personal predilections, but the moral of my story was the need for more systematic care in the examination of individual sufferers in every patient applying to us for the cure of "sciatica."

One word more. I quite agree with my distinguished colleague that massage too frequently aggravates the trouble instead of doing it good. All the same, I am convinced it is, when and where properly applied, a most valuable remedy. Again, speaking from some little experience, I assert that even in cases of "malum coxæ senile" considerable benefit has resulted from massage and passive movements, more particularly from steady determined perseverance in the latter means of cure where the patient has been educated to lend his own help in the treatment. As to the anamnesis or "history" of sciatica and its symptoms my experience differs from his. In my cases the first onset of the disease as a rule was in and about the hip-joint.

I am, Sirs, yours faithfully,

Strathpeffer, Dec. 3rd, 1906.

WILLIAM BRUCE.

CINNAMON OIL IN THE TREATMENT OF INFLUENZA.

To the Editors of THE LANCET.

SIRS,—Since reading Dr. J. Carne Ross's valuable communication in THE LANCET of Nov. 3rd, p. 1241, I have used the oil in a number of cases with an exact reproduction of Dr. Ross's excellent results. But an ounce of true oil of cinnamon costs 5s. 6d. and is sufficient for, at the outside, six adult cases. Now one pound of the tincture costs about 3s. 8d., and, at the rate of one drachm and a half for a dose, is sufficient for 10, if not 11, adult cases, which would allow of the use of this valuable remedy in any class of practice. The constituents of cinnamon bark which are soluble in spirit, besides the essential oil, are tannic acid and sugar, and I would much like to be informed whether or no the presence of the tannin does, or is in sufficient quantity to, in any degree inhibit the absorption of the oil from the alimentary canal. A drug traveller tells me that the opening of the "influenza season" has for years brought him from at least one old customer a regular order for a Winchester quart of the tinct. cinnamomi B.P.

I am, Sirs, yours faithfully,

D. J. MUNRO, M.B., B.S. Lond.

Brixton, S.W., Dec. 1st, 1906.

THE INDIGESTIBILITY OF PLUMMER'S PILL.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 1st Sir James Sawyer calls attention to an interesting fact in connexion with Plummer's pill. It seems to me that it would have added considerably to the interest of the article had Sir James Sawyer quoted also the condition of the patient. It is true that the exact nature of the patient's complaint does not enter into the question, but one would like to know whether he (the patient) improved or not, even though the pills were being passed per anum undigested. It will also be a matter of interest, as can only be tested by ultimate experience, to know whether the pill, prescribed according to the magistral formula, would not require to be given less frequently in virtue of its greater solubility.

I am, Sirs, yours faithfully,

Henfield, Dec. 1st, 1906.

ELDON PRATT.

LUMBAGO.

To the Editors of THE LANCET.

SIRS,—It is, I believe, a commonly accepted opinion that lumbago is a rheumatic affection of the tendinous insertions of the muscles of the lower part of the back. From close observation of a recent acute attack I feel convinced that this disease begins in the sacro-iliac joints and is mainly confined to them and not in the tendinous insertions of the erector spinæ or other lumbar muscles.

Now, what clinical evidence can I offer in support of this hypothesis? In the first place, all the efforts of the sufferer in seeking relief from pain are directed towards fixing the pelvis. His attitude is often peculiar, resembling that frequently observed in persons suffering from an attack of asthma—viz., sitting in an armchair with the trunk bent

slightly forwards and supported on the elbows. In this position relief is obtained by transferring the weight of the spinal column to the arms and thereby easing the pressure of the sacral wedge on the sacro-iliac synchondroses. This position, also by enabling the chest to expand more fully, relieves to a great extent the increased pain resulting from downward pressure of the abdominal contents in deep breathing and coughing. When the ilio-psoas, quadriceps extensor, gluteus maximus, and other muscles attached to the leg and pelvis and which push the body forwards are brought into active service, as in ascending a hill or a flight of stairs, pain is always considerably increased. And so it is with other muscles that act powerfully on the pelvis, such as those attached to the crest of the ilium and which are concerned in producing lateral movement of the trunk, although not in themselves painful, by their contraction evoke acute pain in the sacro-iliac joints. Pressure forwards and inwards over the anterior superior iliac spines, in the erect posture, is accompanied by a great increase in the severity of the pain which subsides immediately the pressure is withdrawn. In the recumbent lateral position the joint nearest the bed or couch is the more painful. The back also is more sensitive to pressure over the sacro-iliac joints than closer to the spine, where the bulk of the erector spinæ lies. Tenderness frequently felt in the upward prolongations of this muscle is probably due to fatigue, cramp, or summation of contraction for defensive purposes—viz., to steady the adjacent painful joints. Torticollis, pleurodynia, dorsodynia, and other so-called analogous painful muscular conditions, although they may be present at the same time, are usually one-sided, whereas lumbago is always bilateral. Later in this disease, when the acute stage has subsided, any tenderness or stiffness that may remain is probably largely due to involvement of the neighbouring fibrous structures, but I feel certain that in the acute stage the joints are the principal seat of pain and the result of local treatment supports my contention. Dry-cupping gives immediate relief, especially if applied over the joints; if at some little distance—viz., over the bulk of the erector spinæ—the relief is not so great. Fixation of the pelvis with straps of adhesive plaster also affords relief.

