

**ESSAYS ON THE TREATMENT OF
DEFORMITIES OF THE BODY. NO.
I: THE TREATMENT OF POTT'S
DISEASE, OR ANGULAR
DEFORMITY OF THE SPINE**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649302888

Essays on the treatment of deformities of the body. No. I: The treatment of Pott's disease, or angular deformity of the spine by Frederic R. Fisher

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Cover @ 2017

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FREDERIC R. FISHER

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ESSAYS
ON THE
TREATMENT OF DEFORMITIES
OF THE BODY

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No. I

THE TREATMENT OF POTT'S DISEASE, OR ANGULAR
DEFORMITY OF THE SPINE



LONDON
J. & A. CHURCHILL, NEW BURLINGTON STREET
1879

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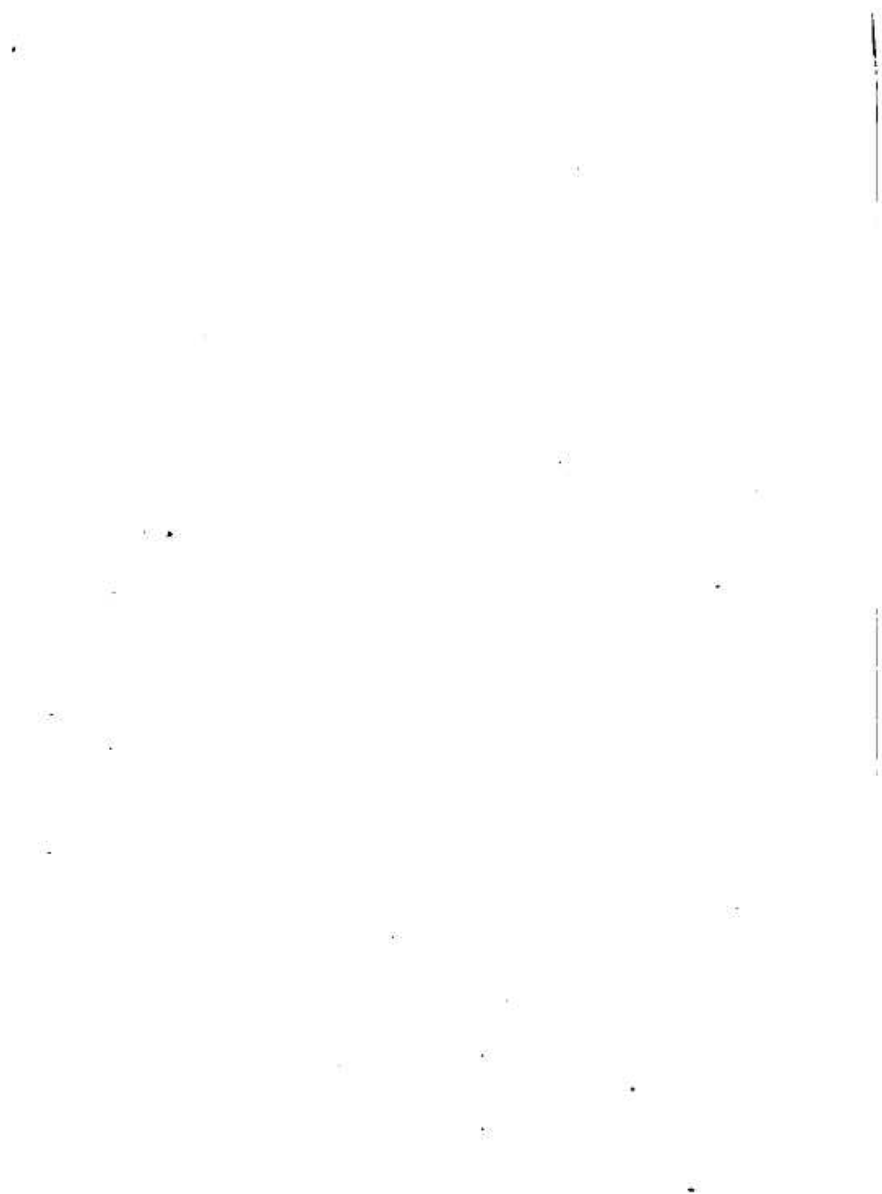
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IN these essays on the Treatment of Deformities of the Body I propose to discuss the practical value of methods of treatment which have recently been introduced. This, the first of the series, is especially devoted to the Treatment of Pott's Disease or Angular Deformity of the Spine by means of "the Jacket;" the subject of Lateral Curvature of the Spine will be considered in the second essay; in the third will be taken the Treatment of Club-Foot, and in the fourth Rachitic and other Deformities of the Limbs.

