

"SCIATICA."*

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The subject I have chosen as my lecture to-night is one of extreme interest to me, and my only fear is that you may pronounce it as very dry. I will try, however, to make it as interesting as possible, and I feel sure that you will in any case agree, that it is a very important branch of medical science.

This is of course a fact, when one considers the very large number of patients who suffer at one time or another from some form of Sciatica, and I am sure that you yourselves, and especially those of you who are interested in Massage, have met with a great number of sufferers from this very painful and depressing malady.

Now, I am going in the first place to give you a simple definition of the term "Sciatica," and then, so that you may understand it thoroughly, we will briefly trace the anatomy of the Sciatic Nerve. You will, I am sure, agree after our considerations that the term Sciatica is too freely used, as if it were a simple but definite disease, whereas in reality it is in most cases only a symptom of other and more complicated diseases.

DEFINITION.

Sciatica is an indefinite term applied to conditions associated with pain in the region of the Sciatic Nerve. The pain may be felt along the whole course of the nerve, *i.e.*, from the region of the great sciatic notch down the back of the thigh, at the outside of the knee, and down the back of the leg (calf) even on to the dorsum of the foot. In a strict sense the term should only be used in connection with painful affections of the nerve itself, not due to any morbid disease around the course of the nerve. In other words, the term sciatica should only be used to designate a condition of inflammation of the nerve, *i.e.*, a *Neuritis*.

We shall see however during our discussion that this latter simple neuritis, of the nerve in question, is comparatively rare, and the great interest of our subject really lies in the fact that most cases of sciatica are only symptoms of some other more or less obscure disease. The public think that Sciatica is a disease of itself, and never dream that it is in many cases a symptom of some more or less serious trouble, either in the Pelvis, Hip Joint, or other surrounding structures. If you tell a Patient who is suffering, that you wish to examine his pelvis or hip joint, or his bowel, he will in-

variably inform you that he came to see you because he was suffering from Sciatica, and he cannot understand the importance of his being carefully examined for other more serious diseases, of which his trouble and pain is, in reality, only a symptom.

Before, however, going more deeply into the subject, I will, with the help of a Diagram, briefly ask you to follow me in the consideration of the anatomical relations of the Nerve:—

The Nerve, as you probably are aware, is a mixed Sensory and Motor Nerve. It is the largest nerve in the body, and it is the continuation downwards of the main part of the Sacral Plexus, so that its most important relations lie within the pelvis.

The main nerve Trunk leaves the pelvis and enters the Buttock through the great sacro-sciatic foramen below the Piriformis muscle, and runs down to the middle of the thigh, where it divides into the two main branches, the External and Internal Popliteal Nerves.

The *External Popliteal* nerve runs down within the popliteal space, at the end of which it divides into the Anterior Tibial and the Musculo-cutaneous nerves.

The *Internal Popliteal* nerve passes down along the popliteal space also and becomes the posterior Tibial nerve, which in turn runs to the inside of the ankle joint and over the dorsum of the foot.

I shall not weary you with the minute anatomy of the nerve, which you can read in any of the text books, but it is important that we should remember that the nerve or its branches run from the buttock down as far as the foot, and this is the reason that sciatic pain is at times so extensive.

It will also be necessary later on when we are considering the differential diagnosis of sciatic pains to allude to other nerves, especially those coming from the lumbar-sacral plexus, and which give branches to the muscles of the thigh and around the hip joint. These when inflamed either directly or indirectly often give rise to errors in diagnosis.

We will now enumerate the different conditions which may be confused with true Sciatica, assuming that sciatica is a neuritis of the nerve only, and I have prepared a list of conditions which may simulate this, and which should always be carefully considered before any attempt at treatment is adopted or any prognosis made.

Pain along the sciatic nerve may be caused by:—

(1) Sciatica (true) due to either Rheumatism or Gout.

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