

to Dr. Nutter's paper this evening because it brings forward a question which has been very much talked of recently, especially in Boston. In the clinic at the Royal Victoria Hospital cases of the type described have presented themselves and we have been trying to classify the condition. Two main types are presented. In the first class there is stiffness of the back and a varying degree of tenderness over the sacro-iliac joints. In some cases, especially those which give a crepitus on examination, there is almost complete disability; in others a condition closely resembling a mild lumbago with or without pain down the sciatic or obturator nerve. In the second class of cases there has been found a tenderness over these same joints, but on examining the lumbar region there is tenderness along the exit of the nerve roots and an increase of the lumbar lordosis. We have found it necessary to vary our treatment accordingly. In the first type strapping, a pelvic support, or a corset fitted with the latter may be indicated; in the second type a fitted corset must be worn or even a plaster-of-paris jacket.

Certainly a certain number of lumbagos can be explained by the above condition, where the cause is found either in some condition in the sacro-iliac or in some strain in the lumbar vertebral column.

J. APPLETON NUTTER, M.D. I hope at some future date to present to the members of the Society some living cases which will demonstrate the mobility in these cases, which is perhaps not familiar to many.

IMPRESSIONS OF THE 16TH INTERNATIONAL MEDICAL CONGRESS
AT BUDA PEST.

R. H. CRAIG, M.D.

This paper will appear in the January number of the JOURNAL.

COCCYODYNIA.

A. LAPHORN SMITH, M.D., read this case report, which appears page 815 of this number of the JOURNAL.