FREDERIC R. FISHER.

GROSVENOR STREET;

April, 1879.



POTT'S DISEASE

OR

ANGULAR CURVATURE OF THE SPINE.

ANGULAR CURVATURE of the spine results from destruction by disease of the bodies of the vertebræ; it is the treatment of this morbid process which claims chiefly the attention of the surgeon, and not merely, as in the case of simple mechanical deformity, the restoring misplaced structures to their normal anatomical position. The term angular curvature now commonly applied to this affection by English surgeons, is a by no means appropriate title; it points only to the existence of deformity, and is, moreover, at the best but a ridiculous expression, since to speak of an *angular curve* is a manifest absurdity. The old name Pott's disease of the spine, still retained on the continent, is far better; it clearly indicates the existence of a morbid lesion, and worthily records the name of the distinguished surgeon who first accurately described the nature of this complaint.

The pathology, causes, and symptoms of this affection I propose to consider only so far as is

necessary for the introduction of the special subject of treatment, and thus briefly to notice only the main points of interest in reference to these questions.

Pott's disease of the spine commences in the large majority of cases by inflammation of the cancellous bone tissue of the vertebral bodies, *ostitis interna*. As a result of this morbid action the cancellous tissue becomes softened and disintegrated; the outer shell of compact tissue is next involved, and the destructive process extends to the adjoining intervertebral discs and neighbouring vertebrae. Such is the most common course of this disease, the bone being the original seat of mischief; in some instances, however, the periosteum, intervertebral discs, or ligaments are first affected, the bone becoming secondarily implicated. In all cases it is the anterior portion of the spinal column that is destroyed, the posterior segments of the vertebrae formed by the laminae, pedicles, and different processes escaping unaffected. Hence arises the deformity. The anterior portion of the column, the function of which is to bear the weight of the body, being undermined, the column above the seat of disease sinks down upon the vertebrae below, pushes back the arches of the partially destroyed bones, and gives rise to the deformity known as angular curvature. The shape which the distorted spine assumes will be found to vary; when disease is limited to one or two vertebrae only, and the bodies of these are completely, or almost completely, destroyed, the projection will form a sharp angle; but

when several bones are implicated and none of these to any great extent, the projection will be rounded in outline, forming a curve corresponding in length to the number of vertebræ diseased.

As a result of the inflammatory process affecting the bodies of the vertebræ, further mischief may arise beyond destruction of a portion of the column and distortion of the spine. Spastic contraction, and paralysis with complete loss of function of the muscles of the lower extremities not unfrequently occur; the former condition depends either upon inflammation of the theca vertebralis, or of the large motor nerve trunks; the latter arises from the spinal cord being pressed upon by inflammatory deposit, or possibly, by the displaced vertebræ. This implication of the nervous structures gives rise, first to involuntary jactitation of the limbs, which is followed by a condition of constant muscular spasm, and eventually by paralysis with complete loss of function; sensation is very rarely affected.

Another serious complication and one which often proves fatal, is the formation of abscess in connection with the diseased bone; the accumulating pus most frequently comes to the surface either in the lumbar region, lumbar abscess, or in the groin, psoas abscess; but it may pass through the sciatic notch and appear in the buttock, or running between the muscles of the thigh may present in the popliteal space, or even as low down as the heel.

These complications, nerve-lesion and suppuration, I shall dismiss with this brief notice of their occurrence:—The existence of nerve-lesion is best