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.