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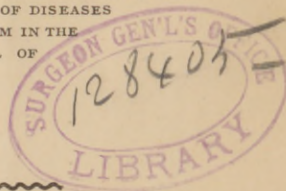
FEMORO-POPLITEAL  
NEURALGIA.

NEURALGIA ISCHIADICA,  
SCIATICA.

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## PREFACE.

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I have endeavored in the following pages to treat of sciatic pain, and to do this in a practical, thorough and concise manner. Considerable attention has been devoted to both the remote and direct causes of this disease; as only by a clear and definite knowledge of these can one hope to properly and successfully treat this very distressing and formidable complaint. A few medicines only have been mentioned, but these few are good and well tried remedies. The surgical or manipulative measures have been indicated in citing the various cases. Certain palliative measures too have received attention—they have their place in medicine, and have done untold service in relieving pain.

J. MARTINE KERSHAW.

ST. LOUIS, *February*, 1878.



**Femoro-popliteal Neuralgia.** Neuralgia Ischiadica, Sciatica.  
By Professor J. Martine Kershaw, M. D., St. Louis.

HISTORY.

In speaking of this disease I refer in a general way to functional disturbance of the sciatic nerve, apart from organic change in the nerve substance. It is true, however, that sciatica is not unfrequently excited by mechanical means; of these I shall speak further on. The nerves and parts affected in the disease under consideration, are the "posterior femoral cutaneous nerve, and the sciatic; the pain being localized in the posterior surface of the thigh, and throughout the whole length of the lower leg and foot, (with the exception of the parts supplied by the saphenous nerve). Sciatica and neuralgia of the fifth are the most common and the most important of all the forms of neuralgia." The disease is characterised by pain of a more or less severe character, following the course of the nerve, or of some of its branches. The pains are sharp, shooting, lancinating or burning. Sciatica may be developed suddenly, but the reverse is generally the case. \*Dr. Hammond relates several instances in which the patients were suddenly seized with the most intense pain, having been, to all appearances, quite well previous to the

\*Clinical Lectures on Diseases of the Nervous System.

attack. The first indication of disease is a slight aching which gradually increases until the intense pains already described are developed. The suffering in this disease is of the most extreme character, rivalling, as it does, neuralgia of the ophthalmic and superior-maxillary divisions of the fifth pair. Like the other neuralgiæ, sciatica is subject to remissions and intermissions, more or less distinct in character. These are especially well marked if the disease is due to malaria. I have a patient now under treatment who is quite free from pain during the day, but about six o'clock in the evening the attack begins and continues until the next morning, ceasing in the neighborhood of three o'clock. During this time she is quite unable to rest or sleep. As in convulsive diseases we find the so-called pressure points, so in this and in other neuralgiæ are to be found certain painful points or spots along the course of the nervous tract. They are principally found in the following regions: at the sacro-iliac junction; at the sciatic notch; behind the great trochanter; along the course of the nerve at the posterior portion of the thigh; over the articulation of the fibula with the tibia; at the inner and outer malleoli and the sole of the foot. These points are frequently well marked, especially at the sacro-iliac articulation, behind the great trochanter, and at the external malleolus. Severe pain is frequently felt at the inner side of the knee joint, simulating in this respect the characteristic pain of morbus coxæ. Uncomplicated neuralgia of the crural nerve is a rare disease, yet when sciatica has existed for a length of time, other nervous tracts of the limb are likely to be implicated, and sometimes the disease, primarily seated in the sciatic, finally spends itself on the crural branches. \**"The extremely severe pain at the internal aspect of the knee joint which is such a common symptom in morbus coxæ, is evidently a reflex neuralgia of the long saphenous nerve, the ultimate irritation being situated in the branches of the obturator nerves which supply the hip joints. For some reason unexplained, this happens in a considerable number of cases of sciatica. I have a lady now under my observation, in*

\*Neuralgia, Anstie, pp 61, 62.

whom the secondary neuralgia of the saphenous nerve has become even more intolerable than the pain in the sciatic, which was the nerve primarily affected." Involuntary muscular contractions frequently occur, which greatly aggravate the pain. Anæsthesia is generally present in chronic cases; this is easily demonstrated by means of the æsthesiometer. Certain it is that over the painful points and during the height of a paroxysm, extreme pain is experienced, yet during the remissions tactile sensibility is very much diminished, it being necessary to place the points of the æsthesiometer several inches apart before each can be separately distinguished. The temperature of the affected limb is not unfrequently considerably lowered as compared with the opposite member. Atrophy of the muscles of the diseased limb is likely to occur if the disease continues a length of time. \*Dr. Hammond mentions a case in which the diseased limb was one-third smaller than the healthy one. Paralysis sometimes follows in chronic cases. Shortening of the tendons is a complication of serious import, and may be expected where the limb is retained in a flexed or semi-flexed position for time without change, and permanent injury result. A case under treatment a few years since gave me a deal of trouble because of this tendency to shortening of the tendons, but was finally overcome by general treatment and manipulations. Neuralgia frequently affects the hair in a marked manner, such, for instance, as changing it to gray, (during the paroxysms or permanently) making it coarser, more brittle, and causing it to fall out. With respect to this subject, †Dr. Anstie mentions a curious case: "Occasionally the individual hairs near the distribution of the painful nerve become coarsely hypertrophied; at times the number of hairs multiply. \* \*"

