Another example is a patient, a boy aged 18, who for two years suffered from pain in the calf of the left leg and heel. In addition he had a stiff back, and though of an athletic family was unable to play any games. There was a definite neuritis of the 4th lumbar nerve; on examining the back there was lateral deviation, muscular rigidity, but no special tenderness. The X-ray showed a definite involvement of the lateral portion of the 4th and 5th lumbar vertebre, probably the articular facets.

These cases serve to illustrate the great importance of examining the back in all cases, especially where anything in the history may suggest some lesion at that site as being a cause. However, where neuritis is present the tuberculin test must be given with the greatest care, as in many cases the reaction of hyperæmia and swelling in a localized lesion, frequently restricted by a dense capsule or aponeurosis, may be very dangerous to the nerve pressed upon.

The usual pain in Pott's disease is located, as we have said above, and if the destruction is very great with pressure on the cord, the signs of pressure paraplegia naturally result; of these there is no need to treat here as the deformity usually at once gives the clue.

Before going any further, the character of the pain and deformity in csteoarthritis, or rheumatoid arthritis, must be noted. This usually occurs as a stiff back, occassionally with pain referred out along several nerve trunks. The tenderness is usually located over the spinal foramina, and is due to osteaphytes pressing on the nerve roots, as well as the pain at the site of the disease. Frequently the X-ray and examination for other signs of "rheumatic" disease will aid in the diagnosis. In most of these cases inspection of the back shows the rather "poker back" type, but we do not meet nearly so many of these characteristic cases in Canada as across the border. The knuckle, or small hump deformity, such as one meets with in Pott's disease, rarely occurs in ostearthritis, and we do not, as a rule, get localized tenderness over any particular spinous process. Rigidity and general pain in the back are quite usual signs.

Of the static conditions, and by static, I mean those conditions which are due to malposition or to a change of relation in anatomical parts and not disease, there is one which has enlightened a great many cases of so-called lumbago, and that is subluxation or strain of the sacrolilac joint.² Pain in conditions of this kind is usually complained of as a lumbago, and the number of cases which present the typical spasmodic attacks as in true lumbago and yet which can be completely relieved by attention to the lesion in the sacro-iliac joint, is very sur-