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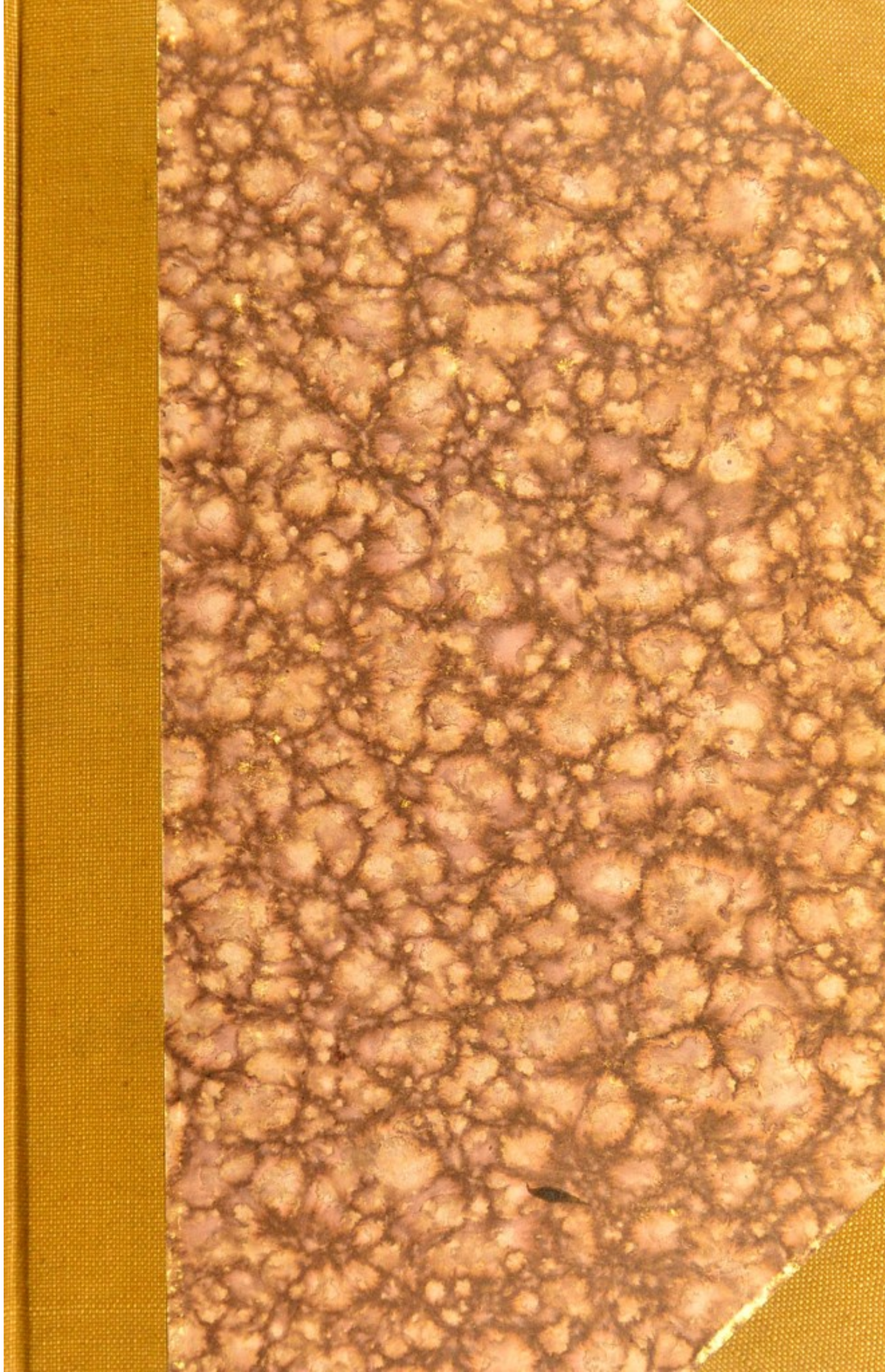
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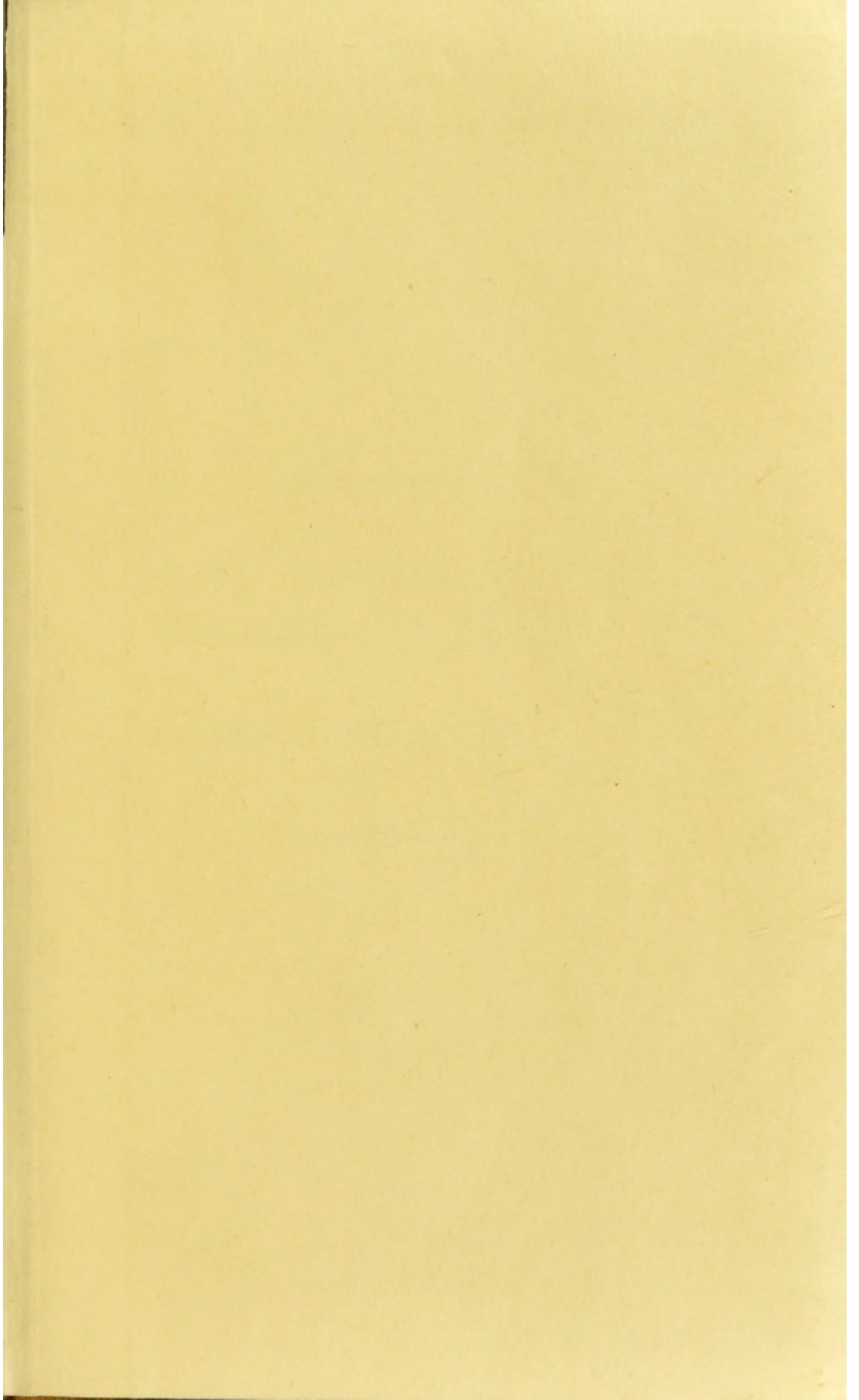
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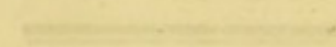
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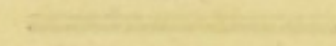
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ESTLIN'S
OBSERVATIONS
ON
DISEASED SPINE.

