TWO CASES OF SYPHILITIC DISEASE OF THE CERVICAL SPINE.¹

BY FRANK R. FRY A.M., M.D.,

OF ST. LOUIS.

PROFESSOR OF DISEASES OF THE NERVOUS SYSTEM, MEDICAL DEPARTMENT,
WASHINGTON UNIVERSITY.

Case I.—J. T. W., aged forty-eight years, Irish-American, a shoe-cutter and form-maker, was seen May 7, 1902. He complained of a stiff neck and very severe pain at a point on the right side of the neck. From this point the pain radiated into the shoulder, arm, forearm and hand. The pain, while never entirely absent, was markedly paroxysmal, and he usually had several very severe paroxysms each day, and many lighter ones. The hardest were at night. The use of the extremity invited the paroxysms to such an extent that he carried the limb much of the time supported by the other hand, and used it as little as possible. He indicated very definitely certain points where he felt the most pain during the paroxysms: viz., the right side and back of the neck, the cap of the shoulder, the anterior and posterior margins of the axilla, the arm through its whole circumference and deep in the bone of the same, the anterior side of the forearm and wrist, and the radial side of the hand; sometimes one, sometimes another of these points being worse. Occasionally the pain would run up to the occipital region in very severe fashion. He always had some pain in the opposite side of his neck, and also fleeting pains occasionally through the left arm. The worse pain was always in the right side of the neck and brachial region, and as the foregoing description shows, it had the character of a cervico-brachial neuralgia. The pain and stiffness had begun together about two months previously and had steadily gotten worse. The patient stated that he had lost forty pounds during that time, was hardly able to sleep at all, had no appetite and was much constipated from the medicine he was taking. He had an emaciated and cachectic appearance. He complained of being very weak and of his legs giving out on exertion. The knee-jerks were quite plus and equal. There was a normal plantar reflex on both sides. On straightening the knees he invariably complained of a pain in the center of the joints and in the patella, but of none in the nerves nor in the hamstrings, although these muscles seemed

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to be contesting a full extension of the joints. This phenomenon was exactly the same on the two sides. It passed away entirely within a few weeks.

He complained of paresthesia, especially of a numb feeling about the shoulder and a rather persistent cold spot in front of the wrist, and of a heavy feeling in the whole member. I could determine no objective deviations from normal sensibility, only at times the suspicion of some obtundity. The neck was stiff and the muscles rigid. There was the voluntary fixedness of the head, neck and shoulders due to careful carriage (as some one describes it). The chin was depressed from flexion of the upper segments of the cervical spine. The muscles in the back of the neck had a hard, stiff feel, as though infiltrated, and the skin had a thickened appearance. The region was so painful that satisfactory manipulation could not be made. At this time, with his stiff neck and carriage and emaciated shoulders and pain and plus knee-jerks he presented a pretty fair counterfeit of a case of pachymeningitis cervicalis hypertrophica. Drs. Bliss and Hoge, who saw him, both remarked on this fact.

There was no history of gout or rheumatism. I could not make a positive diagnosis of syphilis, but suspected it for reasons which I will not stop to discuss at this point.

Large and thorough inunctions of mercury to the back of the neck and shoulders were given daily and the iodide of soda was pushed as fast as he could tolerate it. At the end of a week he seemed improved and could get along on fewer pain-powders (acetanilid and phosphate of codeine). At the end of twenty days he was much better. The neck was getting softer and tolerated manipulation so that a deep swelling could be certainly outlined, especially on the right side between the spinous and transverse processes of the 4th and 5th cervical (possibly 6th) vertebrae. The region was very sensitive. On introducing the finger into the pharynx a lumpy condition of its posterior wall could be distinctly felt, which seemed to be at about the same level as the posterior swelling of the 4th and 5th cervical region. Photographs and X-rays were taken at this time*

At the expiration of thirty days he was still more improved. At about this time he was taking his maximum dose of iodide of 100 grains t.i.d.

A note June 26 (about the fiftieth day of observation) shows that he was not so well after a rapid diminution of doses, the pains getting worse again. The dosage was kept high for another full month.

* The X-ray picture, although a good one, was of no aid in diagnosis, except in a negative way.

A note on August 31: Has had no pain whatever for two or three weeks. Feels perfectly well. Has regained normal weight, and is at work regularly. The back of the neck is soft and pliable. There is a possible slight tenderness and thickening at the original site in the neck.

January 8, 1903 (eight months after I first saw him), he came with a headache which had all the appearances of a severe syphilitic headache. He had discontinued his visits for three months and had had no medicine for about that length of time. The antisymphilitic treatment was actively resumed and the headache began to yield in a characteristic way. At the end of a month he was feeling quite well again.

At this time I told him he had syphilis. I had before not discussed it with him. He told me that about six years previously he had been treated for the disease (a sore throat and mouth) by a physician of repute in another city, but that he had no later manifestations and therefore had discredited the diagnosis.

