

OPERATION FOR POTT'S DISEASE OF THE SPINE

M. McE., aged 51. In August, 1910, a diagnosis, borne out fully by the patient's history, of Pott's disease was made in the case of this patient, and he was admitted into the wards of the Montreal General Hospital. At that time he made the following complaints: (1) he had been suffering from an almost continuous burning pain in his back and under the sternum for twelve months; (2) during this period he had lost about forty pounds in weight.

On admission there was found to be a partial dulness from the 1st to the 4th rib on the right, and from the 1st to the 5th on the left. Over these areas the breath sounds were harsh and of a somewhat bubbling character. The spines of the 1st, 2nd, 3rd, and 4th dorsal vertebræ were prominent and somewhat enlarged. The 10th, 11th, and 12th dorsal spines were also prominent and presented a somewhat similar condition, whereas the 5th, 6th, 7th, and 8th spines were at a much lower level and made a hollow. Over this hollow there was tenderness on pressure. The knee jerks were somewhat increased. The other reflexes and sensations were normal.

The possibilities for the treatment of the tuberculous lesion in the spine of this patient did not seem hopeful. It was useless to attempt fixation by plaster, because of the age and disposition of the patient, and the position of the lesion was not favourable for such form of treatment. Fixation by a brace also was out of the question. Recumbency, with extension and counter extension, was, therefore, resorted to. Under this treatment the patient's condition rapidly grew worse. On November 26th, 1910, a careful examination was again made. It was found that there was complete loss of sensation to heat and cold, pin pricks, or cotton wool, in the legs and up to the umbilicus in front, and to the 10th rib behind. Above this, for a distance of 10 cm., sensation was blurred, while above the 4th rib in front and the 8th rib behind, sensation was apparently normal. He had a double ankle and rectus clonus. Babinsky and Oppenheim signs were present. The knee jerks are markedly increased and the legs were in a separated condition. The 3rd, 4th, and 5th dorsal vertebræ were not tender to the touch. He had no control over his bladder, and continually complained of pain in the epigastrium and the lower costal borders. He had great difficulty in voluntarily moving his legs.

The question that presented itself was, what was to be done?

Last May, Professor Lange, of Munich, reported at a meeting of the American Orthopædic Association, at Washington, that eight years ago he had made his first attempt to get fixation of a diseased spinal column by operative procedures. He carried two steel wires, 4 mm. thick, one on each side of the spinal processes, under the muscles, and fastened them with silver wire above and below. These had to be removed in a few months because of the formation of abscesses. They acted as a cause of aseptic suppuration, as does sublimated silk in tendon transplantations. Tin was therefore substituted by Professor Lange,—steel splints carefully covered with tin. Professor Lange's first operation with these tin-coated steel splints was performed two years ago. Since this operation his patient has worked at the anvil in a smithy. The operations performed from that time have been few, but the originator of the operation seemed confident that the procedure was a good one.

The patient, whose condition is being discussed, was rapidly losing ground and becoming paralyzed. Rest by fixation of the spine was the treatment indicated, and yet this seemed impossible by ordinary procedures. It seemed a case, therefore, to try the method suggested by Lange. The spines of the 4th, 5th, 6th, 7th, and 8th dorsal vertebræ were fixed, and I have to report progress towards the betterment of the patient's condition. The wound healed by first intention, and he was sitting up in a chair in less than two weeks after the operation. The condition of his nervous system is also improved. The operation performed on this patient was done about a month before the writing of this report. This history, therefore, is not presented as that of a patient cured of Pott's Disease by operation, but rather as illustrating a procedure both justifiable and to be recommended in certain exceptional cases of tuberculosis of the spine.

A. MACKENZIE FORBES.

Montreal.