THE
DISEASES OF THE



SPINE
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OBSERVATIONS
ON
DISEASED SPINE;

ILLUSTRATED BY A CASE;

AND CONTAINING

STRICTURES UPON MR. BAYNTON'S TREATISE
ON THAT DISORDER.

BY

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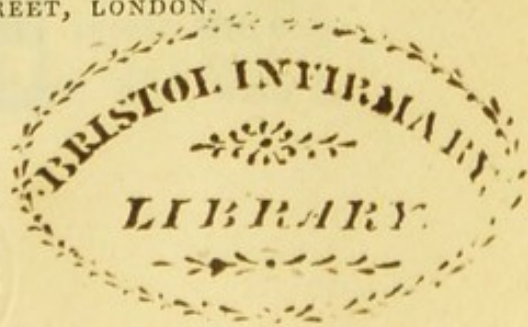
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1818.



OBSERVATIONS
ON
DISEASES OF THE SPINE;
AND
ON THE EFFECTS OF
THE CURATIVE TREATMENT
OF THESE DISEASES.

BY
J. H. BASTIAN, M.D.
OF THE ROYAL MEDICAL COLLEGE OF SURGEONS,
AND OF THE ROYAL COLLEGE OF PHYSICIANS,
LONDON.

UNIVERSITY
OF BRISTOL
MEDICINE



INTRODUCTION.

THE Author of the following Observations was advised, originally, to submit them to the Public in the form of a Pamphlet. A degree of doubt whether they were of importance enough to be entitled to a separate publication, and an unwillingness to be thought invidious, in criticising and censuring the opinions of a medical practitioner residing in the same city with himself, before a class of readers not the most competent to form a judgment upon the subject in dispute, induced him to publish them in the Edinburgh Medical and Surgical Journal, a periodical work of the highest reputation, and devoted to subjects of medical intelligence and criticism. The articles in this Journal meet the eye of almost every practitioner in the kingdom; and its Editors, with a laudable zeal for the improvement of science, never reject the contributions of respectable writers, who wish to

vindicate their opinions from uncandid criticism, and unmerited censure.

In the medical republic, neither rank nor reputation places an individual so high, as to protect him from having his published opinions freely canvassed. To this liberty, the science is greatly indebted for its present state of advancement. The risk of lowering himself in the estimation of the members of a learned profession, will generally be sufficient to prevent a writer from making injurious and unfounded attacks upon the opinion of others; but on the other hand, the satisfaction of knowing that his remarks, if judicious, will meet with attention from those whose approbation is most valuable, will often induce him fearlessly to offer them to public consideration.

It was in the common field of unrestrained discussion which the *Journal* alluded to opens to every medical writer who is able to vindicate his opinions, and has candour enough to submit himself to the tribunal of public sentiment, that the author expected to have found a refutation of his arguments if they were unreasonable; but after looking in vain to that quarter, he has received no other reply

than personal remarks, of such a kind, as entirely to release him from all feelings of delicacy, and to determine him to reprint the article in its present form.

The Author of these Observations disapproved of the mode of treating diseases of the Spine which Mr. Baynton had proposed to the world in a Treatise on this disorder. The plan there suggested was at variance with the method recommended and pursued by those surgeons who have held the highest rank in this country. The cases brought forward as illustrative of the excellence of the new plan, appeared to afford very insufficient evidence of its superiority, and there seemed to be no better way of giving publicity to objections, than by communicating them to a work of the high character possessed by the Edinburgh Medical and Surgical Journal, authenticated by the writer's name. He may be wrong in his conclusions, but he felt he had an undoubted right to state them; and he has the satisfaction to find, that every professional man he has corresponded or conversed with on the subject, coincides with him in opinion. In the judgment of Mr. Earle, (an eminent Surgeon in London, whose criticism of Mr. Baynton's

work was far more severe than that contained in the following pages,) *not a single case* of those adduced by Mr. Baynton affords any proof that diseased spine has been cured by trusting the patient to rest alone.

