

## SPINAL SYPHILIS, WITH A REPORT OF THREE CASES.\*

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Spinal Syphilis has been the subject of far less attention than the cerebral form. This may be accounted for by its much greater rarity, a fact admitted by all. Although a fairly large number of cases are on record, the numerous and exhaustive papers and monographs which have appeared in recent years on the cerebral form do not as yet exist for the spinal. An early recognition of the affection in question is, however, of hardly less importance than the same disease in the brain, as it is only in cases in which treatment is commenced before actual destruction of the nerve elements has taken place that we can hope to completely remove the disease. As the progress of syphilomata is sometimes exceedingly rapid, it not unfrequently happens that patients, especially among the lower classes, postpone their visit to a physician until after irrevocable damage has been done.

The effects of syphilis on the spine are numerous and far-reaching. In some way or other this disease predisposes to slowly progressive sclerosing changes in the nerve centres. The best known example of this is locomotor ataxia, in which probably over 60 per cent. of cases owe their origin to syphilis. A considerable number of cases of acute ascending paralysis have been observed in syphilitic subjects, and in some the symptoms have been said to pass off under suitable treatment. So far no explanation has been offered of the relation between these diseases. Myelitis in a subacute or chronic form is another affliction between which and syphilis an obscure connection exists, but at present we are only aware of the fact that many cases exist in sufferers from the latter disease. Arterial changes, more especially thickening of the intima and obstruction to the passage of blood, have been found in spinal as well as cerebral syphilis, and it has been suggested that softening may thus occur from defective vascular supply and so simulate myelitis. The facts,

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\* Read before the Canadian Medical Association.