Case II.—G. C. S., aged thirty-six years. Canadian, mining-engineer. The day before Thanksgiving Day, 1903, he caught cold at the mines. The day following he noticed a peculiar stiffness or check in the neck so that he could not turn his head freely. That night he was awakened by a severe pain in the left side of his neck. From this time he had more or less pain and stiffness in the neck every day, and the pain was always worse at night. He continued irregularly at his duties until the last Saturday in January, 1904 (i.e., for about two months), when he had to give up work entirely. Meantime nothing seemed to relieve the pain and stiffness. His memoranda showed that by February 21 he was taking many doses of codeine and at night, almost regularly, doses of morphine, and besides these numerous doses of "bromidia" and still passing very sleepless nights. He had taken hot-air treatments, which seemed to benefit him at first, but were losing their effect. The foregoing gives an idea of the length and severity of the attack. When I first saw him, February 24, 1904, he was practically confined to bed. He had much difficulty in adjusting his head to the pillows in such manner as to obtain relief, and the getting-up and down process was very painful and tedious. There was an exaggeration of the same guarded carriage mentioned in Case 1. The head was not twisted and adducted to the painful side as in "inflammatory wry-neck," but was held rigidly in the middle line and flexed so that the chin was constantly depressed.

When asked to locate his trouble he indicated a point on the left side of the neck corresponding about to the transverse processes of the 4th and 5th C. From there the pain radiated

through the occiput, to the top of the head and back of the ear, and downwards less severely over the cap of the shoulder to the insertion of the deltoid, and posteriorly to the spine of the scapula, i.e., conforming to the distribution of a neuralgia of the so-called cervico-occipital type. The most intense pain was usually in the occipital region and directly behind the ear. The paroxysms were distinctly worse at night. He often referred to a numb, unpleasant feeling in the ear (auricle), but there were no objective sensory changes here or elsewhere.

Manipulation of the neck was very painful, and it was impossible to gain much information in this way. It seemed, however, that there was articular as well as muscular resistance to movement.

He stated to me that about Christmas time of the previous winter he had experienced a slight attack of pain and stiffness in the neck, but it passed away in a few days. Several times during the following months he had felt little intimations of it, but he played tennis all summer in addition to his business duties and felt in excellent health until the time of the attack here described.

I could obtain no history of rheumatism, gout or syphilis. He had some sears, two large ones on his face, and a number of them widely distributed on the extremities and trunk. These he said were the remains of a "rupia" which had been treated three and five years ago, each time several months, by a physician in another city who had told him that the eruption was not syphilitic. A careful overhauling at this time and subsequently failed to divulge evidence of syphilis or other disease.

Inunctions of mercury were begun at once to the neck and to the back, and iodide of soda in increasing doses. At the end of two weeks there was much improvement. His appetite and strength were improved and the pains so much reduced that he was obtaining a night's rest on twelve grains of aspirin with one-half grain of phosphate of codeine taken once or twice.

March 30 (about one month after beginning treatment) notes were made as follows: Patient's head and neck movements rapidly becoming normal, and he cited various instances of the fact, e.g., in being able to again comfortably follow the ground in walking and to look to either side, and in stooping to pick up articles from the floor. He also volunteered the statement that he could extend the neck relatively better than he could flex it. In manipulating I was readily convinced of a sudden check to flexion between the 4th and 6th cervical vertebræ, and that it gave the impression of being articular instead of a muscular resistance. On the left side of the neck

back of the transverse processes of the 4th and 5th cervical vertebræ there was an area the size of a silver dollar still very sensitive and swollen to the extent that one could be quite certain of the tumefaction. Pressure here sent sharp pains through the neck, especially up to the occiput. On the right side of the neck opposite to this point there was also much deep tenderness, but not the sensitiveness that was found on the left. He still complained of a numb and at times stinging feeling in the auricle, but I could find no objective sensory changes there or elsewhere.

I saw the patient last in the latter part of May. There was still some sensitiveness on deep pressure and with extreme movements, but he was feeling perfectly well and following his usual active duties.

The bibliographic records of syphilis of the spine show that it was first recognized many years ago and that it is a rare affection. I find that the two cases here reported comport with what might be called a type of cases, a subclass of cervical spinal syphilis, characterized by a rigidly stiff neck with one or more points of great tenderness on deep pressure, severe neuralgic pains, often not very sharply localizable, no objective sensory changes, no paralysis, recovery on antisyphilitic treatment. Of course a diagnosis depending on this kind of data will be wrong at times, and yet at other times these symptoms alone may be grouped with such force as to leave little or no doubt. The question of differentiation, however, has been well covered by others and I will not dwell upon it. I simply mention it to show that cases of this kind have been discussed before and that they require close clinical observation.