prising. The onset of pain is variable. In some cases it is a soreness and stiffness in the lumbar region. Again, it may be a stiffness with pain alone of one or both sciatic nerves, and, thirdly, it may be very severe and in fact a complete disability until slight displacement is relieved. The patient in this last case can hardly get out of bed, and it is impossible for him to straighten his back. There is no particular pain on concussion. the general health is perfectly good, and the disability may date in man, from strain, frequently idiopathic, and in women, it is very frequent after any prolonged illness, around the period of menstruation, and frequently when extra housework is suddenly indulged in. Here, however, in most cases the maximum tenderness is not located to the vertebral column. Tenderness and swelling are noted over one or both sacro-iliac joints. There may be also tenderness over the sciatic or both sciatic nerves, and the subjective complaint of pain in the shin or pain in the calf is very frequent. This pain is due to the close relation of the lumbo-sacral cord.

The subluxation can be at times relieved by manipulation, and where this displacement has been apparently due to upriding on one little ridge of the articular facet, a click can be readily felt and in some cases heard.

It is surprising to note how many cases of what we have been accustomed to call lumbago or myalgia, can be directly traced to this lesion, and the relief by the regular treatment of this joint or joints is very striking.

In some cases at the clinic we have noted that in addition to this sacro-iliac strain, in a certain number, there is exaggerated lumbar lordosis, and accompanying this some tenderness along each side of the vertebra. This tenderness practically corresponds with the exits of the spinal nerves, and in these cases the treatment must include the correction of the exaggerated lordosis; the support of a pendulous abdomen.

It is a pretty good working rule, in a case of sciatica, to examine these sacro-iliac joints in order to exclude any lesion there as being a cause.

Albee,[3] in New York, examined 50 cadavres, and in all of these found a complete joint with its cartilage and synovial membrane fully developed.

Anatomically, the sciatic nerve or lumbo-sacral cord crosses in front of the lower one-third of this joint immediately in front of the aponeurosis and is easily involved in any affection of the joint. We have found this frequent in so-called sacro-iliac strain, and the last three cases of tubercular sacro-iliac disease which I have seen came with the complaint of severe and intractable sciatica. In addition to these, one case of a