

on the sensory and motor apparatus of our bodies, may it not be possible to use such currents strong enough to attenuate the toxine in the living body?

ANALYSIS OF TWO HUNDRED CASES OF SCIATICA.

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A LARGE proportion of the cases that present themselves for treatment at thermal stations consists of painful nerve affections, and a great many of these are made up of lesions of the sciatic nerves and their branches. In consulting the literature of sciatica I have been forcibly struck with the paucity of clinical information which has been recorded upon the subject. It was this consideration which led me a short time ago to tabulate a number of cases of sciatica which have come under my personal observation at Buxton and for this purpose I selected 200 cases occurring in recent years. My analysis revealed to me some striking facts, which were not only at variance with my own preconceived notions, but with those of many other observers. A brief record of my investigation may be of interest to some of my professional brethren, and I therefore submit the following figures and remarks.

The 200 cases consisted of: Males, 112, or 56 per cent.; females, 88, or 44 per cent.; right side affected, 72, or 36 per cent.; left side affected, 62, or 31 per cent.; both sides affected, 66, or 33 per cent.; inflammatory, 109, or 54·5 per cent.; and non-inflammatory, 91, or 45·5 per cent. In 157 cases the patients were suffering from a first attack, in 22 from a second, in 13 from a third, in 1 from a fourth, in 3 from a sixth, in 1 from an eleventh, in 2 from a twelfth, and in 1 from a fourteenth. The attack had lasted under one month in 45 cases, from one to three months in 70, from three to six months in 29, from six to twelve months in 29, from one to two years in 15, three years in 6, four years in 1, five years in 2, and six, seven, and ten years respectively in each of 3 other cases. The ages were: Under fourteen years, 0; between fourteen and twenty, 1; between twenty-one and thirty, 26; between thirty-one and forty, 36; between forty-one and fifty, 47; between fifty-one and sixty, 53; between sixty and seventy, 34; and between seventy and eighty years of age, 3 cases. As exciting or predisposing causes the following were ascertained as probable: Gout, 48, or 24 per cent.; debility, 43, or 21·5 per cent.; rheumatism, 35, or 17·5 per cent.; chill or exposure, 26, or 13 per cent.; influenza, 12, or 6 per cent.; alcohol, 9, or 4·5 per cent.; constipation, 8, or 4 per cent.; anaemia, 7, or 3·5 per cent.; malarial, 7, or 3·5 per cent.; and injury, 5, or 2·5 per cent. The duration of the treatment at Buxton lasted from three days to twelve weeks, or an average of two and a half weeks. The results of treatment were as follows: Cured, 90 cases, or 45 per cent.; improved, 101 cases, or 50·5 per cent.; and no better, 9 cases, or 4·5 per cent.

Remarks.—In his excellent little treatise on Sciatica Dr. Symons Eccles states that of the sixty-five cases observed by him forty-one occurred in females. I confess to some surprise when I read this statement, which is opposed to such authorities as Dr. Gowers, the late Professor James Ross, and others, who hold that the disease is more frequent in males than females. An examination of these 200 cases confirms the opinion of these authorities, 56 per cent. consisting of males, as compared with 44 per cent. of females. An interesting point revealed, perhaps for the first time, by the above figures is that unilateral attacks, bilateral attacks, and double attacks occur in almost equal proportions. This is the more interesting, I think, when considered in its relation to the more common causes of the affection, as I shall note later. Furthermore, of these 200 cases those showing inflammatory signs were 9 per cent. in excess of those which appeared to be of a purely neuralgic form. It would seem that the liability to recurrent attacks is not great. Only 22 of the cases were suffering from a second attack, 13 from a third, 3 from a sixth, 2 from a twelfth, and 1 from a fourteenth. As to the duration of the attacks, the largest number, 70, had lasted from one to three months, but 27 had been suffering over a year and 1 as long as ten years. None of these cases were under

fourteen years of age and only one between the ages of fourteen and twenty. The majority, 137, occurred after forty years of age and most of these—viz., 26 per cent.—were between the ages of fifty and sixty. My experience thus differs from the late Professor James Ross, who found the largest number between forty and fifty years of age.