In one very remarkable instance of sciatica that came under my observation, the whole front of the painful leg, from the knee nearly to the ankle, became clothed, in the course of about six months, with a dense growth of hair, which strongly reminded me of similar abnormal hair growths that have

\*Clinical Lectures on Diseases of the Nervous System, p. 264.

†On Neuralgia, Anstie, pp. 122, 123.

been occasionally seen in connection with traumatic injury of the spinal cord."

ECZEMA—BURNING PAIN—GLOSSY SKIN.

Among other accompaniments of sciatica or pain in the sciatic nerve, from whatever cause, should be noticed pain of a burning character. In several cases mentioned by Drs. Mitchell, Morehouse and Keen,\* was this burning pain especially marked. In two of them the burning was confined to the top of the foot. They were both gun shot wounds of the sciatic nerve. With this burning pain there was frequently to be seen "eczematous eruptions, which appeared as minute vesicles thickly scattered over the thin and tender cutis, or else showed themselves in successive crops of larger vesicles in the skin about the altered parts." It was remarkable that "recurrence of the eruption gave ease to certain painful symptoms, \* \* \* or to speak more cautiously, when the eczema came back the pain declined." This was markedly shown in the cases of sciatica mentioned above. Among the curious consequences of nerve lesions may be mentioned a glossy condition of the skin beyond the point of injury. †The authors quoted above state, "that in fifty partial nerve lesions it existed in different degrees in nineteen cases." The following is quoted from a paper by Mr. Paget, in the *Medical Times and Gazette*, 1864: "Glossy fingers appeared to be a sign of peculiarly impaired nutrition and circulation due to injury of the nerves. They are not observed in all cases of injured nerves \* \* \* but they are a very notable sign, and are always associated, I think, with distressing and hardly manageable pain and disability." ‡ Drs. Mitchell, Morehouse and Keen give quite a minute description of this glossy skin and its attendants, a few lines of which I shall incorporate in this paper before closing: "The skin affected in these cases was deep red or mottled or red and pale in patches. The epithelium appeared to have been partially lost, so that the cutis was exposed in places. In the

\*Gun shot Wounds and Other Injuries to Nerves, pp. 92, 93. †p. 78. ‡p. 19.

fingers there were often cracks in the altered skin, and the integument presented the appearance of being tightly drawn over the subjacent tissues. The surface of all the affected part was glossy and shining as though it had been skillfully varnished. In most of them the part was devoid of wrinkles and perfectly free from hair. \* \* The dorsum of the hand, as a rule, was in that member the part least subject to the alteration, while the dorsum of the foot was in that region the part most liable to suffer. \* \* In some form, pain has been an invariable attendant upon the diseased state of the skin just described, and as a rule it was of a burning character."

#### CAUSES.

For some reason sciatic pain very frequently follows, or can be traced more or less directly to congestion of the portal vessels, and especially so when this condition is due to malaria in some form. Dr. Thomson says: \* "We shall soon show, also, that mere mechanical obstruction in the lower bowel has often proved to have a connection with the occurrence of sciatica, by the prompt cure of the nerve-ache after the dislodgment of the obstacle, and hence, such facts, *a fortiori*, make the surmise highly probable that the far reaching effects of portal congestion may induce sciatica in many ways. But of all causes of portal congestion \*

\* ague is one of the commonest and most persistent. Liver and spleen alike seem to escape from the control of their vascular nerves almost as surely by the operation of this poison in weakening their vaso-motor ganglia, as the circulation of the face and head is unbalanced for years by the injury of a sun-stroke. In every case of sciatica, therefore, I would recommend you carefully to investigate the condition of the portal circulation, and if the patient admits a prolonged experience of troubles of malarial origin, that you pay good heed to the matter thereafter." The same author believes that like the other neuralgiæ, sciatica, with the wasting of the muscles, which is commonly observed in connection with this disease, is frequently due to an insufficient supply of

\* American Clinical Lectures, Ed. by E. C. Seguin, M. D., pp. 108, 109.

