the patient, if indicating a disordered nervous system, may aid in the diagnosis.—*N. Y. Med. Rec.*

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## Progress of Medical Science.

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### MEDICINE AND NEUROLOGY.

IN CHARGE OF

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#### SORE THROATS.

There are some people who suffer from recurrent attacks of sore throat, tonsillitis and pharyngitis on the slightest exposure or imprudence throughout the winter season. The doctor is called in, prescribes tincture of iron, chlorate of potash, tincture of guaiac, salicylate of soda, etc., with a gargle, and soreness and swelling abate, the patient no longer needs to clear the throat every moment, but the