

THE MARITIME MEDICAL NEWS

VOL. XXII, DECEMBER, 1910, No. 12.

WORLD OF MEDICINE.

Spinal Compression. A. Primrose, Toronto, Canada (*Journal A. M. A.*, October 22), says that the conditions demanding surgery for paraplegia from compression of the cord are by no means clearly defined. From a study of 14 cases coming under his care he describes the indications for operation as they appeared to him. Hemorrhage in the neural canal may be the cause of the paraplegia, either extradural or intradural or into the substance of the cord. When the paralysis comes on after an interval of time between it and the injury, this possibility must be kept in mind. Two of his cases were of that type. It is not possible always to say whether the hemorrhage is extradural or intradural, but hemorrhage into the cord is more likely to give local symptoms. The results of hemorrhage are likely to manifest themselves earlier than those due to congestion. When the symptoms point to hemorrhage outside of the cord it is better to operate early, as the clot may not absorb. Severe injury to the spinal cord may cause death by clot, as was the case in two cases observed. In another acute reflexion of the cervical spine, producing stretching of the cord with hemorrhage, caused paraplegia. If fragments of the neural arch have been driven forward, compressing the cord, early operation may give relief, and if there is any strong evidence of partial severance of the cord the same is true, even before we can absolutely determine the fact. The most common cause of compression paraplegia from

disease is spinal caries, and this is frequently amenable to milder measures, but occasionally operative interference is necessary and should not be delayed too long, as experience has demonstrated to the author. If treatment by extension for three months is not effective, he would advise laminectomy unless other conditions contraindicate it. In tumors of the cord valuable time is often lost by delay until after the cord is damaged beyond repair, and he seems to think that operation should be performed in dubious cases. Even when the growth is syphilitic gumma, operation is better than waiting to cure it by specific treatment. The operation of laminectomy, carefully performed, is not a dangerous procedure and does not seriously affect the stability of the spinal column. Cases have been reported by Horsley and others in which symptoms of chronic spinal meningitis simulated tumor and were relieved by opening theca and washing out with strong mercurial solution. In traumatic paraplegia the questions are more difficult. Primrose does not believe that regeneration after complete severance of the cord is possible, though some cases have been reported of partial recovery. He thinks that these were only partial severance. The suggestion of Kilvington, of Melbourne, of nerve crossing in the neural canal is mentioned and the possible danger of the operation must be considered. In all cases of doubt he advises early operation as the better course.