blood to the parts, and that as soon as this difficulty is overcome, the pain subsides, the temperature is raised and the muscles regain their former healthy condition. He says: \*—"That the atrophy and pain, therefore, of many cases of sciatica, are owing to vaso-motor irritation mainly, and not to mere affection of the sciatic trunk itself, has long been a conviction in my mind, and I always commence the treatment of those cases where atrophy and rigidity are present, with measures directed towards remedying this supposed lesion. To do this we begin with attempts to blunt or paralyze the irritant-sensor impression, which is the starting point of the whole trouble; for, so long as it persists, so long will it be reflected through the ganglia it reaches upon the motor filaments which proceed from them to regulate the calibre of arteries. It was, therefore, for this purpose, and not for curing his sciatica, that we ordered the subcutaneous injection of *Morphia* and *Atropia* together for this patient. After every such injection, the limb would grow one or two degrees warmer, thus indicating a return, for the time being, of blood, from corresponding relaxations of the arteries. But, by themselves, these neurotics would have proved totally inadequate, for like all other real neurotics, their effects are transient, and hence, in a few hours, you will note the arteries contracting again, and the coldness and rigidity returning as before." The [above position is undoubtedly correct in many instances and a knowledge of such conditions will readily lead us to the proper remedy.

For some reasons men are more liable to this disease than women. Children are seldom attacked with it. It is rarely observed before the twentieth year, but is developed from this time until old age. Debility and general weakness, from whatever cause, strongly predispose to sciatica. Most neuralgic patients are in poor health, below par, so to speak; lacking in quantity and quality of blood; wanting in appetite—the assimilative processes being imperfectly carried on, and the general functional processes being to a greater or less degree at fault. Because a patient looks ruddy, because he or she

\*American Clinical Lectures, Ed. by E. C. Seguin, M. D., pp. 114, 115.

has the appearance of being healthy it does not follow that such is the case; such appearances are very deceptive. A patient of mine suffering from anæmia of the posterior columns of the spinal cord is a very stout looking person, yet there are few people more weak than this lady. An anæmic or chlorotic patient is especially liable to neuralgia of some kind. There are few exceptions to this rule, apart from mechanical irritations. Sedentary habits, impure air, poor food and want of sunlight are predisposing causes. Sexual excesses, or its opposite, entire abstinence from sexual intercourse, with frequent excitement, these are instrumental in producing this disease. \*"Certainly I have observed it with special frequency in women who have remained single long after the marriageable age, and in several male patients there has been either the certainty or a strong suspicion of venereal excess." Another not uncommon cause of sciatic pain is the pinching or imbedding of the terminal fibers of the great sciatic or one or more of its branches in a cicatrix following an amputation, a burn, the seat of an ulcer, or an injury to the soft parts along the course of the nervous trunk or one of its branches. Some of the severest of the neuralgiæ are due to the imbedding of a small fiber of a nervous trunk in a cicatrix. †In a remarkable little book, the joint work of Drs. Mitchell, Morehouse and Keen, may be found a report of several cases in which sciatic pain was directly attributed to a formation of a cicatrix over the site of a gun shot wound. They were relieved, after various remedies had been tried, by exercise, passive motion and the douche. Whenever tingling or numbness (paræsthesia) is markedly felt after the reception of a punctured, incised or lacerated wound, especial care should be taken to cleanse the parts nicely, and to neatly approximate the edges of the wound, that healing may take place by first intention; if not, and foreign matter remain in the wound with the ulceration which naturally follows, this taking place over the partially or entirely divided nerve, a nerve fibril is extremely likely to become firmly imbedded in

\*Neuralgia, Anstie, p. 63.

†Gun shot Wounds and Other Injuries to Nerves, pp. 59, 60, 61.

the contraction which takes place at the site of the old wound. This pinching of a nerve fibril is almost certain to be followed by exquisite pain at the seat of the difficulty; and, not uncommonly, at various points along the course of the nerve proper, or some of its branches. By means of reflex action various painful and at times very serious difficulties may be produced from the simple irritation of a nerve such as above mentioned. \*Referring to difficulties due to reflex action in consequence of nerve injuries, and bearing on this subject, Dr. Brown-Sequard calls attention to the fact that many cases of epilepsy have no other exciting cause than a burn, wound, tumor, inflammation or neuralgia; that a ligature applied above the seat of injury will often prevent the attacks; that pressure over the seat of the "external irritation invariably brought on a fit;" that the amputation of a limb, section of a nerve above the seat of irritation, the extirpation of a tumor, of a cicatrix, of a decayed tooth, of a carious bone, etc., have cured these patients; and he finally says that irritation of the sciatic nerve in certain animals by a broken bone, (crushing, cutting or tying) invariably produces an epilepsy temporary or persistent in character; and that the difficulty is not cured until the irritation is removed from the sciatic nerve.

