FIVE PERSONAL CASES

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I propose to present five personal cases of back trouble which have stuck in my mind:

The very first case of painful back I encountered was my own. I was set fast by an excruciating pain in the loins one day when I was a medical student. My mother said it was lumbago and made me lie prone on my bed while she ironed my back with a hot flat iron through brown paper, which all but caught fire. It cured me. My luck was in. I would not mind doing this to a relative or to a private patient who was also a personal friend, but I would not do it to a N.H.S. patient—something would surely go wrong and I should be for it. Headlines, lawyers' letters, M.D.U., sleepless nights. I was lucky because the modern equivalent would be referral as a patient to the physiotherapy department, of which life membership and club meetings twice a week seem almost mandatory.

My next case I had entirely forgotten until the patient, a very old friend of mine, reminded me of it the other day. I had just gone as an assistant with a view in general practice and he, a rating in the Merchant Navy, had returned from a voyage with a bad back. He had received quite a lot of hospital treatment but had been discharged with the promise that it would get all right on its own but would take time. He came to live with his parents in the next village to mine, and would crawl along to my surgery for his certificates, first once a week and then every month. His back did not get better. It stayed much the same, and he and his parents, who could hear him groaning in bed at night, got fed up with it. They conferred, and the next time he came to see me he asked me to give him the name of the bone-setter in Norwich who looked after the football team so that he could have his back manipulated. Being young and touchy I took umbrage, and flared up. "No," I said, "what do you want to go to him for? I'll manipulate it for you." It seems that he then loosened his collar and took off his boots while I spread a rug on the floor on which he lay down. Then, regardless of it being just after breakfast, I chloroformed him—deeply. I next caught hold of whatever parts of him were lying around and tugged

and twisted until I was tired and out of breath. He took a very long time coming round and when he did come round he was sick, very sick. He was so shaky that I had to help him to my car, drive him home and put him to bed. Never again, I decided. But the joke is that he claims I cured him completely. He swears that he signed off the club the very next day and joined up with his brother in a market garden venture. Neither has he had any recurrence over the past 35 years. He thinks the world of me. I tell him that his back trouble served a useful purpose by getting him out of the Merchant Navy and that when his brother came up with the market garden plan he was ready to get well. My job was purely catalytic. But I don't think he entirely believes me.

All the same, in future I adopted a firm line of treatment for recalcitrant backs: a smoking hot belladonna plaster, of generous dimensions, clapped over the spot and left *in situ* until it fell off.

During the 22 years I was in sanatorium practice none of the 2,000 odd patients who passed through my hands developed troubles in their back in spite of the long months of almost absolute bed rest that was imperative in those pre-antibiotic days—3, 6, 9, even 18 months, during which all the muscles of the body became soft and flabby from disuse atrophy. Of course, during their later stage of graduated exercise, though they vied with Barbara Moore as cross country walkers, they were shielded from sudden or unexpected stresses and strains. No, it was the nurses who developed ' backs ', especially the young inexperienced ones, unskilled in lifting patients properly. They were treated with belladonna plasters, of generous dimensions, clapped on smoking hot and left on until they fell off. But the same roll of plaster I bought in 1935 was not all used up 22 years later, when the establishment was taken over as a rehabilitation unit. So we couldn't have had very many cases.

Before I discuss the cases I encountered in rehabilitation practice, I must tell you of a more recent experience. During the five months I was acting as independent observer and adviser to a hospital in Cape Town, I sat in repeatedly with orthopaedic surgeons. I saw cases demonstrated with radiological bony changes, narrowing of the intervertebral spaces; cases which five years after a successful laminectomy and bone graft had developed exactly the same trouble lower down their spines; and cases with no radiological changes whatever.

One afternoon the orthopod, gazing at such a normal film, asked: " What do *you* do for backache, George? " I answered promptly: " Clap on a smoking hot belladonna plaster of generous dimensions, and leave them on till they drop off." He chuckled, and his medical students sniggered, as much as to say, " The old fool must have his little joke, poor sap."

I feel pretty sure that if it had not been a teaching session he would have implemented my suggestion. I swear he wavered; but the thought of what the professor of surgery would say to such mediaevalism being taught to his students inhibited him. And the victim was wished on to the physiotherapy department for the slap and tickle, the radiant heat, diathermy, ultrasonics and other good rich scientific dodges. Life membership and all. It got rid of him at any rate.

