

I will enumerate the most important points, most of which are described by Dr. Bruce in the book I have mentioned. The more I think of them myself, and compare them with my own observations from cases which I have had under my care from time to time, the more I am convinced that a very great number of cases of Sciatica *are* indeed cases of Rheumatic Hip disease, and that the pain in these cases is not true Sciatic pain, but is *referred* pain from the joint.

The following are briefly the arguments in favour of this hypothesis:—

(1) Practically all the muscles around the hip joint are supplied by nerves coming from the Lumbar-sacral plexus, and, as we have seen, the great sciatic nerve also takes origin from this plexus.

(2) Nearly every, if not all, the nerves which supply the muscles around the hip joint and the thigh give branches to the hip joint itself. For example, the Obturator nerve gives a branch to the ligamentum Teres inside the Hip joint, and it also gives a branch to the inside of the Knee joint, which, as we have seen, is recognised as the cause of the pain in tubercular hip disease.

Again, the Anterior Crural nerve, which, as we know, runs down the front of thigh, also gives a branch to the Hip Joint. Now the Crural Nerve also gives branches to the front of the Knee, and also to the inner side of the Ankle. This may explain the Pain one gets in these situations in Sciatica.

I will not weary you with too much anatomy, but it is well worth while studying the nerve connections of the Hip Joint, and if we do so we are compelled to admit that there are many branches to the joint which can, and most probably are, paths of referred pain. These pains, as we have seen, may be felt over the Gluteal region, down the thigh, over the Knee, and even down to the ankle and heel. Is this not the line that Sciatic pains follow also?

(3) The next argument in favour of what Dr. Bruce states is also of great importance. It is that in most cases of supposed Sciatica, or Neuritis of the Sciatica nerve, a considerable amount of wasting of the Muscles is to be noticed.

Now, of course, when a Patient feels great pain along his or her leg (and it must be remembered that sciatic pain is generally very severe), the tendency of the Patient is to give the affected leg as much rest as possible, so that he will keep as much weight off the leg and save it all he can. Indeed, as you will probably have noticed, the Patient will walk very

gingerly on the toes, keeping the leg flexed, so as to avoid stretching the Nerve in any way.

This will, of course, tend to make the muscles very flaccid, and after a time they must waste, but the wasting in most cases is not only along the course of the Nerve, but, indeed, is more commonly to be noticed around the hip joint itself, and in practically all cases of long duration the main muscle wasting is to be observed in the muscles around the hip. I have a few photographs which will very clearly demonstrate this. I believe that the wasting of these muscles is due to the fact that the nerves supplying the muscles around the hip and thigh are in a state of inflammation themselves, or what is more likely—and this is a point which Dr. Bruce emphasises—is that the Hip joint is the cause; that is to say, the joint is in a state of inflammation, and the nerve irritation is a spreading of such inflammation down these nerves. Of course, you all know that inflammation of a nerve to a muscle will cause *wasting* of that muscle, as, for example, the wasting to be seen so early in Infantile Paralysis.

(4) The most important and convincing proof, however, that many cases of Sciatica are really Rheumatic diseases of the Hip joint lies in the fact that by means of the X Rays we can clearly demonstrate the presence of Arthritis in the joint. I have myself met with a great many cases in which the hip joint was at the seat of all the mischief. I will show you some of these cases and the X Ray Photos, and in all of these cases the Patient was seeking treatment for Sciatica, and I have found it very difficult in most of the cases to persuade the Patient that an X ray was necessary or that the hip joint was to blame in any way.

We will see the great importance of all this when we come to consider any treatment.

(To be continued.)

OUR PRIZE COMPETITION.

WHAT ARE THE CHARACTERISTICS OF THE URINE IN (a) FEVERS, (b) ACUTE BRIGHT'S DISEASE, (c) DIABETES MELLITUS, (d) DIABETES INSIPIDUS, (e) CYSTITIS?

We have pleasure in awarding the prize this week to Miss E. H. Gibert, General Hospital, Birmingham.

PRIZE PAPER.

Before a nurse is able to recognize abnormalities in urine, rendered present by disease, it is essential she should have a knowledge of the appearance, constituents, &c., of normal urine, although in some cases, even in health,

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