

Rimbaud, L. RETROMALLEOLAR SAGGING AS A SIGN OF SCIATIC DISEASE. [Bulletins et mémoires de la Société médicale des hôpitaux de Paris, October 24, 1918.]

Rimbaud emphasizes the importance of study of the region of the tendon Achilles in the diagnosis of disease of the sciatic nerve. In addition to testing the Achilles reflex it is of value to test the sensitiveness of the tendon to pressure and to examine for a lower note upon percussion of the tendon on the affected side as compared with the sound side. The author has also recently been struck by the altered appearance of the Achilles region in some sciatic cases. Instead of appearing as a tense cord down to its insertion into the os calcis, the tendon is less prominent; the two depressions intervening between it and the malleoli are more or less effaced, the tendon seems broadened, and the region as a whole appears edematous. This sign is especially pronounced in wounds of the great sciatic or internal popliteal nerves. It is absent, as a rule, in wounds or paralysis of the external popliteal. It also occurs in medical sciatica, especially when severe and of long standing and seems to be produced particularly where there is sciatic radiculitis or sacral funiculitis through arthritis of the foramina. The sign occurs in about seventy per cent. of all cases of surgical lesion of the sciatic and in twenty-five per cent. of true medical sciaticas. Its cause is probably a hypotonicity of the gastrocnemius and soleus muscles; if these muscles are grasped with the hand and pulled upward the retromalleolar sagging disappears. The sign is best elicited with the patient standing on a chair or table and the heels directed toward the source of light.

Mancini, C. RADICAL CURE OF SCIATICA BY LUMBAR ANESTHESIA. [Riforma Medica, June 1, 1918.]

A method employed by Mancini for many years in the treatment of sciatica consists of injecting twelve to fifteen c.c. of a five per cent. novocaine solution into the third or fourth lumbar interspace. The anesthesia lasts from three quarters of an hour to two hours. The injection may be repeated weekly, although repetition is generally not necessary. Direct contact with the diseased nerve fibers, simplicity and innocuousness, are said to be the advantages of this method.

Arnone, G. TRUE AND SIMULATED SCIATICA. [Riv. san Siciliana, 1917, No. 23, 1918, No. 5.]

The writer illustrates from his minute study the difficulty of distinguishing true from simulated sciatica and that the distinction rests upon a protracted and careful examination and comparison of all the symptoms in detail and of the syndromes in which these appear. He discusses the various symptoms one by one and makes the comparison. In the disturbances of sensibility the pain is of course chiefly in both instances in the sciatic. The simulator, however, complains of a continuous pain