#### ENLARGED LYMPHATIC GLANDS.

Very acute sciatic pain is sometimes due to the enlargement of a lymphatic gland, one or more fibrils of the nerve being put on the stretch by passing over the gland, very much as a violin string is drawn across the bridge of the instrument.

#### SUBCUTANEOUS TUBERCLE.

These little bodies, varying in size from a millet seed to that of a pea, are frequently the cause of excruciating pains along the course of a nerve. They are firm, compact bodies of a fibrous or fibro-cartilaginous structure. They are to be found in the subcutaneous areolar tissues and frequently imbedded between the fibers of the nerve. These bodies appear to be influenced by changes of the weather, mental

\*Holmes' Surgery, Vol. IV, pp. 186, 187.

emotions, etc., and, enlarging, put the nerve fibrils on the stretch, thereby producing intense neuralgic pain.

During the enlargement of one of these tubercles, the fibers of the nerve are not only stretched but separated from one another; and the amount of pain experienced is in direct relation to the size attained by the tubercle, and the consequent fibril separation and stretching of the nerve.

\*The following is quoted from papers by Mr. William Wood, entitled, "Observations on Painful Subcutaneous Tubercle:" "Immediately under the skin, upon the shin bone, I have twice seen little tumors, less than a pea, round and exceedingly hard, and so painful that both cases were judged to be cancerous. They were cured by extirpating the tumors. But what was more extraordinary was a tumor of this kind under the skin of the buttock, small as a pin's head, yet so painful that the least touch was insupportable, and the skin for one-half an inch around was emaciated; this, too, I extirpated with so much of the skin as was emaciated, and some fat. The patient, who before the operation could not endure to set his leg on the ground, nor turn in his bed without exquisite pain, grew immediately easy, walked to his bed without any complaint and was soon cured. An eminent author says:† "Although pathologists have failed to discover anything like nervous structure in these tumors, I still incline to the opinion that they are connected with the minute filaments and ultimate ramifications of the nerves. Upon any other supposition it is, I conceive, impossible to offer a rational explanation to account for the dreadful severity of the sufferings which they induce." It should be remarked that where a number of tubercles are scattered along the course of a nerve, they cause little or no inconvenience, whereas a single one may cause the most frightful agony.

#### NEUROMATA.

These bodies are of variable size, some as small as a grain of wheat and others as large as an orange, and even larger. "In shape they are round, oval or fusiform; they are dense

\*J. Warburton Begbie, M. D., F. R. C. P. E., Reynold's System of Medicine, p. 728.

†Dr. Robert Smith, Reynold's System of Medicine, p. 727.

and more or less hard in character, and of a fibro-cartilaginous structure. They are generally found either between the neurilemma and the nerve, or in the connective tissue between the bundles of nerves." These bodies, like the tubercles just mentioned, are often the direct cause of most acute pains along the course of the sciatic nerve, by the stretching or general nerve irritation which they produce.

#### LIGATURE OF A NERVE.

The accidental ligation of a nerve after amputation, or some operation in the soft parts, has not seldom caused neuralgia of a severe form. I call particular attention to this subject, because, although at times of little consequence, at others it may prove a matter of grave importance. The operation of neurotomy (dividing a nerve), and of neurectomy (double division of a nerve and removal of the central piece), and even amputation of the affected member, has been, in some cases found necessary to secure relief. \*A case is related where, after amputation of the forearm, the most intense neuralgia set in, which obstinately resisted all the known remedies tried for its relief. Mr. Langstaff removed the arm above the elbow joint, and, after securing the arteries, drew out each nerve about one-half an inch from the stump and divided them; the patient was at once relieved of her troubles. †Sir B. Brodie relates a case where the subject suffered acute pain inside the knee joint. Examination revealed an aneurism of the femoral artery above this point; the vessel was ligated, followed by entire cessation of pain. It may be well to remark just here, that aneurism is not an uncommon cause of neuralgia where the nerve and artery follow the same course for any distance.

#### HERNIA.

"Romberg calls particular attention to neuralgia of the obturator nerve caused by crural hernia." A patient under my charge suffered extreme neuralgic pain along the anterior aspect of the thigh while walking or standing, but was at once relieved by assuming the recumbent posture, and by the reduction of an inguinal hernia.

\*Lectures by Terrell, Holmes' Surgery, Vol. IV, pp. 163, 164.

†Dr. J. Lockhart Clark, Holmes' Surgery, Vol. IV, pp. 160.