I am, Sirs, yours faithfully,

Bournemouth, Nov. 30th, 1906.

E. CURTIN, M.D. R.U.I.

FATALITIES UNDER ETHYL CHLORIDE.

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Dec. 1st under the above heading I read with interest Mr. Carter Braine's letter and that of "A General Practitioner of Medicine." One cannot help agreeing with Mr. Carter Braine when he protests against Dr. T. D. Luke's method of arriving at mortality statistics. Were some "chloroform enthusiasts," as Dr. Luke calls them (see "Anæsthesia in Dental Surgery," p. 136), tempted to calculate mortality statistics for chloroform by the same method the results would be equally amazing and inaccurate. At the same time, I am relieved to find that an anesthetist of wide experience such as Dr. Luke should speak up on behalf of ethyl chloride.

I agree with "A General Practitioner of Medicine" when he says that a death under an anæsthetic is a calamity to a general practitioner in a small district. For the last 18 years in a large country district a death under an anæsthetic has been my special dread. When ethyl chloride was introduced to us a few years I looked on it as an enormous boon to the country practitioner and his patients, because whereas formerly chloroform with its attendant anxieties, especially in minor operations and to a man working alone, was practically the only anæsthetic at his disposal, ethyl chloride provided us with an equally portable, easily administered, and relatively safer anæsthetic for short operations.

Nitrous oxide and nitrous oxide-ether sequence leave nothing to be desired as regards safety, but in the country the apparatus is cumbersome and the doctor setting out on horseback or on a motor bicycle with a bottle of ether hung on one side, a cylinder of nitrous oxide on the other, and an inhaler with large rubber bag slung on his back, would rouse even a Highland countryside to enthusiasm.

From June, 1902, up to this date I have had about 360 administrations of ethyl chloride in our local hospital and in my own practice. In one case there were somewhat alarming symptoms due, I believe, to the administrator pushing the drug when anæsthesia was already complete.

My experience, small as it is, seems to point to the conclusion that properly administered with due care and discrimination as to suitable cases, with the patients prepared as they are for chloroform and in the recumbent position, ethyl chloride is relatively safe and is an invaluable anæsthetic for the country practitioner. I trust that at an early date we may be in possession of reliable statistics with regard to the use and practical results of this anæsthetic.

I am, Sirs, yours faithfully,

JAMES B. SIMPSON, M.A., M.D., C.M. Edin.

Golspie, Dec. 1st, 1906.

THE ELECTION OF DIRECT REPRESENTATIVES.

To the Editors of THE LANCET.

SIRS,—As considerable interest has been aroused at this election and very many medical men are desirous to know the result as soon as possible, may we use your periodical to inform the profession that we are arranging to send the information on Wednesday next to any medical man who has previously communicated with any one of us?

The necessary conditions would be: (a) A telegram form containing the name and address must have been received at latest Tuesday next. (b) Sufficient postage to cover the address and six words besides should be affixed if only the names and number of votes received by the three successful candidates are desired. (c) If all the candidates' names and votes are required in order, then sufficient postage for the address and twenty words besides should be affixed.

These telegrams can be expected by noon on Wednesday. The Registrar has stated that this procedure is in order.

We are, Sirs, yours faithfully,

ALFRED COX,

Bensham-road, Gateshead.

E. ROWLAND FOTHERGILL,
Southfields, S.W.

E. D. KIRBY,
107, Hagley-road, Edgbaston.

J. A. K. RENSHAW,
11, St. John-street, Manchester.

Dec. 5th, 1906.

THE MEDICAL TREATMENT OF SCHOOL CHILDREN.

To the Editors of THE LANCET.

