Sensorimotor intermittent claudication of the two lower extremities and intermittent incontinence of faeces represent the most characteristic form of this condition. Three cases are reported, including a decompressive laminectomy. Standard x rays, x rays with contrast medium, and surgical exploration revealed stenosis of the canal, hypertrophy of the posterior articular masses, and absence of herniation of the discs.

The claudication may be limited to unilateral or bilateral sciatic pain which occurs only on walking and disappears on rest. Three operated cases are reported. Sixteen others were not operated upon but had similar symptoms. These patients were over 60 years of age, and were all males of athletic build. The pain was reproduced in the course of examination by stretching the lumbar rachis. The articular masses were hypertrophied. The cerebrospinal fluid had an increased albumin level and the contrast medium, in cases in which it was used, showed the stenosis of the canal. Frequently it was decided not to operate because of the age of the patient and because he had learned to limit walking time and speed. The injection of soluble corticoids into the canal may bring appreciable relief.

Claudication is not always present. Basing their opinion on five other operated cases, the authors believe that stenosis can manifest itself by an ordinary sciatica or cruralgia. Certain features are noteworthy: a frequently insidious onset, uncertain root distribution, athletic habitus, pain upon stretching of the rachis and relief by the opposite position. Radiologically, hypertrophy of the articular masses is frequent, sometimes producing a spondylolisthesis (pseudo-spondylolisthesis). A lumbar air myelogram is the best examination to show stenosis of the canal aggravated by disc protrusions. The air myelogram must be used for pre-operative investigation should surgery be decided upon.

Suspicion of stenosis will orientate the neurosurgeon towards a wider area than that of simple sciatica due to herniated disc.

Book review


There has always been a very definite need for an undergraduate textbook describing the diagnosis, aetiology, and management of the many common extra-articular rheumatic conditions. These can be extremely painful and disabling to the patient and often elicit little sympathy, but can be rewarding to treat. Dr. Cyriax, in the latest edition of his well-known textbook, rightly stresses the importance of a careful clinical examination and his methodical way of examining joints such as the shoulder has always been one of the highlights of this book and repays careful study. Of interest are the new series of epidurograms obtained by Dr. Mathews, purporting to show the reduction of lumbar disc prolapse following traction. The author also describes in detail the technique of epidural injection of which he is an exponent.

The text is lengthy (800 pages) and there is much repetitious material, but the book is reasonably priced. The author has a didactic style and makes many individual statements that one would dispute or be anxious to know the grounds on which they are made. This does not necessarily mar his careful clinical descriptions. Some examples include page 5—that rheumatoid arthritis is a generalized affection of the fibrous tissue of the body in which the chief and most obvious incidence is on the capsule of the joints; page 235—monoarticular rheumatoid arthritis of the shoulder is commoner than frozen shoulder and responds dramatically to hydrocortisone; page 312—triamcinolone is better than hydrocortisone in the treatment of tennis elbow; page 389—lumbar disc lesions are responsible for well over 90 per cent. of all organic symptoms attributable to the lower back.

Today there is a much readier acceptance by physicians and surgeons of the place of manipulative treatment, and one foresees that physiotherapists will soon be trained in the simple techniques, but skill is needed in case selection. Even if one is happy to accept some of Dr. Cyriax's indications and techniques and his undoubted success, his claims that one can reduce a disc prolapse by manipulation are as yet unproven. In his enthusiasm for such treatment he dismisses heat and remedial back exercises as anachronisms. This again is a viewpoint with which one disagrees so far as non-discogenic back pain is concerned, although here careful case selection is also needed. These criticisms are not meant to detract from the book, but it should be approached in a critical manner, as this is a field of medicine in which proof for one's opinions is difficult to obtain. In this connection the claims made by Dr. Barbor in chapter 21 for the use of dextrose sclerosing solutions injected into lumbar ligaments in a large uncontrolled series of patients must be treated with caution.

E. B. D. Hamilton

Note

The first Professorship in Rheumatology in the U.S.A., endowed at the University of Alabama by Mr. N. H. Waters in memory of his wife, will be held by Dr. Howard L. Holley, Director of the Division of Rheumatology and Clinical Immunology at the Medical Centre, Birmingham, Alabama.