

of the cast, seem to be: (1) the increase of the intermalleolar measurement; (2) the prominence of the heel; (3) the approximation of the malleoli to the plane of the sole; (4) the absence of fracture; (5) that the injury was not compound; and (6) the extreme ease with which reduction was effected.

NOTE ON A CASE OF RENAL CALCULUS.

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THIS note upon a case of suppuration of the right kidney caused by a calculus which first gave rise to symptoms 12 years ago and which for the whole time was mistaken for sciatica may be interesting in the light of recent correspondence in THE LANCET upon sciatica.

The patient, a woman, aged 35 years, sent for me early in 1901. When asked what she complained of she seemed to make light of her trouble, replying, "Oh, it is only a touch of my old friend sciatica." As the patient was to my mind rather young to have old friends of such a nature my next query was, "When did you first have sciatica?" I was informed 12 years ago and that it was so bad that she was in bed for some weeks, her then medical attendant devoting much thought to the case and using every means in his power to cut short the attack. As the treatment had no effect on the disease she was sent to the German baths and spent the best part of three years seeking relief without much success. My next query was, "Please tell me about your present attack." The patient replied that she had lunched out and drove home in a dogcart; she felt rather out of sorts and during the night had a shivering fit which returned off and on for some hours. The pain was of a dull character in the right side, there was frequent micturition, and her temperature was 102° F. The right kidney seemed the most probable seat of trouble and it was felt to be enlarged and tender; there was no tenderness over the sciatic region. I now returned to the history of the sciatica of 12 years or so ago. The onset of this was sudden while out walking and, in the patient's words, she walked home doubled up with pain. This did not sound like sciatica. Everyone knows how a patient with this trouble walks—certainly not doubled up. The pain ran down the inside and outside of the thigh and at times was in the sole of the foot. It was not affected by the position of the leg—in fact, as she put it, the pain made her squirm. The first attack lasted, as I have said, off and on for three years and during this time she believed that the urine was examined; she had never noticed blood in it. For the last nine years she had always had an uncomfortable feeling in her right side and occasionally attacks of "sciatica" (?). During these attacks she had noticed the urine to be thick but took no particular notice beyond observing the fact.

The patient was married about four years ago and was pregnant for the first time 12 months later. When three months pregnant the pain in the right side became worse; she also had so much swelling of the hands that she could not wear her rings; she was given to understand that this was due to her pregnancy and her urine was not examined. The pain in the right loin during the later months of pregnancy was worse but was all put down to the uterus. Since the birth of her child she had had to give up many of her pursuits and from being active became the reverse. At times she was unable to bear anything tight around the waist. The lungs were quite healthy and there were no signs of wasting—in fact, considering the history the patient was very well nourished. There was no history of phthisis. I ordered the whole of the urine passed during the next 24 hours to be saved in one vessel, the clear portion to be poured off, and the sediment to be sent to me. This contained one-sixth albumin; a few pus cells were to be recognised under the microscope but no blood or crystals except urates. I came to the conclusion that the case was either calculous kidney or tuberculous disease of the kidney, that the attack 12 years ago had been renal colic, and that during pregnancy the change had become more rapid in the breaking down of renal tissue. I advised complete rest and also advised the husband to have a second opinion, pointing out that the urine ought to be examined by a bacteriologist to exclude as far as possible the tuberculous cause.