## HYSTERIA.

Extremely severe pain located about the hip and posterior portion of the thigh is frequently due in great measure to hysteria, or to that hyper-sensitive condition which seems to be the ordinary state of some people, especially women. There is a tendency to shortening of the painful limb, and a general irritable condition of the patient extremely difficult to overcome. A slight injury once received at the point of irritation is greatly magnified—the patient being firmly convinced that the difficulty is one of very serious import. To remove this impression will often tax both the ingenuity and patience of the physician. †Sir B. Brodie relates the case of a young lady, who having suffered long with hysterical neuralgia of the hip joint, was at once relieved of all her symptoms by being thrown from a donkey. \*J. Lockhart Clark mentions the case of a girl who was completely cured of hysterical paraplegia by receiving a fright at seeing a mouse run across the room. Such cases are due to no organic change in the nervous trunk, nor is there any mechanical irritation to account for the difficulty. On investigation, however, we find that a highly sensitive and impressible organism—an hysterical disposition, or a tendency in that direction, is at the bottom of the trouble, and that treatment calculated to remove the hyper-sensitive condition cures the patient. Chronic endo-metritis in delicate subjects, with the consequent profuse and long continued discharge characterising this disease, is likely, sooner or later, to be followed by neuralgia in some form. Long continued and frequent nursing frequently provokes an outbreak of neuralgia. The habit of nursing a child the entire night, as is commonly done, is exceedingly pernicious, and will lower the tone of any woman, however strong she may be prior to indulging in such practice. The loss of animal fluids continued for a length of time, from whatever cause, interferes very sensibly with the nutrition of the general nervous system, impoverishing it to such a degree that an outbreak in the form of some nervous complaint is almost certain to take place, if the drain on the nervous

\*Holmes' Surgery, Vol. IV, p. 166.

system continues long enough to provoke a reaction. Sitting constantly on a hard chair has induced it in a few instances. An enlarged prostate gland, intra-pelvic tumors, pregnancy, constipation, hæmorrhoids, neuromata, deposits about foramina with consequent narrowing of the canal, syphilis and rheumatism, these may prove a cause of the disease. A patient of mine suffered intolerably during pregnancy in consequence of pressure on the hyper-sensitive nerves. With respect to syphilis causing or influencing this disease, an eminent author says: \*"One of the most violent attacks of sciatic pain which ever came under my notice, was in a syphilized subject, a discharged soldier, who had been the victim of severe tertiary affections, and had been mercilessly salivated into the bargain. This unfortunate man suffered dreadful agony, which was aggravated every night, but was never totally absent. The pain started from a point not far behind the great trochanter; pressure here caused intolerable darts of pain, which ramified into every off-shoot of the sciatic nerve, as it seemed, and made the man quite faint and sick. Large doses of *Iodide of potassium*, together with the prolonged use of *Cod liver oil*, completely removed the pain and tenderness." A case under my care a few years since, resisted all ordinary medical treatment, but was immediately and permanently relieved by the replacement of a partially prolapsed and lateroflexed uterus, and its retention in position by means of an ordinary rubber inflating pessary. The careless use of the forceps has more than once produced sciatica. Sleeping on the damp ground, falling on the buttocks and gunshot wounds of this region have excited this complaint.

#### DIAGNOSIS.

†"This affection is most likely to be mistaken for muscular rheumatism of the thigh or leg, and although the characteristic diagnostic sign given by Valleix, that in rheumatism the patient indicates the seat of the pain with his whole hand, while in neuralgia he points to it with his finger, does not hold good in all cases, yet a correct diagnosis may in general

\*Anstie on Neuralgia, p. 68.

†Prof. Erb, Ziemsson's Cyclopædia, Vol. XI, pp. 176, 177.

easily be deduced to the already enumerated signs of rheumatism, etc. It is especially in the insidious and slowly developing forms of coxitis and coxarthrocacia, which run on for a time without fever, without perceptible deformity of the pelvis, and without any marked local sensibility, that errors are likely to be made. Positive conclusion can only be arrived at by the exercise of the greatest care in the examination of the patient. The position and mode of carrying the leg; the situation of the points that are painful on pressure; the absence or presence of pain when the head of the femur is pressed against the acetabulum; the elongation or shortening of the leg; the configuration of the lower part of the back; the paroxysmal character of the pain, its distribution and the condition of the general health, are all circumstances that must be carefully considered in forming the diagnosis which becomes still more difficult in those cases of nervous coxalgia (hysterical articular neurosis) that have been described by Brodie, Esmarch, Wernher, Stromeyer and others. The precise localization of the pain in the hip joint, and the absence of inflammatory symptoms must constitute the principal data on which the diagnosis must rest."

#### PROGNOSIS.

In recent cases and in those in which the cause can be removed, the prognosis is favorable. Of old chronic cases so much can not be said, although many of these can be cured with time and patience, and, with our present knowledge of the disease, and the various palliative measures and appliances, all may be relieved.