On my way back from Cape Town I broke my journey in Rome especially to consult with Dr Simeons at his Salvator Mundi Hospital. As you know, Dr Simeons is one of the world's greatest exponents of the psychosomatic approach, one on whom the mantle of Groddeck seems to have fallen and whose patients travel thousands of miles to see him. We discussed backache and the part played by the various unconscious motivations and the difficulties of getting to the root of the matter; I mentioned belladonna plasters as a short cut. " Yes," he said, " sometimes it is actually quite a good thing to *do* something, so long as you do it at the right moment. The unconscious often seems to need a face-saver, an excuse to let its owner get well." I think anyone who has been in general practice and is not bloated with therapeutic omnipotence will agree with him.

My next case is one that I simply do not understand. The patient was an attractive girl of 26, a shorthand typist and filing clerk in a municipal office. She lived at home and commuted to her work by bus. She was so serious minded that I suspect her stockings, when they laddered, laddered downwards. One day when she was lifting a box file from the floor she was seized with severe pain in the lumbar region which radiated down her right buttock and outer side of her thigh. A day or two in bed with homely remedies did no good so her general practitioner was called in and she was referred to an orthopaedic surgeon. Her back was manipulated and then incarcerated in plaster-of-Paris and she lay supine for several weeks. Eventually the plaster was removed, but the pain and limitation persisted. So she was referred to the psychiatrists, who diagnosed a ' hysterical overlay ', and gave her the jollification drugs, which certainly enabled her to tolerate her pain better. But she still held herself rigid, and still walked with a limp, gritting her teeth.

Weeks went by and she literally was not getting anywhere. She wanted to get back to her job before it was given to someone else. By now she had been off work for nine months. So then the psychiatrist wished her on to me, to see what gently graduated exercise might do for her, especially in a community of fellow patients who were going through exactly the same regime. It made her worse. She tried hard to accomplish the exercises set for her each day; she tried hard to make light of her pain; but within a very few days this was obviously the wrong line of treatment.

We were therefore back in square one. So I spent some time with her and elicited a detailed history: what might have been leading up to it; how exactly it happened; the exact site of the pain and the movements that aggravated it. I even examined her. And I came to the inescapable conclusion that she was indeed suffering from a prolapsed intervertebral disc with root involvement. I suggested referring her back to her orthopaedic surgeon, but she wouldn't hear of it, and I can't say I was sorry. Her refusal enabled me to refer her to a young orthopod (smaller than I was) with this injunction: " Explore her vertebral column and I bet you ten bob you'll find disc trouble." He demurred but eventually gave in. After the operation he rang me up. Her vertebral column was perfectly normal—no sign of disc trouble or any other trouble, and I owed him ten bob. " What have you told her? " I asked. " Nothing," he replied, " she hasn't come round yet. What *shall* I tell her? " " Tell her that the operation was a complete success and that her back is now perfectly normal; you needn't go into details."

He did so, and within a week she was sent back to me, a pain-free and happy girl. She plunged into her graduated exercises with zest and complete impunity, and within 10 days was cycling round the countryside. She went back to work and as I have no follow-up system, I lost sight of her. But last May she sent me a whacking big bunch of asparagus (which offset that ten bob) to commemorate her being back at work for three unbroken years.

I do not understand this case. Is it possible that the surgeon, in his exploration, unwittingly freed a nerve from some disagreeable surroundings? Or was the whole phenomenon hysterical? If so, one must postulate that, at some level of consciousness or unconsciousness, she was aware of all the classical signs and symptoms of prolapsed disc, that her disability had served its purpose and that she was now quite ready to get well. But, as Dr Simeon suggests, her unconscious needed some face-saving therapeutic measure as an excuse for getting well.

