

## CLINICAL NOTES ON CASES IN THE ROYAL SOUTH HANTS INFIRMARY.

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### INFLAMMATION OF THE SCIATIC PLEXUS.

DR. ROMBERG, in his valuable and very complete treatise on *Diseases of the Nervous System*, translated by Dr. Sieveking, and published by the Sydenham Society, remarks that we are too apt to look on sciatica as the sole representative of neuralgia of the inferior extremities: whereas there are no branches of the lumbar or sacral plexus which may not be affected; though, by the absence of an accurate diagnosis, founded on a knowledge of the course of the nerves, we are apt to look at them in the gross, and often also to disguise them under the conventional terms of lumbago, rheumatic pains, etc. The following case is to the point. It would have been called sciatica if seen early, or paralysis of the bladder, had its early history not been known; though, by comparing the history and symptoms with the anatomical distribution of the nerves affected, it was evidently an instance of inflammation at first affecting the external branches of the sacral plexus, which form the lesser sciatic, passing subsequently into paralysis; and as the numbness was attended by paralysis of the bladder and rectum, and as these parts are supplied by the internal nerves of the sacral plexus, it is a fair inference that these were also involved. The pain was not severe below the ham, but there was tenderness on pressure between the tuber ischii and the great trochanter, so that the greater sciatic was probably somewhat involved, though not severely.

CASE. Mary N., aged 35, unmarried, a tall and large woman, had been ill four weeks before admission into the Royal South Hants Infirmary. She first suffered from severe pain in her back, and this was followed by a sudden sensation of numbness and loss of power of the upper part of the left thigh, immediately succeeded by very severe pain occupying the external surface of the thigh, and reaching to the popliteal space. It was so intense that she often fainted, got no sleep, and was unable for five nights before admission to lie in bed, as the pain was then aggravated. No active means appear to have been adopted.

On admission (Jan. 25th, 1853) she referred the pain to the left buttock and upper part of the thigh; it extended downwards on the outside of the thigh as far as the popliteal space. The parts were tender on pressure. She was cupped between the trochanter major and tuber ischii, and two grains of calomel and one grain of opium were given every four hours, with great relief to the pain, so that after the cupping she was able to sleep. On January 28th the cupping was repeated over the sacrum, which was the most tender spot, and the pills were continued three times a-day. The pain quite abated; and on the 2nd of February she complained that numbness had replaced the pain, and she was unable to pass urine, so that the catheter was used night and morning. The bowels became so torpid as not to be opened except by drastic purgatives. The calomel and opium were discontinued, as the mouth was slightly affected. With the paralysis of the bladder, the urine gradually became phosphatic. Nearly half the vessel was filled with ropy mucus, which, under the microscope, shewed an abundance of the usual prismatic crystals of the triple phosphate; and this, after some days, was replaced by abundant purulent matter coloured with blood. As this continued to increase, the bladder was injected night and morning with one drachm of diluted nitric acid to a pint of water, and an ounce and a half of the infusion of the *diosma crenata* was given three times a-day. Under these means, the bloody pus diminished in quantity and ceased to be secreted, and the urine gradually regained its healthy, acid state, but the bladder remained paralytic, and the bowels were never opened, except by strong aperients, and then the motions were usually passed in bed. On the 4th March, one grain of strychnine was added to each pint of infusion of buchu; and on the 9th, in addition, five

grains of the *pilula ferri comp.* were ordered twice a-day; on the 10th, sixteen minims of the *tinct. ferri hydrochl.* three times a-day were substituted for the pills. Under the steady use of these chalybeates, the power of the bladder slowly returned; and on the 7th of April she was discharged. The bladder, however, had become more irritable than natural, and she still complained of numbness over the left buttock and outer surface of the thigh, and some weakness of the limb. In other respects she was well. Two months afterwards, although she did not make water more frequently than usual, yet occasionally she would pass it suddenly and involuntarily; and she still complained of the numbness and want of the usual strength of her left leg. Her health was good.

REMARKS. Judging from the seat of pain in the first instance, and from the numbness of the integuments, and the paralysis of the bladder and rectum subsequently, this case was one of inflammation chiefly affecting the internal branches of the sacral plexus which supply the rectum, bladder, and uterus, and of those external branches which form the lesser sciatic. The inflammation, which was severe and acute, was followed with loss of nervous power, indicated by paralysis of the bladder and rectum, and numbness over the gluteal surface, groin, and external surface of the left thigh. Cupping, with calomel and opium, relieved the inflammatory condition of the nerves, speedily subduing the pain, and after the inflammatory symptoms had subsided, the paralytic condition of the bladder gradually yielded to full doses of iron and strychnine. The value of injections containing diluted nitric acid, as recommended by Sir B. Brodie, was very marked in stopping the profuse secretion of purulent matter mixed with blood from the mucous membrane of the paralysed bladder. Until these injections were used, this secretion increased rapidly, commencing with that ropy mucus which is said to be the effect of phosphatic urine or pus-globules, and then becoming like pus mixed with a very considerable quantity of blood, and daily increasing in quantity. The effect of the injection was decided; the secretion diminishing, losing its bloody appearance, and soon ceasing. The infusion of buchu, which was given at the same time, was also of service in restoring the urine to a healthy state. As might have been expected from the severity and long continuance unchecked of the inflammation of the nerve, and the great disturbance of the bladder, the latter remained irritable after the paralysis had been removed, and the integuments supplied by the lesser sciatic nerve continued to be less sensitive than natural.

Southampton, July 1, 1853.

## BIBLIOGRAPHICAL NOTICES.

REPORT ON SMALL-POX AND VACCINATION, presented to the President and Council of the Epidemiological Society, by the Small-Pox and Vaccination Committee, the 26th day of March, 1853. Printed by order of the House of Commons.\*

THIS Report commences with a statement of the circumstances under which it was produced, Lord Lyttelton having introduced into the House of Lords a Bill for the extension of Vaccination; and the Committee considering it desirable that he and the Government should be put at once in possession of the facts collected by them. It consists of the statistics of small-pox and vaccination in Great Britain and Ireland, and in various European countries from which information had been received. It also contains an account of the laws and regulations connected with vaccination, adopted in different countries.

This information was obtained from the most authentic sources: in *England*, from the Registrar General, the Poor-law Board, the Board of Health, the public vaccinators,

\* This Report is to be obtained at Hansard's, New Turnstile; or Abingdon Street, Westminster. Price 8d. It is named on the back "Letter from Dr. Seaton", etc.