

Our Readers' Discussions.

Questions for discussion in this department are announced at frequent intervals. So far as they have been decided upon, the further questions are as follows:

CXVIII.—What is your course of procedure, when without an assistant, as regards the mother after the completion of labor? (Closed January 15, 1912.)

CXIX.—What drugs, if any, in your experience have you found it advisable to withhold during the menstrual period, and why? (Answers due not later than February 15, 1912.)

CXX.—What are your views on the various substitutes, commercial and other, for mother's milk? (Answers due not later than March 15, 1912.)

Whoever answers one of these questions in the manner most satisfactory to the editor and his advisers will receive a prize of \$25. No importance whatever will be attached to literary style, but the award will be based solely on the value of the substance of the answer. It is requested (but not required) that the answers be short, if practicable no one answer to contain more than six hundred words; and our friends are urged to write on one side of the paper only.

All persons will be entitled to compete for the prize whether subscribers or not. This prize will not be awarded to any one person more than once within one year. Every answer must be accompanied by the writer's full name and address, both of which we must be at liberty to publish. All papers contributed become the property of the JOURNAL. OUR READERS ARE ASKED TO SUGGEST TOPICS FOR DISCUSSION.

The prize of \$25 for the best essay submitted in answer to Question CXVII has been awarded to Dr. S. Stalberg, of Philadelphia, whose article appears below.

PRIZE QUESTION CXVII.

BACKACHE IN WOMEN.

BY S. STALBERG, M. D.,
Philadelphia.

Backache is not a disease, but a symptom of one or more of a large number of disturbed conditions of the body. Therefore, when a woman complains of backache it is necessary to examine her with thoroughness sufficient to discover the exact cause or causes of this symptom, which may be loosely classified as follows:

1. *Systemic.* This includes syphilis, rheumatism, gout, anemia, neurasthenia, hysteria, and the various infectious diseases, such as typhoid, typhus, smallpox, dengue, relapsing fever, diphtheria, tonsillitis, and influenza.

2. *Organic or visceral,* including the majority of the pelvic and abdominal organs, and some of the thoracic organs, to be mentioned in greater detail later.

3. *Orthopedic or static,* meaning those conditions due to malposition or to a change of relation in anatomical parts; and back pain incurred by an undue effort to maintain body balance; and including subluxation or strain of the sacroiliac joints, flat-foot, etc.

The causes may also be divided into *local* and *general or reflected.* Under local causes would come the diseased conditions of the various structures of the back itself, such as rheumatic or other forms of inflammation of the back muscles and fascia; disease of the vertebral column and its ligaments, such as spondylitis, Pott's disease, coccygodynia, etc.; disease of the spinal cord, spinal roots, or cord membranes. Under *general* or *reflex* causes would fall the backache, caused by pressure upon

the lumbar and sacral nerves of a retroverted uterus or an ovarian tumor, and the reflex pain of neurasthenia.

I realize that the foregoing classification may appear too elaborate for a condition so apparently simple as backache, and that in many cases the backache can be easily traced to lumbago, a displaced uterus, or constipation; or, as the laity usually interprets the symptom, to kidney trouble. On the other hand, it would be a mistake to jump to conclusions and ascribe every backache to the conditions just mentioned. In the first place, uterine displacement and other pelvic and abdominal trouble may exist without giving rise to backache at all. Second; the backache may be of a complex nature, being caused by two or more conditions of diversified character. Lastly, each of the causes given in the classification is known to have caused backache; some with less, others with greater frequency; and, in order to treat every case intelligently, it behooves us to have a clear perspective of the comprehensive etiology of the condition.

Nature and treatment. When a woman presents herself with backache, inquire carefully as to its nature, whether sharp and lancinating, or dull and boring, or merely a dragging sensation in the back. Is it spontaneous or evoked? Is it affected by exercise? What is its site, sacral, lumbar, or dorsal? What is the point of maximum intensity? The information thus gained will suggest the further objective examination. The back is to be exposed from the neck to the end of the spine, or the buttocks. It will probably be most convenient to take up the subject in the order of the etiological classification. The backache of the acute infectious fevers requires but a word. With the hyperpyrexia, acuteness, and the other distinctive signs of the respective diseases, the backache is recognized as one of their prodromal symptoms, and the treatment is that of the disease. In influenza, for instance, the backache may require salol, Dover's powder, liniment embrocations, and probably a hypodermic injection of one sixth grain of morphine sulphate. As a prodrome in the secondary stage of syphilis, backache is a part of the muscular pains, caused by intoxication produced by the luetic virus, and is recognized by the history and the exclusion of other causes.

Rheumatism. This manifests itself in a myositis or myalgia of the back, called lumbago, easily recognized by the history of previous rheumatic attacks, by the history of exposure, by the acuteness of the attack, the pain being situated across the loins, aggravated by muscular exertion. Treatment is by rest in bed, hot bath, liniments, ironing of the lumbar muscles, deep massage, aspirin or salol, and fixation of the affected part by strapping with adhesive plaster. Muscular rheumatism of the back sometimes takes in a chronic abscess, and is again recognized by the history and exclusion, and the treatment is much the same as given above.