Dr. Archibald E. Garrod made an examination. In the urine of the second 24 hours there was more pus (about three drachms). He agreed with my view of the case and took a specimen of urine to town to have it examined for tubercle. It was found free from tubercle and though the negative result did not exclude the possibility of tuberculous disease it was an additional point as there was no evidence of trouble in the chest, and the history of what we were both agreed was an attack of renal colic 12 years previously made us hope the case would prove to be one of calculous kidney. The temperature varied between 102° F. at night and 100.4° in the morning. On Feb. 25th the patient's child being put on the bed pressed against the damaged kidney, the result being that the swelling was much greater. It could now be seen as an oblong tumour in the right side of the abdomen. On the morning of the 26th, as the pus was not coming away freely enough, hot fomentations were applied. On the 27th the pus was coming away more freely. Sir Frederick Treves came to see the patient to decide when he would advise operation. He confirmed by his examination of the case and history the view taken by Dr. Garrod and myself—i.e., that the trouble began with an attack of renal colic which was then taken for sciatica. He decided that it was a case for removing (when the active stage had passed and the temperature had become normal) what was a serious menace to life. Pus continued to come away and on May 6th the patient's temperature touched the normal line in the morning, rising to 99.4° at night. As it was necessary to have the patient in a surgical home in town for the operation I allowed her up for one hour on the 8th. The temperature went up to 99.6° in the evening. On the 9th the temperature was again normal. The patient was up for three hours. The temperature on going to bed was 101° but came down after she had been in bed about an hour. On the 11th I took the patient to town and she stood the journey well. On the 13th Sir Frederick Treves operated. The organ was removed from the front; an incision was made along the right semilunar line for a considerable extent. The other kidney was examined and found to be quite healthy; the ovaries were also felt and found to be healthy; the right kidney was adherent at the upper end so the lower was delivered first. It is not necessary to describe the various steps of the operation, so I will content myself with saying that the wound was closed without the insertion of a drainage-tube and the patient was taken back to bed. The kidney was a mere shell of pus; there was not a trace of renal tissue left. It contained at least 15 ounces of pus. The calculus which had evidently started the trouble had become quite disintegrated. The patient had a good night and the urine passed was quite healthy. The patient made a good recovery except for the delay caused by the formation of an abscess in connexion with the stump of the ureter. About ten months later the patient became pregnant and this pregnancy was free from the pains, &c., of the former one. The child was born at term. I think the case of interest as showing that in a young woman the symptoms caused by a renal calculus had given rise to the idea that she was suffering from sciatica. The patient is now in perfect health and certainly looks and feels years younger.

Windsor.

THE TREATMENT OF SCIATICA.

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My reason for writing this short paper is that I believe that the Weir-Mitchell method of treatment of sciatica by immobilisation of the affected limb by means of the long splint is not so generally employed as it deserves to be. It is true that there are references to the method in some of the text-books but they are brief, and although Dr. I. Burney Yeo gives a longer and more satisfactory description in the last edition of his "Manual of Medical Treatment," it does not seem to be generally known that obstinate and protracted cases of sciatica can be successfully dealt with in this way. It is not my intention to enter into the discussion of what is the exact nature of sciatica but to confine myself to a brief statement of my experience of this particular

mode of treatment in severe cases of this very troublesome complaint.

Although in its mild forms, and when of short standing, sciatica easily yields to constitutional and local treatment of various kinds, in its severer varieties it is one of the most intractable maladies with which we have to do, trying the patience alike of physician and patient. Every now and then a patient, most frequently a male, presents himself suffering from this most painful complaint which has incapacitated him from work for a longer or shorter period and for which he has generally tried many forms of treatment, both regular and irregular. If the patient has to earn his living he generally tries to go on as long as possible in spite of pain or with only partial relief from remedies. I believe it is this neglect in the early stages that makes the disease in certain cases so intractable and difficult of cure. So long as there is any pain the complaint is not cured and is liable to relapse from a mild into a severe form. It was whilst treating a severe and long-continued case in which many measures had been tried without benefit that I first employed Dr. Weir-Mitchell's plan of treatment and this was completely successful. Since then I have carried it out in all severe cases of sciatica that have come under my care. For mild cases and for those that come under treatment just after the onset it is hardly necessary, though in the latter if the pain is very acute it is effectual in relieving the symptoms and it does so quickly.

The details of the treatment will be found in a most instructive paper on sciatica in Dr. Weir-Mitchell's *Clinical Lessons on Nervous Disease*,¹ where he emphasises as the essential point that the splint must check motion at the hip and the knee. The leg is first carefully and evenly bandaged with a firm flannel bandage from the hip to the knee. A long splint is then applied, the knee being in slight flexion, and bandaged on with flannel bandages and secured round the trunk by two or three broad bands. The heel must, of course, be carefully supported. In my own practice the limb is left untouched for the first three days, or if it is uncomfortable the bandages are taken off and reapplied with as little disturbance as possible. In any case this is done once a day after five days, and after five or six days gentle passive movement of the joints is made at the same time. When the patient has been free from pain for some days, generally at the end of two or three weeks, or longer in a severe case of long standing, the splint is left off by day and reapplied at night. Then the splint is discontinued altogether, the leg being still kept bandaged, and after another week or less the patient is allowed to get up. I have followed Dr. Weir-Mitchell in the above stages of treatment and in taking the absence of pain as the indication to pass from one to the other, and also have followed his valuable caution that when a patient with sciatica first gets up he should stand or lie but not be allowed to sit. When the splint is first left off by day massage of the limb may generally be begun and as in these severe cases the muscles are flabby and wasted it is of great advantage in hastening the restoration of the use of the limb.