The approbation which his professional brethren have bestowed upon his Observations, has tended in some degree to remove the doubts which the Author entertained when he first submitted them to the public; and as a regard for his own character, and a determination to maintain his right of freely canvassing the published opinions of any professional writer, have since called upon him to reprint them, he cannot but indulge the hope that the greater publicity thus given to them, may have some effect in counteracting what he considers to be an injurious mode of practice, recommended in Mr. Baynton's work. Should this be the case, he will have the satisfaction of reflecting that he has conferred a benefit upon his profession, and on society in general.

Bristol,
22 College-Green,
February 1818.

OBSERVATIONS
ON
DISEASED SPINE.

Originally communicated to the Editors of the Edinburgh Medical
and Surgical Journal.

SOME time having elapsed since the Edinburgh Medical and Surgical Journal has contained any remarks upon Diseases of the Spine, I shall take the liberty of recalling the attention of its readers to this most important complaint. With the exception of the review of Mr. Copeland's work on the Symptoms and Treatment of this disorder, I find that no observations have appeared on the same subject, since Mr. Earle's "Reply to the Review of Mr. Baynton's Essay on the Cure of Crooked Spine," inserted in the 11th volume, page 35.

In this article, Mr. Earle has entered into a very full examination of Mr. Baynton's Essay, and has noticed every case which Mr. Baynton has brought forward in proof of the efficacy of his plan, of curing the disease by rest alone, in the horizontal posture.

In the first case (which, however, is one of diseased hip-joint) Mr. Earle shows, that the cure might as reasonably be attributed to the use of setons, as to rest. In the 2d, setons were had recourse to during the whole treatment. The 3d he considers, by a reasonable inference, as not a legitimate case of diseased spine; and the 4th, he is also disposed to think, is not a very clearly marked instance of this disease.

The 5th case being a very interesting one, and an undeniable example of the complaint in question, Mr. Earle criticises minutely, and very decidedly expresses his opinion, that the curative efforts of nature were called into action by the use of *issues*, and that the plan of perfect rest, pursued by Mr. Baynton, though the most rational that could then be adopted, was only auxiliary to the advantages that had in the first place been obtained by the issues.

The subject of the 6th case died before Mr. Baynton's plan was put into execution.

Cases 7th and 8th, Mr. Earle observes, "are both instances of common lateral curvature, which never takes place from diseases of the bodies of the vertebræ, in which neither Mr. Pott, nor any surgeon conversant with the principles of his profession, would ever have dreamed of applying issues."

Mr. Earle professes himself sceptical respecting the nature of the disease in the 9th case, which, he says, does not at all correspond with his ideas of destruction of the bodies of the vertebræ. A similar doubt he expresses with regard to the 10th, that of Master W. Castle, in whom he attributes the symptoms to that debility of constitution which is incident to the period of dentition, and which is removed "by keeping the child off his legs, and giving such medicines as are calculated to strengthen the constitution generally."

He thinks the 11th case no instance of diseased spine, attributing the pain in the back and other symptoms, to the period of life of the young lady, who was the subject of them.

Case 12th is one in which Mr. Earle considers that issues had been of service, and that their good effects

had begun to manifest themselves, at the period when the patient was subjected to Mr. Baynton's mode of treatment, which he speaks of as highly judicious as an auxiliary.

In the 13th and last case, issues were also employed before the patient fell under Mr. Baynton's notice, to which Mr. Earle attributed the cessation of the morbid action, and the commencement of a healthy one: this, therefore, he will not admit to be an instance of the disease cured by rest alone.