The most common cause of sciatica has been hitherto generally ascribed to exposure to cold, but it is remarkable that in only a small proportion—13 per cent.—of these cases could I obtain any distinct trace of such an exciting cause. In the majority—comprising 87 per cent.—there was no such history, and the large proportion of 63 per cent. were traceable to some constitutional condition, such as gout, rheumatism, and general debility. Nor does my experience support the theory that constipation is a very fruitful cause of sciatica, only 4 per cent. of these cases being fairly attributable to that as an exciting cause. I am, of course, quite prepared to admit that these figures would be subject to considerable modification in some respects were a like number of cases selected from hospital practice, but I think they may be taken to represent fairly the cases met with in ordinary private practice. I also think that the foregoing facts afford sufficient ground for questioning the assumption, which has until now been accepted by most of those who have written upon the subject, that sciatica is in the majority of instances due to some local cause, such as exposure to cold or to pressure from constipation. Apart from the fact that of my 200 cases in no less than 63 per cent. there was no history of chill or constipation, but distinct signs of gout, rheumatism, or debility, I think the fact that the right, left, and both sides were pretty equally affected is additional evidence in favour of some general, rather than local, condition operating as the most common cause of sciatica. For example, if constipation were such a common cause as hitherto believed, then one would expect to find left sciatica much more frequent than right, on account of the position of the rectum, but this is not the case. Likewise, if exposure to chill were the frequent cause that it has been held to be, then one would expect to see more cases in which the pain or numbness would be confined to the limited area of exposure and not so many cases as one actually does see of diffused and distant symptoms. I have not space in this article to dwell upon the details of the treatment which I used in these 200 cases. Suffice it to say that the main factors in the treatment were change of air, the Buxton thermal waters, internally and externally, including warm douches, dry and wet massage, generous diet, gentle open-air exercise, and drug-tonics. The results of this treatment of sciatica have in my experience been amongst the most gratifying in this particular branch of practice. As already stated, out of the 200 cases selected indiscriminately, 90, or 45 per cent., were cured before they left Buxton; 101, or 50·5 per cent., were improved; and only 9, or 4·5 per cent., left the Spa no better. A large proportion of those who were only improved when they left were reported afterwards to have gradually but completely recovered. The duration of the treatment varied from three days to twelve weeks. These are results which it will, I think, be admitted are very remarkable, and should encourage physicians to make use of the remedial influences presented by the dry, bracing mountain climate and the baths and waters of Buxton and similar spas when other remedies fail to give relief in this painful disease.

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DISPLACEMENT OF THE LIVER.

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OF late increasing attention has been drawn to the various pathological features which collectively constitute the condition now generally recognised as enteroptosis. Till quite recently the only organ known to exhibit this phenomenon was the kidney, the floating or movable kidney having for some time acquired a permanent position in surgical nosology. It has now been ascertained that the conditions which produce this unstable state of the kidney are not confined to that organ, but that they act with similar effects on the liver; indeed, it appears from a recent article by Mr. Treves¹

¹ Brit. Med. Jour., Jan. 4th, 1896.

that the stomach, spleen, and transverse colon may be displaced in a similar manner. His paper on the subject contains the first clear account of movable liver published in the United Kingdom. A reference to the condition occurs in the new edition of "Quain's Dictionary of Medicine," where it is stated that "notwithstanding the absence of any post-mortem examination a liver, normal in form and volume, may under certain conditions of very rare occurrence be capable of considerable displacement within the abdominal cavity" (W. Johnson Smith). The condition is probably not so rare as this remark suggests. In the June number of the *Canadian Practitioner* for 1895 there is given a list of eighty cases collected from various sources. In 1878 twenty cases were collected by Wickham Legg, who threw doubt on the accuracy of the diagnosis. In 1885 a monograph appeared by Landau of Berlin on Movable Liver and Pendulous Abdomen in Women. In the recently published work by Osler on Abdominal Tumours a very succinct account of a case is given. The latest investigations on the subject have been made by Faure, who has supplemented his researches by experiments on the cadaver. No doubt when the fact of the existence of this condition becomes more widely known and the proper method of examination is adopted numerous examples will be forthcoming.

