

### A Case of Syringomyelia.\*

By THEODORE DILLER, M.D., Pittsburg,  
Neurologist to the Allegheny General Hospital.

SYRINGOMYELIA, when it presents itself by typical symptoms, may be readily recognized; for there are now on my record many cases in which the ante-mortem diagnosis was confirmed by the autopsy.

The diagnosis of syringomyelia, like that of any other disease, is made by the presence of a certain number of symptoms; and the difficulty in diagnosing always increase as the picture presented by the symptoms-complex departs from that regarded as typical of the disease.

While such highly distinctive features as dissociation of sensation in syringomyelia, tremor in paralysis agitans, and ataxia in tabes are of the utmost value when present in these diseases, we should, if possible, be able to recognize these affections in the absence of their most distinctive signs.

Now that the symptoms distinctive of a typical case of syringomyelia are pretty well known, the question will often come up in individual cases presenting symptom-groups, exhibiting more or less departure from the clinical picture of syringomyelia, which we may call the "type," as to whether or not they are cases of this affection. It may be that the diagnostic importance of this or that symptom has been over-estimated, or that the full significance of others has not been fully realized. As is well known, there are a considerable number of cases of syringomyelia which present so few symptoms as to make their recognition impossible. There is a certain number of other cases, it is reasonable to suppose, which are not now recognized, but which will be when our interpretation of the significance of the various symptoms and their relations to each other shall have become more exact.

The chief interest in the case about to be related centres upon this question of diagnosis. Although I am of the opinion that the case is really one of syringomyelia, I can readily understand how this diagnosis might be questioned; and my main object in bringing the case before this Association is that it may be fully discussed. If it be accepted as a case

of syringomyelia, we shall have to some extent increased the horizon of our clinical knowledge of this disease.

*History.*—Married man, aged fifty years; store-keeper; good habits; denies syphilis.

About eight years ago he was seized with what he calls "terrific" pains in the back and the shoulders, which lasted about sixty days. Then for about the same length of time he was free from them, when they returned and lasted about nine months, then again ceased, and he has been only occasionally troubled with them since.

A few months later he noted a certain "clumsiness" of his fingers. He could not tie a package with the same facility as formerly; his cigar would often fall from between his fingers, and unless his eyes were directed upon it, he would not know that it had fallen. He could not grasp objects with the same certainty as before, and he required the use of his eyesight a great deal in their execution. About this time he began to notice that the sense of appreciation of hot objects was defective in his hands, and he often burned his fingers in consequence. He noted, too, that blisters raised readily on his fingers; and that this was not due to defective heat-sense alone is shown by his statement that blisters have appeared on the fingers after he had grasped objects like steam-pipes of known temperature, and which had not, at the same temperature, ever produced blistering before the onset of this trouble. Through the exercise of unusual caution, he has greatly, of late years, lessened the number of these accidents.

No blistering or ulcers occurred, except through heat in the way described. He has always recognized cold objects better than hot ones. Soon after the onset he experienced a sensation as though cords were about his waist. This lasted only about two months. Almost from the beginning of the trouble he has, at times, noted tremor in his hands, particularly after use. Very early in the disease he observed weakness of his shoulder and arm muscles, and this has slowly increased. The back of his neck was remarkably sensitive to touch (more so at some times than others); he states that a fly walking across it felt like a red-hot iron.

Although a great deal disabled, he managed to go about from place to place, acting as agent, until quite recently, when he suffered to some extent in a railroad wreck. It was

\* Paper read at the meeting of the American Neurological Association, at Washington, D. C., May 3rd, 4th, 5th, 1897. The patient was exhibited at the meeting of the Pittsburg Academy of Medicine.

[previous page](#)

[next page](#)