I may briefly mention, without going into details, the result of the last 12 consecutive cases of severe sciatica treated in hospital in this way. 11 of the patients were men, their average age being 49 years. The longest time the disease had lasted was 21 months and the shortest time was seven weeks. The average duration before coming into hospital was 23.6 weeks, the average duration of treatment in hospital was five and a half weeks, and the average time from admission until the splint was left off entirely (by night as well as by day) was 25 days. As showing that the cases were severe I may point to the duration, the facts that from the great pain caused by movement four of the patients were carried in unable to walk at all and a fifth could only hobble a few steps with help, that in ten the muscular wasting was marked, and in four there was defective sensation on the outer side of the leg.

Ten patients were cured. One had a severe relapse some weeks later but was cured by a second course of treatment. One was not relieved; he was a restless, impatient man and would not submit to keep the splint on. It will be noticed that the patients only stayed a short time in hospital after they were allowed to get up; a few of them attended for a short time afterwards as out-patients in order to go on with the massage. It seems to me that the result in these cases as to cure and as to the duration of stay in hospital—the latter

an important consideration both to the hospital and to working-men patients—is satisfactory.

In patients of the well-to-do classes I have had equally good results. A cure was effected in one man who had suffered from sciatica almost continuously for ten years and he has remained free from pain and able to walk about since the treatment four years ago. In his case the time under treatment was longer than in those given above.

The restraint of the splint is trying to nearly all the patients and extremely irksome to some and the pain may be considerable for the first 24 to 48 hours. With some patients considerable persuasion is required during the first two or three days to induce them to go on with the treatment. A hypodermic injection of morphia is often necessary on the first night and sometimes on the second, but not, in my experience, afterwards. By the third to the fifth day there is great relief and the patients begin to sleep well; indeed, in favourable cases the acute pain is not felt after the third day. If the pain persists it often does so behind the outer malleolus of the ankle or in the foot. This sometimes means that a readjustment of the support is required.

In the more neurotic patients who come into the hospital and in private patients one of the chief difficulties is at first flatulent dyspepsia. Many sufferers from sciatica have already been troubled with this before they come under treatment and it is then aggravated by the enforced rest. Very careful feeding and a light diet are therefore better in all cases at first and afterwards the latter can be gradually improved, for as liberal a diet as the patient can digest is generally advantageous. Lastly, care must be taken that the bed is flat and even and that there is a firm basis of support under a flat mattress. The limb must be absolutely at rest in its whole length and failure to secure this will prevent a successful result. A short course of massage, tonics, and cod-liver oil are advantageous to complete the cure.

I think I have given a fair account of my experience of this method of treatment, and if I have seemed unduly to emphasise small details it is because they are essential, as in many other matters, to success.

Clifton.

A CASE OF INFANTILE ACUTE ECZEMA; HÆMAT- EMESIS; DUODENAL ULCER; DEATH.

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I DESIRE to put this case on record on account of the unique character of the lesion and the fact that I have been unable to find in the literature of the subject a recorded case of duodenal ulcer following eczema, which I believe in the present case are related to each other and analogous to the cases of duodenal ulcer following severe burns.

The patient was a baby, aged eight months. At birth he was well nourished and fully developed. He was breast-fed till seven months old. When about two months old he began to suffer from eczema capitis which persisted more or less during the latter months of life. Vaccination was performed at the fifth month; this ran a normal course and had but little influence on the eczema. About the sixth month the face became eczematous with considerable weeping. The left submaxillary gland became swollen and the skin became inflamed as if suppuration was imminent. The swelling, however, subsided by resolution. When seven months old the child was weaned, as the mother at that time was suffering from acute rheumatism. The artificial diet—Mellin's food and milk—on which he was put did not do so well as the mother's milk. On April 2nd, 1903, when eight months old there was an exacerbation of the eczema which took on a virulent form, affecting the head, the face, the neck, and to a slight extent the trunk. From this time onwards the child seemed to go back in every way; soothing applications failed to arrest the intensity of the affection. The patient, previously happy and contented, became peevish and fretful. On the 3rd I saw him and found that the state of the head and face was becoming rapidly worse, but the

¹ Lea Brothers and Co., Philadelphia and New York, 1897.