Apart from what has already been said with regard to diagnosis, I may be permitted to observe that too great care can not be exercised in the questioning and examining of these cases, that the direct or indirect cause of the disease be learned. It is plain that a mechanical cause of irritation is not likely to be removed by medicines; and yet I have known more than one case to which medicines had been given without effect, when there was an easily removable mechanical cause at the bottom of the difficulty. The situation of the sciatic nerve renders it more liable to suffer from mechanical

irritation than any of the other nervous trunks. For this reason inquiry should be made with respect to the condition of the lower bowel; whether constipation or hæmorrhoids exist; also, with regard to the condition of the intra-pelvic cavity, whether there be displacement of the uterus, congestion, hypertrophy, or other altered condition of this organ; or whether there be an ovarian or other tumor within the pelvic cavity. Hernia, neuromata, subcutaneous tubercles, a cicatrix or other cause of irritation should also be looked for. Finally, a careful inquiry should be made as to the existence of syphilis, as this disease has more than once been at the bottom of frightful attacks of sciatica and other neuralgia. A mechanical difficulty, if such exists, must be removed; a hernia reduced, a displaced uterus restored to position, a neuroma or tubercle removed, etc.

#### TREATMENT.

Sciatica should be treated by removing the mechanical cause, if such an one exists; by administering good food, the properly indicated remedy, and, as a rule, by the application of electricity. The food should be good and plenty of it; milk, eggs, beef, etc. Most of these patients need stimulants, they are below par, and must be brought up the health line to be permanently relieved. *Whisky, Wine and Beer* help these patients.

#### FOODS.

Apart from those already mentioned, there are certain agents commonly used as medicines, that to my mind, should better be used as foods. At any rate such is my practice. I refer especially to *Cod liver oil, Iron, Strychnia* and *Phosphorus*. Permit me to quote from Dr. Hughes: \**“For my own part I have long been in the habit of giving Iron as food in all cases of anæmia. I believe natural Chalybeat waters the best mode of its administration. But when these are not to be had, I am well satisfied with giving two or three grains of Ferrum redactum of the British Pharmacopœia, once daily, at meal time.”*

\*Manual of Pharmacodynamics, p. 282.

"You will see from this that I regard *Iron* as a food rather than as a medicine, and administer it accordingly."

This is my way of using *Iron* (the acetate) except that I think it just as well to use the first trituration. It is given as a food, an appetizer, a blood maker, and it does build up the patient, gives him an appetite and increases the number of red globules of the blood. *Strychnia* and *Phosphorus* may also be used in this manner. I have frequently administered *China* in this way, and with excellent results. The 2x trituration of *Cod liver oil* has done me good service in some cases, patients taking it without hesitation who were quite unable to bear the pure oil. It is not a difficult matter to relieve a patient of a paroxysm of sciatica, but it is quite another thing to prevent his having a return of one. The homœopathic remedy should be selected for the attacks and administered, but apart from this treatment the patient should be built up by means of good food, light, air, exercise and sunshine.

#### ADMINISTRATION OF MEDICINES—DOSE.

As external applications the tinctures of medicines are used. Few dissent from this practice. With reference to the administration of medicines internally, my experience has taught me to rely to a very great extent on the higher potencies in the treatment of the neuralgiæ. The proper remedy may be given, but of a low potency, and fail to act altogether, or if it does, it is in a very slow and unsatisfactory manner. I have prescribed a remedy of low potency in numerous instances without effect, and then relieved the patient almost instantaneously by the exhibition of the same remedy highly potentized. There is nothing theoretical about this, for I have repeatedly tested various preparations of remedies on particular individuals to my entire satisfaction, and in favor of potentized drugs. It is not a question with me how they are made, how, or why, they act, but enough to know that they do act. This is my experience in the treatment of functional nervous affections. I refer especially, however, to *Sulphur*, *Colocynth*, the so-called constitutional remedies; *Aconite*, *Bryonia*, *Belladonna* and *Rhus* appear to act very

much better when of low potency. The three grand remedies in the treatment of acute sciatica are *Aconite*, *Bryonia* and *Rhus*, to be used low, from the tincture to the 3d dilution.

#### MEDICINES.

*Aconite*.—In acute cases, the result of exposure to wet, a draught of air and the consequent suppression of perspiration, with hot, dry skin; full, bounding pulse; great thirst, restlessness, with sharp, acute darting pains in the affected limb, together with an extreme hyper-sensitive condition of the mental and physical, *Aconite* is the remedy. Should be used externally also, a few drops of the tincture in hot water to be applied directly to the limb, or by means of hot cloths.

*Bryonia*.—In recent cases complicated with, or dependent on rheumatism. The right limb is the one generally affected, and the pains sharp, stitching, aggravated by motion, and relieved by quiet and by lying on the affected side. Should be given internally and applied externally.

