**Mr. J. S. Batchelor:** I have a patient, a middle-aged woman, who is complaining of backache, the X-rays of whose spine show sclerosis of the second lumbar vertebra. In addition, she has changes typical of Paget's disease in the lower end of the femur.

I feel that the sclerosis of the lumbar vertebra in Mr. Catterall's case is almost certainly due to Paget's disease.

Subsequent discussion considered and rejected the possibility of malignant disease and angioma as diagnoses, nor was further support forthcoming in favour of Paget's disease.

In summing up, the **President** quoted a similar case of his own which he had called "non-specific osteitis" and had treated with a bone graft.

**Curettage of Tuberculous Vertebral Disease in the Treatment of Spinal Caries.**—M. C. WILKINSON, M.B.

Impressed with the improvement that may follow costo-transversectomy in the treatment of vertebral caries with paraplegia, both in the patient's general condition and in the vertebral bodies at the site of operation, I have tried to apply a similar method to the treatment of tuberculous disease of the spine without paraplegia. The importance of the abscess in producing persistent disease has been emphasized by Swett *et al.*, 1940. Especially is this so in the dorsal region, an area for which the prognosis is worse than in other regions (Wilkinson, 1949). At operation the abscess is opened by removing the vertebral portions of one or two ribs, including the rib heads; the abscess is evacuated and any loose sequestra or osseo-caseous material are curetted away with a spoon; curettage should be in a forward direction away from the theca. The most important risk is that of tuberculous meningitis, due probably to direct spread to the brain through the perivertebral plexus of veins (Batson, 1940). The administration of streptomycin before operation and afterwards for at least a month should diminish this risk. Especial caution is required in applying this operation to children, owing to the increased risk of tuberculous meningitis.

Two results in adults are reported; streptomycin was only available in small quantities at the time their operations were performed.

CASE I.—W. B., male, aged 45 years. Admitted on April 1, 1946, suffering from tuberculosis of the eighth and ninth dorsal vertebræ and treated for a year in a plaster bed. Nearly a year after discharge he developed fresh girdle pains. Fig. 1 shows unsound ankylosis between the remains of D8 and 9 with surrounding caseo-necrotic material. After two months' constitutional treatment, costo-transversectomy of the tenth rib and transverse process was performed, but there was difficulty in opening the abscess. The rib was minced and inserted into a gutter made in the spines. A month later, in July 1948, costo-transversectomy of the ninth rib and process was performed; a calcified abscess and the lesion in the vertebræ were curetted. The wound healed without sinus formation. The patient was up in a brace four months after operation and returned to work eight months after operation. Fig. 2 shows the spine eleven months after operation. There is bony ankylosis between the remnants of D8, 9; the surrounding osseo-caseous material has been removed.

In February 1949 some progressive caries in D7 was noted, requiring readmission.

CASE II.—V. S., male, aged 30 years. [X-rays only shown at meeting.] This patient had been treated for slowly progressive disease of the tenth and eleventh dorsal vertebræ since 1944. He was in a plaster bed for eighteen months, but was readmitted in 1948 with a very large perispinal abscess, increase in the caries, and poor general condition. Fig. 3 shows caries of D10, 11, 12 with multiple vacuolated areas; the large perispinal abscess was only visible in the A.P. view. Costo-transversectomy of the eleventh rib and process was performed in July 1948, a considerable quantity of fluid pus was evacuated and the eleventh vertebral body was partially curetted. The rib was minced and inserted into a gutter in the vertebral spines. The patient was discharged after four months. He gained 2 st. in weight and returned to full work.

A slight sinus has persisted. Fig. 4 shows the recalcification and re-ossification in D11 due to breaking down by curettage of fibro-caseous barriers, revascularization and re-ossification. Improvement in D10 and D12 is also seen. The A.P. view showed disappearance of the abscess.

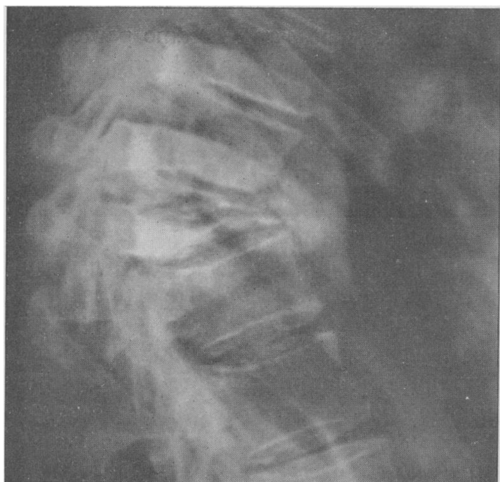

FIG. 1.—W. B. (10.4.48). Chronic caries of D8, 9 after a year's treatment in a plaster bed and a year ambulant in a brace.

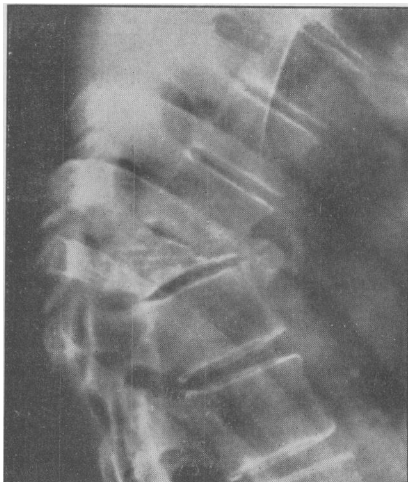

FIG. 2.—W. B. (3.6.49). D8, 9 showing bony ankylosis eleven months after curettage of lesion. Patient on full work.

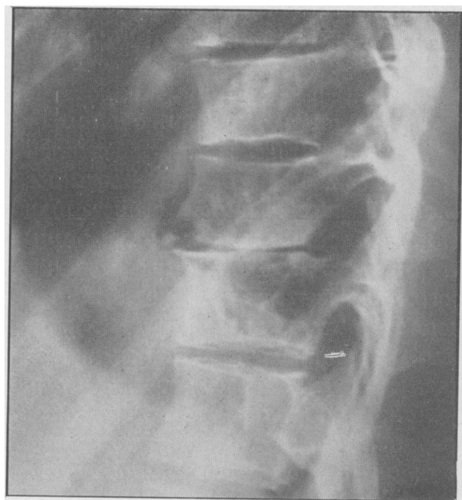

FIG. 3.—V. S. (4.6.48). Chronic caries of D10, 11, 12 of four years' duration.

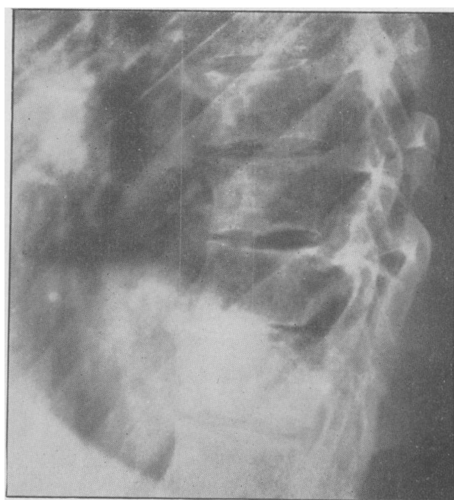

FIG. 4.—V. S. (12.5.49). Appearance eleven months after drainage of large perispinal abscess and curettage of D11. Patient on full work.

Improvement following operation, but not cure, is all that is claimed for these two patients.

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