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EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

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W. H. B. AIKINS, M.D., L.R.C.P. London.

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SPINAL IRRITATION.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

I retain the name on account of its familiarity, though it is objectionable because it conveys an incorrect impression of the pathology. The term was first used to indicate an inflammatory change in the spinal cord or its environments, as the cause of the phenomena presented by this affection. Several recent writers refuse to accord it a place in the nosology of disease, because they believe it to be but a form of neuralgia. This, I believe to be theoretically correct, but it is a neuralgia presenting peculiar and very variable phenomena, and therefore its careful consideration is interesting and instructive. We are quite as uncertain of the pathological conditions giving rise to this as to other forms of neuralgia, and in the absence of morbid changes, even after the most minute examination, it is manifestly absurd to set up, as some do, a theoretical pathological basis as, *e.g.*, anæmia of the posterior columns of the spinal cord from vaso-motor spasm. Such a theory is untenable, as it is impossible to conceive of localized anæmia from such a cause persisting for an indefinite period. There is no domain of science in which the inductive method of reasoning is more liable to land us in the regions of absurdity than that of medicine; we are never

absolutely safe in taking a single step without a demonstrable pathological basis on which to rest our theories. Owing to the great variability in the symptomatology many cases of spinal irritation are easily overlooked. I purpose dwelling on the clinical, rather than the pathological aspect of the affection, and to illustrate some of its phases by describing a few of the more typical cases with which I have met.

The essential and constant symptoms in all cases is the tenderness to pressure over the spinous processes. In many of the severer cases movement is painful, and in some there is more or less constant spontaneous pain in the back. In the majority of cases there is also pain or other phenomena referred to parts connected, directly or indirectly, with the part of the spinal cord, corresponding to the tender part of the spine. The dorsal region is much more frequently affected, next the cervical region, and least often the lumbar. This accords with the experience of all writers on the subject. Quite frequently the cervical and dorsal regions are both affected; the dorsal and lumbar not rarely; but the cervical and lumbar regions seldom, to the exclusion of the dorsal. Occasionally we meet with cases in which one or two processes in each region are affected, as in that of a lad, aged 18, whom I saw a few days ago, in whose spine the first and second cervical, the third and fourth dorsal and the third lumbar processes were tender to pressure. He complained of pain in the chest, which was increased by pressure on the tender dorsal spines. Pressure on the tender