

hip joint, is in reality a *Fibrositis of the nerve sheath*.

All this discussion, however, is of no importance if we cannot learn from it better ways of treating these conditions, but I ask you what is the use of stretching the Sciatic nerve, or firing or moving the hip joints, if indeed Sciatica is really a Fibrositis of Muscle or Sheath, or is due to disease of the joints?

I will not weary you now any more with the consideration of these subjects, which open up a very large field for thought and careful consideration. Fibrositis itself would form a good subject for a very long lecture or discussion.

If any of you would like to learn more on the pathology or treatment of Fibrositis, I will gladly lend you an article on this subject, written by Dr. Luff in the *British Medical Journal* of the 4th of October last.

Now I am sure you will all have come to the conclusion that the subject of Sciatica is not such an easy one as the public would like us to believe, and you will agree that it is one which opens up a large field for mistaken diagnosis and consequently wrong treatments.

But when we come to the all-important consideration of the treatment of Sciatica, we will at once recognise the great difficulties which will confront us on all sides. It is impossible to attempt to treat Sciatica with success unless we are certain of the diagnosis.

If it is due to rheumatic arthritis, we must look for a possible cause of infection, as no doubt most arthritic diseases are microbic in origin. We therefore look for Pyorrhœa of the gums and septic teeth and see that they are removed, or for intestinal diseases such as Colitis and chronic constipation, causing what we know as self-poisoning or auto-intoxication. Or it may be caused by chronic suppuration from other sources, such as septic leucorrhœa and chronic abscess or ulcer.

All these must be treated and put right if we are to cure sciatica due to hip joint trouble.

Again, if the Sciatica is due to pressure, as from tumours in the pelvis, the Surgeon is the only man to cure the disease.

If the Sciatica is due to tubercular disease of the Vertebrae or to Morbus Coxæ, or hip disease, as is so common in young people, then the treatment will be, accordingly; chiefly complete rest to the affected spine or joint, combined with suitable tonic treatment and good food.

In very *chronic* cases, where the sciatica is due, as I have described, to undoubted rheumatic arthritis of the hip joint, and where this is shown clearly by an X-Ray, then the

question of an operation may be taken into account. This operation consists in cutting down on the joint and scraping and removing the rough bits of exuberant bone, and so endeavouring to restore the smoothness of the articular surfaces of the head of the femur and the Acetabulum of the Ileum. I have had a few such cases, which have been very successful. Two of these were done by Surgeon Handley, of London, and I will show you the X-Ray in these cases, as also a photograph of the fragments which were removed. I will not go too deeply into these two cases, but I will briefly give you the notes on the first of them as being the most interesting, from the fact that this was a gentleman who came to me complaining of Sciatica, which he had suffered from for some two or three years.

Mr. J., aged 56 years, had a fall off his horse in the hunting field. (I must here mention that there is very often a history of injury in many of these cases.) He fell on his left hip, but he was able to ride home, a distance of some miles, and he had only to lay up for a few days. From this time on, however, he was attacked with severe pain in the left Sciatic nerve, which gradually grew worse, and reduced him eventually to a crippled condition. He came to me in July, 1911, and at that time he was not only suffering from the very painful form of Sciatica, but he also had signs and symptoms of Rheumatic arthritis in other joints in his body. He was treated with massage, vaccines, and ionic medication, along with suitable tonics, and he improved a great deal, and with the exception of some stiffness in his left leg and hip he was comparatively quite well.

Nine months after this, however, he returned to me complaining of the Sciatica again, which appeared to be even worse than before. I asked him to get an X-Ray taken of his left hip joint, which was done, and it showed very distinctly an osteo-arthritis of the joint, with considerable "Lipping" of the acetabulum, and from the lower margin of the head of the femur a bony outgrowth of osteo-rheumatic bone could be seen, for all the world like a large canine tooth.

He was operated on in January, 1913, and you can see the bits of bony outgrowths which were removed. This patient, I am glad to say, got almost perfectly well, and I believe he has been free from sciatica ever since.

In this case I believe that the severe sciatic pain was due not only to reflex pain from the joint through the articular nerves, but also to the spur of bone at times pressing directly on the sciatic nerve itself.

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