

# The Canadian Practitioner and Review.

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Vol. XXXV. TORONTO, JANUARY, 1910.

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No. 1

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## Original Communications.

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### THE DIFFERENTIAL DIAGNOSIS OF PARAPLEGIA.\*

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*Gentlemen*,—The importance of making a correct diagnosis in a case of paraplegia lies in the fact that it is a syndrome which may occur in a very great number of nervous affections, so that a clue to the cause of it is usually at the same time a clue to the recognition of the actual disease. I need hardly remind you that paraplegia is to be regarded as a group of symptoms, and never as a disease, though it may sometimes be the most prominent manifestation of the affection present. It may be defined as a weakness, more or less complete, of the lower extremities, not due to a peripheral affection or to a lesion of the lower neuronic system. We have thus at the outset to distinguish between true paraplegia and weakness of paraplegic distribution, just as in other cases we have to distinguish between true hemiplegia and weakness of hemiplegic distribution.

The distinction between true and pseudo-paraplegia can almost always be effected by considering the symptoms of the paraplegia, quite apart from other evidences of the cause of the affection. The features to be relied on for this purpose may be divided into three. First, the nature of the paralysis; secondly, the presence or absence of nutritive disturbances, and thirdly, the state of the reflexes. As in the first case I shall bring before you it is only possible to demonstrate the third of these, I shall only briefly mention the first two. The paralysis of true paraplegia differs from that of pseudo-paraplegia in being massive, and not limited to a small group of muscles; in being always more pronounced at the distal part of the limb, and in being

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\* An address delivered at the Toronto Orthopedic Hospital, Nov. 13, 1909.