Such is the nature of Mr. Earle's remarks upon the cases which Mr. Baynton has published as evidence of his success in curing disorders of the spine, in a mode different from that heretofore followed by medical practitioners. When cases are given to the public to illustrate any particular point of medical theory or practice, it is natural to select those which can admit of the least possible doubt, and which are involved in the least degree of ambiguity. It is curious to observe, that there is not a single instance, among those published by Mr. Baynton, to which Mr. Earle does not object as unsatisfactory, and by no means a decided example of the efficacy of the new practice. On the contrary, the greater part of the identical cases which Mr. Baynton insists upon as proofs of diseased spine being cured *without* the employment of issues, Mr. Earle considers as examples, in which these discharges have had the greatest share in promoting the recovery of the patients.

Upon an attentive examination of the cases related in Mr. Baynton's book, and of Mr. Earle's remarks upon them, I cannot but think the latter gentleman has been rather fastidious in rejecting every case that Mr. Baynton has adduced. The 4th appears to me to be a well-

marked instance of diseased spine; it has certainly the most conspicuous features of this malady, and was cured by the patient's being confined to the horizontal posture for eleven months, without recourse having been had to drains. One difficulty with regard to it exists, which, Mr. Earle remarks, is an argument against its being a fair illustration; namely, that at the expiration of the eleven months the patient "rose in as straight and perfect a state as possible," after having had five of the vertebræ in a protruded state, in consequence of their being diseased. When the spine has been distorted by the approximation of some of the vertebræ from the softening and giving way of one or more of the intervening bones, the ravages committed by the disease are often repaired by the deposition of new bone, and the consequent consolidation of the diseased and distorted parts; but a return of the vertebræ to their natural situation, after such an event, is neither very common, nor very explicable: the distortion generally remains, though the diseased action has ceased.

In the 7th and 8th cases, though the lateral curvature, as Mr. Earle observes, might not be from disease of the bones, the tenderness, discoverable by pressure upon some of the vertebræ, showed that they were in an inflamed state; and, in these cases, cures were effected, I presume, by rest alone. Mr. Baynton says, that setons were recommended by medical men who had been consulted before him, but does not mention whether they were used or not; the natural inference, however, from the manner in which the cases are stated, is, that they were not had recourse to.

The 9th case appears to me not liable to the objections which Mr. Earle makes, and is, in my estimation

a satisfactory example of the success of Mr. Baynton's plan; and in that of Master Castle I am not inclined to be so sceptical as Mr. Earle is, and cannot agree with him in his suspicion that Mr. Baynton had mistaken an increase in the natural curve of the dorsal vertebræ, resulting from debility, for a symptom of disease. It is not a probable supposition that a person, so conversant as Mr. Baynton must be with disorders of the spine, could be led into such an error, though the idea is certainly somewhat countenanced by Mr. Baynton's mentioning, as one of the more obvious signs of this disease, "a projection or standing out of one or more of the spinal processes, beyond the *straight* line of the spinal column," as if he had forgotten the natural *curvatures* of a healthy spine.

In the greater part, however, of Mr. Earle's critique, I cannot but coincide; and I think there are very few professional men who have paid attention to diseases of the spine, who, upon perusing Mr. Baynton's work, will not at once see that he has completely failed in proving the superiority of his practice to that which has received the sanction of the most enlightened surgeons in Europe.

Whatever may be the opinion of professional men with regard to the justice or severity of Mr. Earle's remarks upon Mr. Baynton's essay, none will deny that they were entitled to a reply. Mr. Earle is a gentleman of deserved reputation; he was educated in a school where a most successful method of curing diseased spine was first employed, and where an ample field has been open to him of studying this complaint in all its varieties; he has come forward in a manly manner, as the avowed supporter of a practice which it is the aim of Mr. Baynton's essay to bring into disrepute, and must, as well as his

brethren in the profession, be surprised that no notice has been taken of his remarks by the author of that essay, though they were published so long as two years ago. Those who are acquainted with Mr. Baynton's professional talents and information, can hardly suppose him incapable of defending his essay from the objections which have been made to it; but the medical world at large, who have read the essay, and who have also seen the criticism upon it by a gentleman whose opinions must carry weight with them, may be disposed to form a less favourable inference.

