

by muscular spasm, as seen in the slight flexion and lordosis of incipient hip disease, long before there is loss of tissue or manifestation of the disease at the surface of the joint, so there are curvatures which manifest themselves before there is any destruction of the bodies of the vertebræ. If the focus of the disease is situated laterally in the vertebral body, then we shall have a lateral curvature; if situated centrally we may have an antero-posterior curve, which differs much from the characteristic so-called angular curvature so long known as a manifestation of this affection.

(5) The disposition to rest in the recumbent position, or to lean against some support which will relieve the spinal column of the necessity of bearing its superincumbent weight, is not without diagnostic import.

(6) *Chronicity.* If it be found that all the symptoms of illness have come on suddenly, then doubt may well be entertained of the affection being spinal caries. In all the tubercular affections of joints, careful inquiry will show that there is a rather indefinite period of illness marked by vague symptoms, and that there have been periods of exacerbation, the patient seeming to have almost recovered, only to be worse again in a few weeks.

Attention may properly be called to some special symptoms of the different regions.

In the lumbar region there is great liability to consider the case one of hip disease. One side is favored; there is frequently apparent shortening of one leg and flexion of the thigh. Before any kyphosis appears a tumor may present itself in the iliac region, and reveal the fact that we have a psoas abscess. A complete examination, however, can scarcely fail to show that the symptoms most characteristic of hip disease are absent.

To differentiate between lumbar caries and pyonephrosis, or perinephritis, may be very difficult. An examination of the urine may probably give light on the subject. A perinephritis in children is generally acute, and the symptoms more urgent.

In dorsal caries, especially the upper, the respiration is modified, the outer thoracic walls being more or less immobilized, and the work being done by the diaphragm. Lower down the abdominal symptoms referred to above are very characteristic, and also the desire to rest lying prone.

Disease in the cervical area is very likely to cause a torticollis, which differs from the true wryneck in being associated with greater resistance to passive motion, and by pain when any attempt is made to move the head. The hands may be kept applied to the chin to support the head and keep it steady. When the first and second cervical are affected there is almost always occipital neuralgia. Disease in the region of the fourth or fifth vertebra will probably manifest itself by irregular action of the