

symmetry of the scapulæ; any posterior deformity is readily brought to light, and in these cases it is well to note the symmetry of the triangles formed on each side of the body by the normal contour of the body subtended by the arms hanging directly downwards. After this preliminary inspection the mobility of the column should be tested; forward, backward, and lateral bending, as by this means any limitation is readily revealed.

The site of the pain and the character are of great importance. In the neurotic conditions pain is usually general, and variable, both in intensity and as to site. In the organic conditions the pain varies whether the patient is in the upright or recumbent position. There is the variability of day and night pain; the character, whether of the gnawing, boring kind or the acute cramp-like, and whether this pain is localized, or whether referred on exertion to some distant part.

The most usual sites of pain that we have noted in relative frequency are, (1) The dorso-lumbar, (?) The lumbo-sacral, (3) The dorsal, (4) The cervical.

As I have already observed, classification of conditions is difficult, and we will first take up certain functional conditions and afterwards those of organic nature.

A number of cases present themselves who suffer from pure neurosis. This diagnosis must be made with the greatest care to exclude organic trouble: in fact, to be certain of excluding tuberculosis such cases are, at times, admitted to the wards to have the tuberculin test made. As a rule such is not necessary. In most cases the history of trauma is elicited, and, strange to say, at times the trauma may have antedated many years,—25 years in a case recently seen in consultation, the actual period of disability. Though pain is stated to have always been there since the trauma, careful interrogation usually brings out the fact of frequent violent exertion without necessitating subsequent rest in bed. In taking the history there is a rather garrulous description of the varying intensity of the pain, and every possible detail about it is related with pleasure by the patient. Examination: The movements of the spinal column are reviewed while at the same time conversing freely with the patient about the character and the time of maximum pain. This device usually permits the examiner to verify the full range of motion, flexion, extension, right and left lateral inclination and rotation, all of which are usually normal and not subject to any limitation. Reverting to the local symptoms is followed almost immediately by the complaint of pain on certain movements. Tenderness may be noted at certain levels, and these frequently vary if the pressure is practised