It is impossible to read Mr. Pott's observations upon disorders of the spine, without being forcibly struck with the accuracy of his remarks, and with the decided success which followed the plan of treatment he pursued. The labours of succeeding surgeons had so firmly established the truth of his principles, and the success of his practice, that bleeding in pneumonia, or diuretics in dropsy, were not fixed upon a firmer basis than the use of issues in diseases of the vertebræ. Bold indeed was the attempt to shake the foundation of this practice, and fortunately it has little to fear (to use Mr. Earle's words) from "the feeble and imperfect evidence" of Mr. Baynton's cases.

There is, perhaps, in the whole science of surgery, no plan of treating diseases more rational, and more supported by analogy, than the excitement of counter-irritation in inflammation of the spinal column. Few surgeons can be ignorant of the beneficial effects of caustics in inflammatory affections of the bones or ligaments of the knee, ankle, hip, and wrist-joints: daily may examples be seen, in which their use has saved diseased limbs from amputation; and, were there no instance upon record in which they had been employed in

inflammation of the bones or ligaments composing the spine, the advantages of using them in this disease, which bears so near a resemblance to the former, might be calculated upon with a great degree of certainty.

But not in theory alone is this mode of treatment rational; there are few of the formidable diseases which fall under the surgeon's notice, that could furnish a larger catalogue of cures than those of diseased spine which have yielded to the application of caustics, or similar counter-irritations, in the vicinity of the affected part. Instead of *thirteen* cases, all of them objected to, and most of them certainly objectionable, a mass of evidence composed of as many hundreds would be necessary to shake the confidence of surgeons in this valuable remedy. Not less exceptionable than his cases, is Mr. Baynton's reasoning in favour of his proposed method of cure. Nothing can be more hypothetical, or, as Mr. Earle calls it, "visionary," than Mr. Baynton's account of the diseased action which takes place in scrofula. Mr. Earle, in his paper, to which I would refer the readers of this article, ably refutes it in a few words.

Mr. Baynton seems to forget, that, when the spine is diseased, *inflammatory* action is going forward; and when he says it is difficult to account for the accomplishment of cures by the use of caustics alone, he appears to overlook the well-known effects of an artificial external inflammation in frequently checking the progress of a similar internal action. He speaks, too, not only of deficient action in the secreting vessels, but also in the *absorbents*, as being the cause of the disease: now, where ulceration of a part has taken place, and loss of substance followed, I have been accustomed to think that the absorbents have been too *active*, and not too indolent in their functions.

I should, however, regret to be thought to underestimate Mr. Baynton's professional talents: his reputation stands so high in the annals of surgery, that whatever comes from his pen is entitled to a respectful consideration; but the greater weight the authority of an individual carries with it, the more incumbent is it upon those surgeons who are zealous for the advancement of their profession, to oppose, by all the rational arguments they can adduce, any practice he may recommend, that seems to them founded upon insufficient grounds.

When any improvement is first introduced into the practice of medicine or surgery, its discoverer is generally so sanguine as to dismiss all former modes of treatment, and to depend only upon the new one. If the discovery be really valuable, it will, in a short time, find its proper level, and will probably be considered a useful auxiliary to long-established practice. This, I believe, will be precisely the case with Mr. Baynton's proposal of curing diseases of the spine by rest alone. Few, I imagine, will ever trust to it so implicitly as to omit other means, particularly the employment of issues; but I have no doubt it will be the means of inducing surgeons to enjoin rest in these complaints more strictly than they have been accustomed to do, and will thus accelerate the cure of their patients. At all times, however, a degree of caution will be necessary in recommending to patients, who have been in the habit of taking some exercise, a state of undeviating rest: in infants, it is impracticable. Though Mr. Baynton considers resting in the horizontal posture as so effectual in "*improving the circulation, favouring the deposition of bone, and promoting absorption,*" cases will frequently occur, in which the very reverse of these happy consequences may be more reasonably anticipated.