A very typical case has come under my notice in the person of a married woman aged sixty-four years whom I first saw on Dec. 16th, 1894. She had been ill for a week with loss of appetite when jaundice set in, with constipation, clayey stools, and bilious urine. The prominent feature on examination was that hepatic dulness extended to just below the level of the umbilicus; the organ easily admitted of palpation through the thin abdominal walls, and its lower edge was extremely well defined. The heart and lungs were normal. This great hepatic enlargement seemed to negative the diagnosis of catarrhal jaundice, and it apparently belonged to that group of cases described by Bristowe as "hypertrophic cirrhosis of the liver." Other causes of hepatic enlargement, as cancer, syphilis, abscess, &c., were easily excluded. Against the diagnosis of hypertrophic cirrhosis were the facts of the somewhat sudden onset and the absence of an alcoholic history. The progress of the case proved that it was ordinary catarrh of the bile-ducts, and though at first refractory to treatment by the middle of January, 1895, the patient was in perfect health. More detailed examination of the liver during the illness revealed the following facts. The liver dulness did not begin till the costal margin (this was originally thought to be due to pulmonary emphysema). The whole mass of the liver could be easily moved through the lax abdominal walls, and when the patient arose to the erect posture the whole organ actually dropped two or three inches and could be felt in the inguinal region. The upper edge could not, however, be felt beneath the ribs. This condition of the liver remained *in statu quo* after the patient's recovery, showing that she had suffered from an attack of catarrhal jaundice in a movable liver. The patient had evidently long been the subject of this condition without it affecting her general health in any particular, and it undoubtedly would never have been detected had not the jaundice directed special attention to her liver. Repeated examination failed to reveal any ptosis in the spleen or kidneys, and the patient being a thin, spare woman with lax abdominal walls examination presented no difficulty.

The comparatively few cases on record render it difficult to generalise on the subject. Many of the cases have been associated with obvious disease sufficient to account for the displacement of the liver, such as spinal curvature, tumours within the thorax, and adhesions contracted as a result of inflammatory disease within the abdomen. These cases should be excluded from the category of movable livers, which depend for their production mainly on a relaxation of the suspensory ligament. Anatomically the liver should be more easily susceptible of displacement than the kidney; the latter is fixed in position by a mass of fatty tissue, while the former is merely slung up against the roof of the abdominal cavity. A displacement of the kidney almost necessarily involves tension on vessels and nerves which may be absent in a similar condition of the liver, and this would account for the existence of symptoms in the case of movable kidney and their comparative absence in that of movable liver. We are, however, confronted occasionally with symptoms of vomiting and epigastric pain in cases of movable liver. These symptoms may be of sudden onset, while a sensation of weight and

dragging often forms a constant complaint. The relaxation of the suspensory ligaments of the liver must be referred to that undefined idiosyncrasy of tissue recognised in fibrous structures which consists of a loss of tone, stretching, and elongation. We know nothing scientifically about this peculiar "habit" of tissue, except that it generally exists in thin, spare subjects, mostly women who have borne numerous children. The custom of tight-lacing, as it displaces the liver, may be a factor in rendering it movable. Prolapsus uteri has frequently been noted in association with movable liver. It only remains to add that where this condition gives rise to no symptoms no interference is called for. When it has caused discomfort in the abdomen complete rest in bed has been followed by satisfactory results. Abdominal supports have been invented for some cases where this condition has produced great distress, and in a few severe cases associated with intense neurasthenic symptoms the liver has been stitched to the abdominal parietes.

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Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

SWELLING OF THE PAROTID GLAND.

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THE following brief notes may be of interest in connexion with Mr. Raymond Johnson's very instructive paper on Some Unusual Cases of Swelling of the Parotid Gland.¹

In 1894 a man aged forty years, who was under treatment for dyspepsia and constipation and certain functional nervous symptoms, complained that for the last two or three years he had been much troubled with a swelling in the region of the right parotid which came on suddenly whilst eating and lasted for an hour or two. The swelling was somewhat painful and interfered considerably with mastication. He had found that pressure with the hand caused a profuse discharge of fluid into the mouth, after which the swelling gradually lessened and disappeared. The fluid had occasionally a nauseous flavour. The left gland was also affected, but much less frequently than the right. On one occasion only was an opportunity afforded of a personal examination of the swelling, which, however, had then to a great extent subsided. At that time some fulness and slight redness of the skin were detected below the right ear, and on firm pressure a copious jet of clear watery fluid was observed to escape from Stensen's duct. Nothing abnormal was at any time discovered in the mouth. Change of air and improvement in the general health resulted in the complete disappearance of the affection for some months. At the present time the attacks are considerably less frequent and give rise to much less discomfort than formerly.

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ON THE INEFFICACY AGAINST EARLY SYPHILIS OF IODIDE OF POTASSIUM WHEN ADMINISTERED ALONE.

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SOON after the introduction of iodide of potassium and as a reaction from the excessive use of mercury it was frequently given alone, but it must be now very rare to find both medical man and patient trusting entirely to this drug. Lest anyone should be tempted to try the experiment I may record the following results, since the account given of himself by the man appears to me to be trustworthy.

The patient, a man aged thirty-one, acquired a hard sore some three years ago, which was followed by enlargement of the inguinal glands, slight pains in the limbs, and five months after the primary sore by an ulcer on the tongue. He

¹ THE LANCET, April 18th, 1896.