*Chamomilla*.—I can give but one or two definite indications for the use of this remedy, and they apply to neuralgia generally. A patient suffering excruciating pains of a sharp, shooting, lancinating character—purely neuralgic—one who tears frantically about, or races frantically up and down the room, unable to rest a moment on account of the extreme pain, such a patient wants *Chamomilla*. The above symptoms would ordinarily be sufficient for me, but if a violent emotional disturbance preceded the paroxysm, such as anger or vexation, there would be little doubt about it. I have seen cases presenting the above symptoms relieved almost instantaneously, many of them within ten minutes, by means of this remedy in a high attenuation. With respect to the attenuation, I may say that *Chamomilla* has done me little service below the two hundredth potency, while the results have been all that could be desired when employed above that potency.

*Arsenicum*.—Sciatic pain of a burning character, lancinating at times; very restless; little thirst; worse about midnight and relieved by heat. The complaint is frequently due to an anæmic condition of the patient. Malaria is not unfrequently at the bottom of the difficulty.

*Cimicifuga*.—A remedy to be thought of when the difficulty appears to be connected with ovarian or uterine disease. There is likely to be some muscular rheumatism too. The left side is commonly affected. An hysterical tendency is likely to be discovered in a patient calling for this remedy, with a strong leaning toward profound melancholia.

*Ledum*.—Several patients whom I have had under observation, with pain in the limbs, sciatic and otherwise, have been relieved by the use of *Ledum* applied externally. One patient was decidedly improved, her symptoms closely resembling those of locomotor ataxia. The feet were clammy and heavy, yet excessively tender. She was unable to stand with her eyes shut, and her walk was staggering. She simply bathed her feet and limbs in water in which was mixed twelve or fifteen drops of the tincture of this remedy. This was done twice a day. I know of no remedy to compare with *Ledum* for extreme tenderness of the soles of the feet. This tenderness seems to depend on an hyperæsthetic condition of the terminal fibers of the nerves of the lower extremities, apart from any inflammatory or other altered condition of the feet. The pain commences below and passes upwards.

*Rhus tox.*—An excellent remedy. Left limb generally affected, attended with formication, soreness and aching; with frequent sharp, excruciating pains along the nerve trunk, greatly aggravated by rest, and relieved by slow motion and external heat. The pains are generally worse about midnight or a little later, and during a heavy condition of the atmosphere, especially just before a storm. Rheumatism is generally present, and the effects of wet and dampness the cause.

*Colocynth*.—\*Dr. Hughes says: "But the nerves about the hip joint suffer most severely, the pain darting sometimes down the anterior crural, and sometimes down the sciatic trunks, even to the foot." Again: "The grand sphere of *Colocynth* lies among the neuroses, especially where pain is the most prominent feature." There is much of truth in the above, as many who have used this remedy carefully can testify. The left limb is the one most likely to be affected.

\*Manual of Pharmacodynamics, pp. 242, 243.

There is a rheumatic taint in many cases calling for this remedy. Ovarian or intra-pelvic tumors should be looked for. Emotional excitement, especially anger (suppressed) and vexation influence cases calling for *Colocynth*. The pains are sharp, darting, lancinating, the least motion causing intolerable pain. There is a tendency to shortening of the tendons.

*Phytolacca dec.*—\*Dr. A. R. Smart says: "In the rheumatic irritation of the sheaths of the nerves, as in sciatic rheumatism, it is specially useful; also in periosteal rheumatism and in periostitis. A leading indication for its use in periosteal rheumatism, is the presence of a syphilitic taint." My limited experience with *Phytolacca* in the treatment of sciatica leads me to believe the above quite correct. It should be used externally as well as internally.

*Valerianate of zinc.*—Dr. Hale recommends this remedy in the treatment of sciatica, and of the neuralgiæ generally. I deem it extremely useful, especially in those cases where the suffering is in most part due to an extreme hypersensitive condition of the general nervous system, bordering on the hysterical.

Other remedies might be mentioned, but the above are the most frequently indicated. If syphilis be present, the preparations of *Mercury*, *Nitric acid*, *Iodide of potash*, etc., should be thought of. Uterine engorgements or displacements: *Cimicifuga*, *Sepia*, *Belladonna*, *Calcarea c.*, *Pulsatilla*, *Nux vom.*, *Natrum mur.*, *Sulph.*, *Caul.*, *Aletris*, *Helonias* and *Lil. tig.* Constipation: *Sulph.*, *Nux vom.*, *Sepia*, *Natrum mur.*, *Lyc.*, *Opium*, etc. Hæmorrhoids: *Sulph.*, *Nux vom.*, *Aloes*, *Æscul. hip.*, *Collin.*, *Hamamelis*.