Infinite is the variety in the human constitution; and a plan of treatment which may be very efficacious in a disease in one person, will require considerable variation when put in practice in another.

It is notorious that a great number of persons with diseased spine have recovered under the use of issues, without having recourse to the recumbent posture more frequently than during the usual hours of rest. Others have been restored to health while assisted by machines in addition to issues, proving that, in many cases, a state of undeviating rest is by no means necessary to recovery, though, had it been employed, it might have been accessory to it. I suspect that the use of machinery has been often condemned in too indiscriminate a manner. That mischief may sometimes have been done by suffering it to supersede the use of issues, is not improbable; the same, I have no hesitation in saying, will frequently be the case, if perfect rest be alone trusted to. I cannot doubt, that, in some attacks of vertebral disease, an instrument which will diminish the weight the spinal column has to bear, by removing it to the pelvis, will, in conjunction with issues, be sufficient to effect a cure: indeed it is not a matter of opinion: daily experience proves the fact; and there are practitioners who pursue no other plan of treatment in remedying this disease, and who meet with great success. It is probable, that, in many of these cases, the general health of the patient is improved by his being able to take some exercise, and that walking about has been more effectual in "*improving the circulation,*" than lying on his back would have been. On the other hand, it must be admitted, that perfect cures will sometimes be effected by rest alone in the horizontal posture. Besides some of Mr. Baynton's

cases in support of this practice, a very good one has been published by Dr. Armstrong, in the ninth volume of this Journal. Yet all the evidence we have of the efficacy of this treatment will go but little way in justifying Mr. Baynton's belief, that "drains are not generally, if they are ever, necessary for the curing of such diseases." It must be remembered, that occasionally cases will be met with, which will baffle every attempt of the surgeon to cure them, whatever plan he may pursue. We must not expect unvaried success; and it is no argument against the general use of issues, that every person does not recover in whom they have been employed.

There is an objection which Mr. Baynton makes with regard to the employment of issues, which I cannot avoid replying to. He speaks of the "*suffering*" experienced by patients who are treated by issues; and considers the escape from them, procured by his mode of treatment, as an important circumstance in recommendation of his plan. "The lying," he says, page 38, "upon open ulcers of considerable extent, filled with peas, beans, or other hard bodies, will be prevented by the adoption of this plan of treatment," which he calls "more simple, more reasonable, and *much more agreeable*." This appeal to the prejudices of the ignorant may be opposed by objecting to the "*suffering*," which, in some cases, his own method must inevitably inflict; for in the fourth case, that of a young lady, (page 84) it is said, "five of the vertebræ were found in a diseased protruded state, and *so exquisitely tender*, as to render *pressure* almost *insupportable*;" and yet this young lady was condemned to lie with her whole weight upon this exquisitely tender part, which was still more exposed to the pains of pressure by its being more prominent than any other part of the

