

THE

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## Original Communications.

### NERVE-STRETCHING FOR SCIATICA.

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Toronto (formerly of Fredericton, N.B.)

1882, Sept. 8. G. E. G., aged 40—male—minister. Not generally very robust. One or two members of family have had phthisis. Seven years ago suffered for several months from sciatica in left limb. Also four years ago had an attack of pneumonia or pleurisy, or both, which laid him up six or seven weeks. Eighteen months ago sciatica returned, and in spite of all sorts of remedies it has grown worse, till of late it has interfered very materially with his ministerial duties. Morphine relieves the pain of severe paroxysms, but it causes so much nausea and vomiting that he dreads its use. Rest relieves, and motion increases, the pain and soreness. As a rule he is able to sleep pretty well at night, but he is wakened when he attempts to turn in bed. He has lost more than twenty pounds of flesh, weighing now less than 120. When a paroxysm of pain occurs, he is often troubled in passing water. Pain is most severe at point of exit of nerve through greater ischiatic foramen, radiating from this upwards over side of pelvis and down thigh. Also often feels pain in calf of leg and foot, accompanied with numbness and coldness of part. Has worn, of late, a chamois skin on the left limb to protect it from the cold. Has used cane in walking for some months, and leans considerably to right

side when doing so. Has been troubled very much with dyspeptic symptoms since his illness.

On examination there is found considerable wasting of limb in its whole extent, the calf and thigh measuring one-third of an inch less than their fellows. Also muscles are soft and flabby. Tenderness complained of along line of upper part of nerve. Bowels always regular.

3 p.m.—Operation. Chloroform given. Assistance rendered by Dr. Coburn, of Fredericton. Incision made from over lower border of gluteus maximus downwards, and a little inwards, four inches in length. The long head of the biceps was thus brought into view, and on turning this aside the sciatic nerve was reached. I now hooked my finger beneath the latter and gave it two or three vigorous pulls from both above and below. There was a sensible yielding of the nerve in its lower part, but little or none in the upper.

Carbolic acid and alcohol (1 to 10) now applied freely to raw surfaces, and horse-hair put in for drainage. Silver and catgut sutures used, and carbolized gauze and salicylic silk applied as a dressing.

Sept. 9.—Slept several hours last night without opiate. Feels very little pain, and he thinks he can move more easily than before operation. Pulse, 88; temperature, 99.8.

Sept. 10.—Slept well. P. 84, t. normal.

Sept. 11.—Doing well. Appetite good. P. 80, t. normal. Dressing changed under carbolic spray this afternoon. Horse-hair removed from wound. Only a slight bloody discharge on gauze.