Neurasthenia. In neurasthenia, pain in the back is one of the forms of spinal irritation present in that disease. The backache in this condition is usually worse in the morning and not aggravated by exertion. Of course, neurasthenia may be the sole cause of the backache, and when that is the case, the treatment for the main condition, rest, tonics,

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"rest cure," etc., is the treatment for the backache. But so many cases of neurasthenia in women are either complicated, or in part caused by the various pelvic disorders, that the matter of the causation of the attendant backache becomes more complicated. At times the neurasthenic element predominates; at others the pelvic; and the question of treatment must here be considered from a broad standpoint. Neurasthenia is nerve exhaustion, and lumbar pains are common in these run down neurasthenic conditions. Pelvic tumors, adhesions, and uterine retrodisplacement, as well as chronic constipation, pressing on the sacral nerves and causing reflex pains and lowering general vitality, can therefore very easily aggravate or in part cause this nerve exhaustion, which in turn causes the backache. Pains in the back, on the other hand, directly caused by these pelvic masses abnormally pressing on the sacral nerves, can easily be aggravated by an already existing or a superimposed neurasthenia.

In a sense, hysterical backache is similar to the neurasthenic as far as causation goes. Its character, however, is different, and is recognized by the other signs of the disease, and by its irregular seat, as well as by the fact that it disappears when the patient's attention is withdrawn.

The pelvic conditions that may cause backache are as follows—I say *may*, because, while they cause this symptom in many cases, they may be present without causing pain in the back: Prolapse, retroflexion, retroversion, and the various tumors of the uterus, dysmenorrhea, and endometritis; the various ovarian tumors. The pain of the uterine displacements and tumors is situated in the lumbar or upper sacral region of the back, and is worse on standing and relieved by lying down. There are frequently adhesions, and the pain is ascribed to traction on the uterosacral ligaments. In acute inflammation of the uterine appendages the pain is sharp and lancinating; in the obstructive forms, such as dysmenorrhea, it is paroxysmal. It is not necessary here to enter upon the subject of the differential diagnosis of these pelvic disorders. As to treatment, in some of these conditions operation is the only treatment. In others, such as some cases of retrodisplacement of the uterus, the question of mechanical and medical measures may come up for consideration, either with a view to cure or as palliative and operative preparatory measures. Then the system must be built up, general and sexual hygiene observed, massage and electricity employed. It is also in these cases that the various artificial supports, such as corsets, belts, and pads, are employed.

Floating kidney and renal calculus cause lumbar pains which may be classed as back pains; an inflamed appendix, with its tip pointing posteriorly, and an inflamed gallbladder or the seat of stones; aortic aneurysm, and constipation, all may cause pains in the back. Their differential diagnosis and treatment need not be discussed. A gastric ulcer and carcinoma may also cause back pains.

An occasional cause of backache is a looseness or subluxation of the sacroiliac joints, present in some cases of pregnancy, fatigue, and run down condition of the body. The pain is aggravated by

lying upon the back. The treatment is proper support to the pelvis, procured by lying at night on a firm bed with a firm hair pillow under the hollow of the back. In the severe cases, the application of a plaster jacket. In cases of "static" backache, where it is the result of a loss of balance producing strain on the tissues in the lumbosacral region, the wearing of proper corsets often corrects the disorder, and relieves the backache. The main features of these corsets are that they are short behind and long in front. They fit the patient tightly around the pelvis, and are incurved at the waist line at the back and sides, whereby they correct vicious balance by carrying the centre of gravity backward, thus relieving muscular strain and by splinting the lower back. The researches of Reynolds and Loretz (*Journal of the American Medical Association*, March 21, 1910), have illuminated this phase of the subject.

Finally, remember that every case is a law unto itself and that the patient and not the backache is to be treated.

Dr. L. Newell, of New York, observes:

In determining upon a course of procedure when backache is the complaint in a woman, a thorough and painstaking history is absolutely necessary in order to determine the true origin of the pain, and upon this depends the proper treatment to be instituted. Much information may be gained by carefully noting the attitude and gait of the patient. The exact location of the pain and its radiation should be determined, and the patient should be asked to point with the finger (and not with the whole hand) to the point of maximum pain. According to the locality, pain may be designated as 1, lumbothoracic; 2, lumbar; and, 3, sacral or coccygeal.

When the backache is referred to the lumbothoracic area, a subphrenic abscess should be kept in mind, which may follow a pneumonia or empyema, gastric or duodenal ulcer with perforation, a ruptured empyema of the gallbladder, a typhoid perforation or perforated or gangrenous appendix, or an abdominal aneurysm, in which case the bruit and thrill and expansile pulsation will be felt.

In the lumbar area one must take into consideration the muscles and fascia of the back, the erector spinae, lumbar fascia and quadratus lumborum and psoas muscles, and the various causes of myalgia, e. g., lumbago (German, *Hexenschuss*), which comes on after exposure to dampness or cold and occurs most unexpectedly, lasting from two or three days to two or three weeks; rheumatic myalgia, which gives a history of pain increased by movement and pressure and relieved by warmth and rest, and associated are symptoms of lithemia and red sand in the urine. The therapeutic test of salicylates is of great value. Fatigue (chronic muscle tire) or occupation often is a cause in young women, with increased pain after exertion, mental, physical, or emotional. The muscles are found to be flabby and the vertebral column is not supported. Associated may be found neuroses, neurasthenia, anemia, or local exhaustive disease (uterine, gastrointestinal). A lazy, lounging attitude is assumed or the back is supported. Spinal curvatures may be