Neurosurgical forum
Letters to the editor

Spinal Cord Recordings

To THE EDITOR: I was delighted to read in the paper by Illingworth and Molina-Negro (Illingworth RD, Molina-Negro P. Spontaneous and electrically-evoked activity in the anterolateral column of the spinal cord in dogs. J Neurosurg 40:58-64, January, 1974) confirmation of the concept that the spinothalamic tract is organised on a somatotopic basis rather than segmental. The figure I drew in the three papers cited below1-3 is very similar to Figure 5 in their paper.

Lately, recordings of sensory responses from stereotactic spinal tractotomy in man4 do indeed suggest that the large hand and foot are located more superficially than more proximal parts of the body. I am still not sure this is the case, however, and further work continues to determine this relationship. Schvarcz, G. (personal communication) has confirmed many of these observations in man.

I would like to congratulate the authors on their interesting and important contribution.

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References

RESPONSE: We are grateful to Dr. Hitchcock for his comments on our paper. In his very interesting papers he rightly emphasizes the difficulties of recording from the spinal cord of man, and clearly there are problems in building up an atlas of spinal cord structure and function solely on the basis of such recordings. Some verification of electrode tracts is essential, especially as the spinal cord is so mobile within the spinal canal and also so easily distorted. Probably similar recordings in suitable experimental animals using evoked potentials rather than subjective sensory response will continue to provide further information about pain transmission.

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Paget's Disease of the Vertebræ

To THE EDITOR: It may interest the readers of the article by Sadar, et al. (Sadar ES, Walton JR, and Grossman HH: Neurological dysfunction in Paget's disease of the vertebral column. J Neurosurg 37:661-665, December, 1972) that yet another patient can be added to the previously reported five who responded favorably to a second laminectomy for recurrence of symptoms and signs.

Seven months after the first operation this patient was again suffering from severe radicular chest pain and disagreeable paresthesia induced by the slightest touch, vibration, or pressure. The same stimuli also induced painful involuntary contractions of the abdominal muscles and the flexors and adductors of the legs. There was progressive spastic paraparesis and urinary retention. The angle of the original kyphotic thoracic deformity had remained unaltered. Myelography, which was followed by further clinical deterioration, and surgery indicated total blockage at T-8, i.e., two levels above, and at T-12, i.e., one level below, a previously adequately if not generously decompressed area of pathology. Accordingly, the second operation was more extensive in both directions. The immediate result was complete relief from the paresthesia and chest pain, and cessation of the muscle spasm. Normal bladder function was re-