Section of Orthopaedics

Skiagrams often show a splayed joint and bony irregularities, but radiographers usually dismiss these as having no significance, from the fact that "nobody is quite symmetrical.

Subluxations of the ilia are often, in my opinion, the starting point of tubercle and arthritis, and with a large proportion of sacro-iliaic strains subluxation is associated. Many medical men absolutely deny the possibility of sacro-iliaic subluxations. And many of those who do admit them recommend rest in bed, strapping, splintage, ionization—in short, everything excepting the one radical cure, namely, reposition. The reason for this is not clear. I have replaced about 1,500 subluxated ilia at periods varying from a few hours to about thirty-five years after the onset of the injury. Failures have been very few; recurrences still rarer. The method of reposition is simple and perfectly painless; children often appear amused by it. An anaesthetic is never used because there has never been the slightest indication for its use. The after-treatment is simple; sometimes none at all is needed, as in a case published in the British Journal of Radiology, 1924 (p. 135). At other times I employ mechano-therapeutics. I have never used any bandage or fixation in the after-treatment.

Mr. Paul Bernard Roth said that sacro-iliaic strain (or "painful sacro-iliaic joint") had interested him for many years, and he could rejoice with Dr. Mennell that its existence was at last becoming recognized. Members might care to refer to his (Mr. Roth's) paper, published in the Proceedings' in 1913. He could not agree with the opener's description of this condition: he himself held that before a diagnosis of sacro-iliaic strain could be made, three things were needful: (1) a history of a sudden strain; (2) pain referred to the back of one or other joint; (3) deep tenderness over the back of this joint. How the patient stood or how he walked was immaterial.

Treatment of the condition consisted in manipulation, and then support. Manipulation consisted in forcibly hyperextending the thigh on the trunk, with the patient lying prone: if the strain were due to a displacement of the joint surfaces, this manoeuvre caused them to go into place with a click, with instant relief of pain. After manipulation his rule was to apply a 2 in. wide band of strapping tightly round the pelvis, immediately below the anterior superior spinous processes, the two ends overlapping each other behind for at least 6 in. This supported the pelvis, prevented any further slipping, and allowed the traumatic inflammation to subside. If care were taken, this could be worn for two or three weeks, and at the end of this time the patient was cured. He regarded sacro-iliaic strain as a perfectly clear clinical entity, not to be confused with any other condition.

Mr. R. C. Elmslie.

Mr. Verrall has taken great care in going over the symptoms and diagnosis of sacro-iliaic conditions, but I think that his opening remarks and the remarks which have followed only make it additionally clear that there is still a great lack of knowledge about the diagnosis, and great difference of opinion as to what is and what is not sacro-iliaic defect. Mr. Verrall says that he requires all the symptoms and signs to be present before he will diagnose sacro-iliaic strain. When someone of Mr. Roth's experience records a paper which he wrote on the experience of nine cases, and when Dr. Cyriax talks of the 1,500 cases he has treated, it becomes quite obvious that there is a difference of standard as to what does constitute a sacro-iliaic strain or displacement, and until we can get a greater uniformity of view on this matter, it is difficult to see how progress can be made. We all have to deal with many of these cases of pain in the lower part of the back. The actual location of the pain varies greatly with different people, and, personally, I feel that the practitioner who has a tendency to diagnose sacro-iliaic strain will often find that the tender spot is over the sacro-iliaic joint, whereas someone else who is prejudiced in favour of a muscular cause of the trouble will make out that it is situated in one of the muscles.