#### ELECTRICITY.

†"In painful affections, such as the neuralgiæ, migraine, sciatica, tic douloureux and the like \* \* \* electricity is often of considerable service. It is the continuous galvanic current which you should use, and it should be only of such strength as to be just perceptible by the patient. It

\*Hale's New Remedies, Therapeutics, p. 501.

†Clinical Uses of Electricity, J. Russell Reynolds, M. D., p. 103.

should be applied to the part with well wetted sponges, and it should be applied for a short time only, but with frequent repetitions. I know of nothing more distinct or more satisfactory in therapeutics than the relief which may often thus be given to suffering of the most intense character, the relief being very rapidly induced, and in many cases permanent."

\*An eminent author says: "But above all local means, not only for relieving the pain of any paroxysm, but also for effecting a permanent cure, electricity stands first." It is indeed a useful and remarkable agent, but to do good must be used intelligently. I have a patient under treatment, who has been absolutely tortured by her physicians, they using the interrupted current when she was already suffering extreme pain. It is my custom to use in this disease the constant current, placing the anode over one of the painful spots, behind the great trochanter at the sacro-iliac articulation, or above the sacral plexus, and the cathode in the popliteal space, or over a painful spot in the course of the nerve on the posterior part of the thigh. The current is to be increased very gradually, a few cells to be used only, and then as gradually decreased. No pain should be produced; this but aggravates and prolongs the disease. The applications should not be longer than ten minutes at a time, but should be repeated frequently, several times a day in severe cases, and once every other day for some time. Used in this way electricity will prove of great service, and there are few of the neuralgiæ that will withstand its action. †Dr. Hammond speaks highly of electro-puncture as a means of curing this disease. He says: "I prefer, however, to pass the current directly through the nerves by means of needles introduced down to its sheath. These needles should be insulated except at their points, and then, being attached to handles which can be brought into communication with the battery, are rapidly passed with a rotary motion down to the nerve. I generally select a point at the upper part of the posterior aspect of the thigh for one, and a point two or three inches below for the other. \*

\*Diseases of the Nervous System, Hammond.

†Clinical Lectures on Diseases of the Nervous System, p. 272.

\* I have several times succeeded in breaking up a paroxysm of intense sciatica, and effectually curing the patient by a single application, but usually several are required. I have never witnessed the least untoward result from the use of galvanism in this way."

#### PALLIATIVES.

As a palliative measure the Turkish bath has proven in some cases extremely useful. It will seldom fail to relieve the most urgent symptoms of sciatica, and will indeed sometimes effect a cure. I call to mind a severe case which was permanently relieved of all difficulty by means of this procedure. Where the Turkish bath is not available, the hot sand bath may be employed, the affected limb being entirely imbedded in heated sand. The wrapping of the affected limb in warm cotton batting is frequently useful. Moist heat is sometimes preferable to dry; in such cases, flannels wrung out in hot water and applied is frequently serviceable. Another excellent plan by which moist heat may be applied directly to the diseased limb is to envelope this member loosely in a heavy blanket, and then to the nozzle of a tea kettle of boiling water attach a piece of rubber hose, the other unattached end to be passed under or between the folds of the blanket, care being taken to prevent injury to the patient by the direct contact of the steam.

Among the palliative and sometimes curative agents must be ranked *Warm water*. Many times have I known a most violent neuralgia relieved in a few moments by means of warm, or even extremely hot water. Severe cases of facial neuralgia, due to an exposed nerve in a decayed tooth, may frequently be cut short by filling the mouth with warm or quite hot water, and holding it there for some little time, until the sedative effect of the applied heat is produced. Dr. Thomson says of this agent: "Much more effective, however, than any medicinal agent for paralyzing irritant, affected or sensory impressions, is a remedy which can be obtained anywhere and to any desired extent, and that is simple warm water. The contact of water near the temperature of the blood which

\*American Clinical Lectures, E. C. Seguin, M. D., Ed., pp. 116, 117.

circulates about the cutaneous nerves, produces on those nerves a sedation, almost, if not quite, equal to the effects of a general bleeding. \* \* In distinction from cold, which is a nerve irritant, moist heat is a pure sedative. By a nervous irritant we mean an agent which produces a lowering devitalizing impression, but which impression the nerves react against as soon as they can. By a pure nervous sedative, we mean an agent which produces a lowering impression from which the nerves may recover, but never react against; and precisely such an effect is caused by the contact of water at eighty-five to ninety-five degrees to the surface nerves. \* \* Now my own experience leads me to rate this property of warm water as more certain and powerful than any agent with which I am acquainted, for relaxing tonic contraction of either voluntary or involuntary muscular fiber whenever such contraction is induced in response to sensory irritation. \* \* Even in those sad cases of tonic muscular contraction of the lower limbs, caused by pressure on the cord from vertebral disease or injury, the relief from this simple measure is often very great."