The next case is a bit borderline, being one of pain in the neck. But as it is still in the vertebral column I am going ahead. This nagging pain had developed insidiously and had worsened before the patient went to her doctor. He referred her to the hospital where, after serving for some weeks as outpatient fodder she was admitted and every conceivable test was performed with negative results. They put a collar round her neck and took it off again; they gave her pills which deadened the pain; and they reassured her that all was well. As she seemed a bit pulled down and low spirited by now she was transferred to the Mundesley Hospital for a little seaside holiday in a health-orientated set up. During her first week I merely kept her under surreptitious observation. I discovered,

largely from my grapevine, that she was depressed and unsociable, did not join in the conversation at table, never smiled, and took her walking exercise alone, always looking on the ground. If she looked up she got a pain in her neck which shot over her occipital region and gave her headaches. She was sleeping very badly. So one evening I pounced on her, exclaiming: " We really must get to the bottom of this trouble," and gave her the therapeutic overhaul known locally as a ' Mundesley Special '.

A therapeutic overhaul is the reverse of the ordinary physical examination in that one is seeking good rather than evil things—glad tidings and not bad news. Every system is impressively examined and gets an honourable mention whenever possible. " Your kidneys are behaving like perfect little gentlemen . . . That's a good strong heart you've got. It will last out your time . . . Your x-rays showed a flawless pair of lungs. What's more, they work . . . Your low ESR rules out any progressive active disease process anywhere . . . And so on and so on. . ."

It is a sort of blunderbuss white spell calculated to dispel any undisclosed fear too terrible to be faced and uttered aloud. And surprisingly often it works. At the end of such a session there is often a deep sigh of relief and a shamefaced admission of fear. " I was so afraid I might have cancer, tuberculosis, leukaemia. . . Nobody ever tells you anything in hospital." But in this case there was no sigh of relief. So after we had sat for a little while in silence, recovering from all the pawing and mauling about, I said, " Well, there's nothing to account for your trouble. Have you anything on your mind? "

And then it all came out. Years ago she had been trapped into a bigamous marriage. When it was revealed and her man went to prison she was already with child. She had to stick to her man for the sake of this child, because she could not go out to work. Her husband spent a great deal of his life in and out of prison. Eventually when the boy was old enough to go to school she made a final break, removed herself to another locality, established herself as a respectable widow, went out to work, and devoted herself to bringing up her boy nicely. Thus several years passed more or less happily. But now her boy was approaching his 18th birthday and nearly due for military service. She was sure ' they ' would want his birth certificate, and that his illegitimacy would then be revealed not only to the boy himself but to the world at large. " I could never hold up my head again," she said.

My immediate reaction was one of stupefied admiration for the way in which she had coped all those years with a socially impossible situation and stoically borne her trouble without breathing a word

to anyone, and I told her so. " But," I added, riffling through her hospital case-notes, " I see you were sent to a psychiatrist. Didn't you tell him all this? " " No," she replied, " and you're not to tell him either, please."

Lest I appear to be crowing over the psychiatrist, let me point out that *I* had given her a physical examination. My bare hands had palpated, percussed, stroked, caressed, gripped and pummelled her bare flesh. And there is something magical about this laying on of hands. What it is I don't know. There is communication through physical contact. A kiss, a punch on the chest, a slap on the bottom—how these are given and accepted establishes communication beyond the reach of words, and this communication is by no means all one way even when the fingertips are palpating a radial artery, or when one holds the hand of someone enduring the terror of suffering. Indeed, even when one is stroking a purring cat.

I think it has something to do with that neglected third ingredient of the whole man, about which we are taught nothing as medical students, which does not come into psychiatry, and which we are apt to forget. I mean of course the Spirit, without which we just would not tick. Physical contact may very well be a Hot Line to the Spirit. Let us leave it at that.

Of late years, whenever I find I am not getting anywhere with a patient, and there seems to be a barrier of mutual antipathy between us, I take myself by the scruff of the neck and force myself to make an unnecessary and lengthy physical examination. And invariably it has brought about this, shall be say, spiritual rapport. Invariably our relationship has been changed, and changed for the better. And it has certainly paid off better than keeping the patient at arm's length and sniping at him from behind the invisible barrier that lay between us, which had been my evasive action when I was younger and more insecure. But of course psychiatrists cannot do this. They want all the physical examinations to be concluded before they see the patient. The real mountain-top Freudians do not even shake hands with the patient or help her on with her raincoat—a proper no-touch technique.

To return to my patient. "At any rate," I said, " you have every reason to be proud of yourself. It's all nonsense about your not being able to hold up your head." She took me literally. She raised her head and suddenly smiled for, believe it or not, her pain had gone. We then took counsel together for the rest of the time, examining the very worst things that could possibly happen when the full facts were known to her son, to her neighbours, to the world at large. We became quite hilarious by the end. The Queen, on hearing how naughty one of her subjects had been, would certainly

summon her to Buckingham Palace and chop off her head.

