

quire carefully in such cases for any history of eruptions or sore throats, but especially ascertain whether there have been any abortions or still-births. Where the patient confesses that there has been chancre, you must not give up the syphilitic hypothesis simply because a number of years have elapsed with few or no recognizable symptoms of constitutional infection; this is a point which has been copiously illustrated in the valuable researches on syphilitic nervous diseases generally which have been going on during the last twenty years. The line of treatment is quite simple. You administer iodide of potassium in rapidly increasing doses till you reach as much as from sixty to one hundred and twenty grains of the drug, or even much more, in each twenty-four hours. This very rarely fails to produce a rapid and complete cure; but if it should prove ineffectual you may resort to the bichloride of mercury, sixty to eighty minims of the liquor ($\frac{1}{16}$ to $\frac{1}{12}$ grain) thrice a day. Very often it will be advisable to give cod-liver oil at the same time.

In a few cases of clearly rheumatic origin, also, we get a clear indication for treatment: the use of iodide of potassium with bark will usually be found to remove the inflammatory enlargement of the nerve, and give speedy relief to the pain. The prolonged use of Kreuznach or Woodhall Spa water is desirable, in order to render the cure complete and permanent.

In the cases where we have reason to believe that the conjunction of the gouty with the neurotic temperament is exercising a pernicious influence, the chief practical deduction must be that the patient should very sedulously avoid beer and all saccharine wines, and should be very moderate in his total allowance of food, especially of meat and other distinctly nitrogenous foods. The careful and prolonged use of Vichy and Neuenahr water may do great good.

But, after all, the gouty, rheumatic, or syphilitic sciaticas form but a small proportion of the mass of cases which may be encountered in practice. The important question in dealing with ordinary sciatica, is—What am I to do with a disease which is essentially a neuralgia, but which is influenced by the special circumstances connected with the anatomical position and the functions which belong to the sciatic nerve?

In dealing with sciatica as a neuralgia pure and simple, we are fortunately provided with means which will give such immediate relief as will greatly solace the patient, and inspire him with that faith in his ultimate recovery, which is always so valuable to the sick, and especially to the nervous sick. I have already explained how necessary absolute rest of the part is, and you will commence your treatment by arranging a proper couch on which the patient is to lie all day, and by making him understand that he is not merely never to put his foot to the ground (except for absolute necessary purposes),

but that he should always lie either prone on his face or (for a few minute's change) on the opposite side to that affected. If he be in pain at the moment of your visit, I advise you to give him a hypodermic injection of one-sixth of a grain of acetate of morphia on the spot. All this is only preliminary; it gives you time to look about you, and deliberately select your line of treatment.

In dealing with simple neuralgias there are four possible main classes of remedies—1, constitutional, which include the regulation of diet and the employment of such medicines as are, in fact, supplementary ailments; 2, the removal of obvious sources of possible irritation; 3, the narcotic stimulant medicines; 4, local applications.

1. As we are not dealing now with gouty sciatica, what I have to say concerning alimentary treatment is mainly in the direction of insisting on a very nourishing diet, and especially the use of fats, beginning with cream, and going on to cod-liver oil. To this we may add the use of iron, or arsenic, or both, in æmic cases.

Dr. Lawson has correctly pointed out that sciatica is sometimes connected with an acid dyspepsia and a tendency to pyrosis. I believe that these cases are less common than he supposes, and that they are mostly found in those who happen to be the subjects of gout as well as of sciatica. At any rate, wherever such symptoms are found they should at once be met by the administration of effervescing alkalies, with small doses of quinia—say a grain of quinia in four ounces of Vichy or of Apollinaris water three times a day. The quinia is here given simply as a restorer of the digestive tone, not with the idea of producing a specific effect upon the neuralgia.

The only cases of sciatica in which quinia is likely to produce specific effects are those in which malaria is the exciting cause, and these are (in England) so rare that I have for practical purposes disregarded them. It is enough to say, here, that when we do encounter such cases we must treat them with the same full doses of quinia, administered before an expected paroxysm, as we should employ in ague itself.

1. The removal of obvious sources of possible irritation refers chiefly to two things. *Cold* should be guarded against by making the patient wear (night and day) a pair of thick flannel drawers. Intestinal irritation should be guarded against by thoroughly evacuating the intestines; it is best to do this by means of a good stimulant enema (ol. ricini, \mathfrak{ss} ; ol. terebinth. \mathfrak{ss} ; gruel, Ojss) thrown high up.

3. Of the narcotic-stimulant remedies, morphia hypodermically injected; is much the most frequently useful, though it is scarcely that panacea for the disease which some have represented it to be. When I tell you that it can rarely be judiciously omitted in the early treatment of sciatica,