

(2) Diseases of the Hip Joint—Tubercular or Arthritic.

(3) Injury to the nerves of the Sacral plexus.

(4) Tubercular Caries of the Spine (Pott's Disease) (*rare*).

(5) Aneurism of the Abdominal Aorta (early stages).

(6) Ileo-Sacral disease (Joint).

(7) Pressure from tumours in the Pelvis.

(8) Severe constipation and Pregnancy.

(9) Spinal cord diseases, such as Locomotor Ataxia (*rare*).

(10) Inflammation in the Muscles supplied by (or around) "the sciatic nerve," *i.e.*, "Fibrositis or Muscular Rheumatism."

With such a list you will probably be surprised, but I have tried to take in every possible condition in this list which may be confused with true Sciatica, some of these conditions are of course rare, but all must be carefully considered when a true diagnosis of Sciatica is to be made.

Of this list the most likely conditions to be confused are Hip Joint Disease, either of tubercular origin or of the Osteo or Rheumatic Arthritic variety, Ileo-sacral disease, pressure from pelvic tumours and Muscular Rheumatism, or, as it is called by Dr. Arthur Luff, "Fibrositis" of the muscles around the hip joint and in the Thigh and leg.

I propose to briefly endeavour to differentiate between these last conditions before we go on to mention any treatments.

*Hip Joint Disease* (a) of a tubercular nature, you are all probably familiar with, as a disease to be constantly on the watch out for in young people.

In the early stages of this disease the Patient who is young, and probably about the age of 16 or 17 years, complains of pain, more or less constant, along the course of the sciatic nerve, but more especially at a point just to the inside of the Knee joint. This pain, as we shall see, is a *referred* pain from, in this case without doubt, the Hip, and it is due to the fact that the Obturator Nerve, besides giving a branch to the capsule of the Hip joint, also gives a branch to the Knee, which enters just at the inner side of the knee joint. I have myself seen cases where a young Patient was treated in error as a case of Sciatica, and you will agree when you consider that the treatments are generally so greatly opposed one to the other that this is a very serious mistake to make. We all know that if a case of Tubercular hip disease can be recognised early, the treatment is one of complete rest, with at first an "Extension," and afterwards by making

the patient wear a Thomas's Splint; whereas in Sciatica no such rest up to the present day has been deemed as necessary, and in many cases the treatment has been to employ passive movements and Massage and the rubbing of strong linaments, all of which would, of course, rapidly increase the progress of disease in a tubercular Hip. Also the medicinal treatment is of importance, as, in the one case, as in all tubercular diseases, a tonic treatment is advisable; often in Sciatica the salicylates and Aspirin are given. These drugs would, of course, only tend to increase the tubercular trouble by lowering the Patient's vitality.

Hip-joint disease (a) of a rheumatic nature—*i.e.* *Rheumatic arthritis*—is also very likely to be overlooked in cases where pain along the sciatic nerve is complained of, and, indeed, it may in the future be proved that all cases of so-called true Sciatica are cases of *rheumatic disease* in the hip joints.

Dr. William Bruce, of Strathpeffer, has recently written a book, in which he states it as his belief that all cases of Sciatica are really rheumatic hip-joint affections, and he quotes a number of very strong arguments in favour of his opinion, giving examples of a great many cases, in most of which the X Rays have shown distinct rheumatic arthritis where the Patient has only complained of pain in the sciatic nerve.

While I cannot quite agree that *all* cases of Sciatica are really hip-joint affections, still I have certainly come across a considerable number of cases in which the trouble has been shown by the X Ray and by other very distinct signs to be of rheumatic *joint* origin. Some of these cases I hope to be able to demonstrate to-night, and I will pass round some X-ray photos as examples of such. In these cases the Patients came to me complaining only of Sciatica, and I think none of them had any suspicion that the real source of their trouble lay in their hip joints.

This part of our subject is of such great importance that I propose to ask you to allow me to go a little further into the considerations as to the possibility of so-called "Sciatica" being really due to hip-joint disease of a rheumatic origin. The importance of, if possible, feeling certain on this point is of course obvious. It would not only be useless to adopt any of the well-known treatments for "Sciatica," such as Firing, Stretching, Electricity, or the injecting of substances into the Nerve, if indeed the real cause of the trouble lay in the hip joint, but it would be distinctly wrong, when we consider that all such treatment would in this case only aggravate the trouble.

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