SIRS,—The Education Bill provides not only for the medical inspection of school children but also for their medical treatment. Before "attending to the health and physical condition" of the children it is necessary for the local authority to obtain the sanction of the Board of Education; there is to be no wage-limit, but children attending voluntary schools are to be excluded from treatment, even though their fathers pay rates. All this is of much importance, for 96 per cent. of children attend Council schools. Probably at first the local authority will only treat out-patients on Saturday mornings at the schools, performing operations for adenoids, squints, and talipes on children between three and 14 years of age, but it will soon be said that many of the cases should have been treated before three years old, and in the case of congenital ailments from birth. Lastly, it will be said that many cases cannot be efficiently treated as out-patients and permission will then be granted to establish children's hospitals in those districts in which voluntary effort is inadequate.

The object of this letter is not to express its writer's opinions but to induce others to form their own. The absence of any clear provision for the scruples of conscientious objectors and for the protection of the children of foolish parents suggests that the clause has not been fully considered even by its authors. The best course would be to transfer it from the present Bill to that dealing with the feeding of school children, a subject with which it is more closely connected. This would allow of the clause being studied by those having some responsibility in the matter.

I am, Sirs, yours faithfully,

J. S.

Dec. 4th, 1906.

SHIPPING COMPANIES AND THEIR SURGEONS.

To the Editors of THE LANCET.

SIRS,—This year I had an operation upon my ear and went as ship surgeon on a steamer running to South America, where there are laws affecting all steerage passengers in

regard to their vaccination, certification, &c., especially in Uruguay and Argentina. Various shipping companies get doctors to sign their articles without giving them any information to speak of about these laws and when at sea avail themselves of the technicalities of an old "Shipping Act" and tell the surgeon that he is only a seaman under that Act, &c. Therefore they claim the right to order the doctor to vaccinate unlimited numbers of passengers without any extra pay, in the same manner as a cabin boy can be ordered to wash plates. The law of Uruguay had been in force for months and no extra pay had been paid to any surgeon for the extra work involved by that law. On arriving at Monte Video I put my foot down, and kept it down, on the ground that my signature to the ship's articles had been obtained by withholding material facts as regards my work, and the result was a crisis leading to a regular scene before a large audience and which ended in the Uruguayan doctors doing the work themselves. Since then I have made it my business to see that all surgeons on that line have a chance of knowing what is in store for them before they leave England, to the great wrath of the company and their superintendent. The whole subject is worthy of investigation, as we are shipped to regions where white men only work for high pay and despise those that do not. Perhaps some of your readers who have had similar experiences may be able to confirm my statements and so aid in inducing the shipping companies to mend their ways.

I am, Sirs, yours faithfully,

Dec. 3rd, 1906.

MASTOID.

THE ARMY MEDICAL RESERVE.

To the Editors of THE LANCET.

SIRS,—There is an attempt now being made to raise an "Army Medical Reserve," an attempt which must necessarily prove unsuccessful considering the conditions demanded. First, an age limit of 30 is fixed. This excludes practically all medical men who have practices of their own, and certainly all who have established practices. Secondly, two months' training at Aldershot is required. This condition must prevent the majority of the small number not excluded by the age limit from applying. An assistant can hardly hope for two months' holiday, whilst a medical officer to institution, hospital, or asylum is in a hopeless case. As far as I can see the only one eligible is the newly qualified man who has nothing better to do. He may take out his first training but unless he elects to remain idle indefinitely he can hardly hope to take out another.

The £5 offered for purchase of uniform should be at least £15.

I am, Sirs, yours faithfully,

Nov. 29th, 1906.

TOMMY ATKINS.

SOUTHPORT SHRIMPS FROM HOLLAND.

To the Editors of THE LANCET.

SIRS,—I see by your issue of Oct. 27th that your Manchester correspondent calls attention to one of the recent convictions (Bradford) for this fraud both upon the public and the local fishermen. A short account of the "manufacture" of potted shrimps may interest you. The trade in Dutch "preserved" shrimps is one of comparatively recent date.

The shrimps are imported in large quantities ready picked heavily "faked" with boric acid and will "keep" an indefinite time. Before being potted they have to be washed, whereby a large amount of the preservative is removed; they are then cooked in the usual manner, spice, &c., added to mask their unnatural flavour, and sent out broadcast as "Southport potted shrimps" and labeled as such. The fraud is committed quite openly and the trade is a large one. Before the shrimps are washed they are a filthy mixture quite unfit for food and it is a mystery to everyone that no steps are taken by our health authorities to stop the traffic. There is a fleet of about 70 boats engaged in the shrimp fishery here and a few years ago some of the local fishermen formed themselves into an association called the "Southport Shrimpers' Amalgamation." Their catches are taken to a central dépôt where they are potted and distributed, no preservative being added, or indeed found necessary. They meet with great opposition on the part of the importers of foreign shrimps and in the winter season, when native shrimps are scarce, the fishermen find great difficulty in getting remunerative prices for their catches as the dealers in foreign shrimps always have plenty in pickle which compete with them.