To say outright, 'Woman, thy sins be forgiven thee' might appear blasphemous, but there can surely be no harm in removing a burden of guilt and fear by demonstrating that it is illusory. Next day my spies reported that she was a different woman and they were asking me whether I'd used tyre levers or a blow lamp to straighten her neck.

My last case was wished on me in a rather unorthodox manner. Albert was a gardener at a nearby hospital, not a frightfully good gardener at the best of times, but nine months previously he had been laid up with pneumonia and had been on the club ever since, labelled " postpneumonic debility ". The group secretary was getting fed up with this and asked me to admit Albert and try to ginger him up a bit; otherwise they would have to write him off. Of course I jumped to the conclusion that Albert was in fact suffering from undiagnosed pulmonary tuberculosis and was only too ready to accept him and demonstrate a bit of one-upmanship. And of course he wasn't. Neither did he have any blood dyscrasia, and his ESR was only $1\frac{1}{2}$ at the end of an hour. I could find absolutely no physical cause for his debility. He was unmarried, lived at home, and like *Wetherby George Du Pres*, " took great care of his mother, though he was 43 ". He had always, he said, suffered from a weak and painful back, but since his pneumonia it was so weak and so painful that after about five minutes digging he came over all queer and had to sit down. We found that he stood up to walking exercise as well as the next man—we soon had him walking, or rather slouching, six to seven hilly miles without distress. But sure enough, when we tried him out on digging and similar exercises, he folded up. So without much hope or conviction I gave him a 'Mundesley Special,' the therapeutic overhaul, with exclamations of praise for all his organs, laying special emphasis and a lot of pummelling on the magnificent muscles in his back, and then, as I worked my way down, I was led by some lunatic impulse to say, " It's a pity you aren't married. You could have three wives, thirty children and a hundred grandchildren." This slap-happy remark eased the cork out of the bottle, and the stuff came pouring out. He was, he told me, a compulsive masturbator and he had been struggling vainly to overcome this addiction for years. He was bowed down with guilt feelings and terribly depressed, convinced that " self-abuse sapped your strength and weakened your brain." " It's on my mind the whole time and I get so depressed." And then he made what was in the circumstances a staggering remark. "A friend of mine," he said, " got terribly low and they gave him electrical treatment—do you think it would do me any good? " As my mind had been running along exactly the same lines a few seconds earlier, I had no hesitation

in saying I was sure it would. And that I would make the necessary arrangements.

Albert only needed three ECTs, and then cheerfully went back to work and I lost sight of him. In fact I quite forgot about him until recently when I ran into him in the post office near his home. I did not recognize him but he recognized me, and he came grinning up to me and said, " Master, one wife is quite enough for any one man." He had two lovely children and was happy in his work. Since the creatures behind bars in post offices have ears I did not ask him if he still masturbated. In any case this was now a question of less than academic importance.

I have mentioned five cases. In two of them—that of the sailor whom I manipulated and the typist whose back was explored—I'm prepared to believe that the patient's illness had achieved its mysterious ends, whatever they may have been, so that the patient was ready at that moment to get well. In the other two, the unmarried mother and the masturbator, the disability was symbolic. Each case stemmed from guilt-feeling and fear and promptly resolved when these emotions were ameliorated, in the one case by counselling and in the other by ECT. About my own case I am not qualified to express any opinion. But all five cases have one thing in common: I was extremely lucky to get away with them.

DISCUSSION

Chairman: I cannot be alone among the practitioners present here in wishing that we could see this point of view of prompt surgery when surgery is inevitable put into practice. The difficulty in getting things done until a long interval has intervened sometimes makes the results of operations less good.

With regard to Dr Blair's study of backache in general practice, especially in women, what part did he find was played by skeletal proportions? I am referring to length of shank and the vulnerability to backache of women with long femurs when so much of their work has to be done stooping, especially when they have not learnt to stoop down with their knees bent. And this also applies to schoolgirls, with those wretched physical trainers who think it is ideal for every girl to touch the floor with her fingers or preferably with the palms of her hands.

Dr Blair: There is no doubt that length of leg is very important because