

The *diagnosis* of the disease is by no means difficult; yet I have reason to believe that many cases have gone on for months, and even years, without having their true nature ever suspected; and a careless or inexperienced practitioner might direct his treatment quite a while to an alleviation of the symptoms before suspecting the true nature of the trouble. One of the most remarkable features, indeed I will say an almost pathognomonic symptom is the entire absence of pain or uneasiness of any kind at the point of spinal irritation, except on pressure. This is true in the vast majority of cases, notwithstanding the most varied motion. It is the absence of this pain that usually throws the physician of his guard. Another important sign is the singular absence of fever, notwithstanding the feigned disease in some organ or structure may be violent and persistent, with a great degree of resultant soreness on pressure.

The disease is, of course, most apt to be confounded with organic or functional diseases of the organs implicated, and in the organs the disorder is apt to be attributed to some delinquency inherent to the structure itself. The absence of fever, a careful examination for structural changes, and above all a persistence of the symptoms in spite of a well directed treatment, must direct the physician to a right conclusion. For instance, I was called to see a lady, ten years ago, who had a pain in her stomach. The doctor in attendance thought it was rheumatism, for in fact the lady had had rheumatic fever several years before that. It had resisted, for several weeks, anodynes, and colchicum, and fomentations, and even blisters to the stomach. On examination, a tender point was found in the dorsal spine, pressure there aggravating the pain in the stomach. A small blister to the spine relieved the stomach like magic, and there never was any return of the trouble, nor was there the least pain or uneasiness at the time in any other portion of the body.

In rheumatism of the spine, lumbago, and sciatica, there is pain on motion and at rest, and the tenderness on pressure is in the *erector spine* and other muscles of the back, rather than in the intimate structure of the column.

In active congestion of the medulla spinalis, there is uneasiness complained of at the point of afflux, with more or less passivity or incipient paralysis of the parts below this point; and a sense of constriction around the body on a level with this point, as if a cord were drawn *taut*, is almost a pathognomonic symptom of active congestion. From spinal meningitis, myelitis, locomotor ataxia, tetanus, hydrophobia, and the like, I take it for granted that the differentiation is sufficiently easy for the most careless observer. Tumours pressing upon the ganglia and branches of the great sympathetic within the chest or abdomen, and thus giving rise to feigned disease in the organs supplied by them, are more apt to confound the careful practitioner; and this is notably true as regards the air passages, heart and stomach, cancer and other tumours of the greater curvature of the stomach, of the liver, the pancreas, the transverse colon, and aneurism of the abdominal aorta at the usual point where its parietes are weakened by the hiatus for the celiac axis. Any of these tumours may press upon the semilunar ganglion and the radiating fibres constituting the solar plexus, and through these and the splanchnic nerves the impression will be propagated to the organs of the chest and abdomen, and thus a functional turmoil may be kept up in one or many of these viscera. I believe it is by the catenation of the internal or visceral branches of the ganglia with the terminal branches of the *par vagum*, and not by direct encroachment, that dyspeptic symptoms, gastralgia, nausea and vomiting, palpitation and cardiac murmurs, and the like, are kept up. So it will be wise for the practitioner, in these obscure and trying cases, to examine very carefully for an abdominal tumour.

Before quitting this part of the subject, I will say a word about the character of these cardiac murmurs, which may aid some one who is in doubt whether he has an organic or merely functional case to deal with. Like the hygric murmur, in my experience this murmur produced by perverted nervous influence, whether the pressure and consequent irritation of the roots be from congestion or serous infiltration within the spinal canal, or from the pressure of a tumour outside (*ante* ?), yet I have always