These cases also may be mistaken for hip disease.

In both instances other characteristic symptoms of the individual affection must be depended upon. In hip disease it may be remarked that the stiffness of the joint exists in every direction, as well as in extension; yet in some cases of lumbar disease the hip is found very stiff, and the diagnosis may be extremely difficult.

Then, again, the lumbar region may be very stiff in hip disease.

There may be a certain amount of rigidity in lateral curvature, especially in rachitic cases. In rachitic kyphosis, rigidity may be very considerable, and quite like that in caries.

NERVE SYMPTOMS, the difficulties in walking occurring at a comparatively early stage of this disease, the subsequent loss of power over the muscles, the pain and some other symptoms, denote lesions more or less severe of the nerves; the motor nerves are chiefly affected, commencing with weakness in the legs and increasing until complete paralysis of motor power takes place.

The range of these nerve symptoms depends upon the position of the disease, almost always being limited to the nerves proceeding from the diseased bones and below that position.

In paralysis from cervical disease the arms may be affected, and all power of motion below may be lost. Herpes-zoster may occur.

Spasmodic movements of the limbs may become a troublesome symptom, the legs jerking suddenly without giving the patient any warning. The thighs may be jerked into a severely flexed position, or spastic paralysis may take place. Exaggeration of the reflexes is an early symptom of the commencing paraplegia, the knee jerk being especially increased, and ankle clonus may be found to exist.

Although both legs are usually attacked simultaneously, one leg may be affected before the other, or in a greater degree, or even one leg alone may suffer. Paralysis of the diaphragm may occur. When pain in the course of the nerves precedes paralysis, this shows that irritation of the nerve roots occurred prior to complication of the cord, and precludes any supposed disease originating in the cord itself. (Gowers)

ABSCESS—There is a great deal to be said about the peculiarities of abscess, and in considering this subject it is as well to remember that in any case a piece of bone detached from the diseased vertebræ may cause special symptoms, and give rise to considerable pain and irritation.

There is hardly any direction in which an abscess may not extend, simulating a great variety of other disorders, and especially should its similarity to hip disease be remembered.

Moreover, the abscess may even penetrate to the hip joint itself, ulcerating through the capsule, and may thus set up disease in that joint.

Then, again, abscess in hip disease may simulate that of caries. We may have psoas abscess from disease of the kidney, and a lumbar abscess has been produced by a foreign body which has been swallowed, as recorded by Mr. Nicholls, Brighton and Sussex Medico-Chirurgical Society, February 3rd, 1887. In pointing out these few instances of a variation from the typical symptoms of spinal caries, it is impossible in a short paper to do justice to the subject, but I trust I have written sufficient to call attention to the matter, and to show that great caution should be exercised by the surgeon before forming a definite opinion as to the nature of any particular case of spinal disorder.