back! To arrive at very "*agreeable*" methods of curing diseases is, I fear, never likely to be the lot of medical practitioners: we must be satisfied with being able to alleviate the pangs of disease upon less advantageous terms; and if the surgeon, in the discharge of his arduous duties, had to inflict no more severe suffering than the formation of an issue or seton in cases of diseased spine, his art would be freed from any great degree of terror to his patients, or pain to himself. Common principle and common humanity will always influence a conscientious practitioner to select that mode of treating a complaint which, *cæteris paribus*, will be least distressing to his patient; but the man of enlarged views, who takes a genuine interest in the improvement of his profession, will be more solicitous about the *useful* than the *agreeable*, in his practice. The fact is,—that the discharge, so important in disease of the spine, may be procured by means which will occasion but trifling inconvenience to the patient. "The making and dressing of setons" may, as Mr. Baynton says, be painful and troublesome; particularly if they be such as he inserted in Mr. Thornton's back, (Case 3d) "*eight or nine inches in length!*" but caustic issues, which are now most approved of, may be managed even with peas or beans in them, so as to give but very little uneasiness. Nor can I even admit that the slight degree of movement which is necessary to have the issues dressed, can be productive of the danger Mr. Baynton apprehends; on the contrary, I conceive, that it is as likely to prove beneficial as injurious:—it is not unusual to have recourse to gently moving the extremities of a fractured bone, for the purpose of accelerating the deposition of ossific matter, when that process is going forward languidly.

To conclude the remarks which Mr. Baynton's Essay has given rise to,—I conceive, that, in the greatest number of cases, the observance of undeviating rest in the horizontal posture, will be found a valuable addition to the present mode of treating diseases of the spine, and for this Mr. Baynton is entitled to the thanks of the profession; but I consider his object, of exploding the use of issues in this disorder, as an attempt at a dangerous innovation, and one that demands the most decided opposition of his professional brethren.

Diseases of the spine, when so far advanced as to occasion projections of the vertebræ, and palsy of the lower extremities, are instantly detected by the surgeon; but how desirable would it be to discover the approach of the disorder at its first advances! Permanent deformity, and many of the sufferings attendant on this formidable complaint, might then be frequently averted. The profession is indebted for some very judicious remarks on this subject to Mr. Copeland. His "Observations on the Symptoms and Treatment of diseased Spine, more particularly relating to the incipient stages," are well worthy of attention. This author has, I believe, been the first to direct the attention of practitioners to the commencement of the complaint.

Many of the constitutional symptoms attendant upon the incipient state of diseased spine, such as loss of strength and appetite, uneasiness in the back, listlessness, &c. are so often found in other disorders, as to be very equivocal. When, in conjunction with them, it is found that slight pressure upon the spinous process of one or more of the vertebræ occasions considerable uneasiness, while the others of the column may be pressed upon without betraying any unusual tenderness, we are

warranted in considering that inflammation exists in the ligaments or bones of the parts, which, if neglected, will probably terminate in caries of the bodies of the vertebræ, and produce the usual distressing consequences of the more advanced stages of this disorder. There will always be considerable difficulty in ascertaining, before any distortion has taken place, to what degree the inflammation, or even caries, may have proceeded; for caries will sometimes occur in the bodies of the vertebræ, without any displacement of the bones. Mr. Copeland mentions a preparation he has, in which the intervertebral substance of some of the dorsal vertebræ has been entirely removed, and the bones ankylosed, without any alteration having taken place in the situation of the spinous processes.

As much obscurity will often exist in the early symptoms of this disorder, great vigilance and attention will be necessary on the part of the practitioner to detect them, and arrest them by decisive measures. Issues, and continued rest in the horizontal posture, if had recourse to early, will, I believe, in most cases, succeed in checking the progress of this formidable complaint, and in preventing its ever reaching an alarming height.

I will conclude these observations by detailing a case which fell under my care, where the good effects of this plan were strikingly exemplified.

In February 1811, Miss —, aged 26, after a ride on horseback of about twenty miles, felt, for the first time, a weakness in the back, and general sense of languor; to remove which, she was advised to lie down upon her back during a part of every day; she followed this advice, and, in a few weeks, felt no more of the indisposition. In the following winter, she used great exertion, by taking frequent and long walks, for nearly

four months, and again felt a local weakness in the back; there was also, she recollects, some degree of tenderness in the vertebræ when pressed. These symptoms were also relieved by occasional recumbency and repose from much exercise; but, during the summer, (1812) the uneasiness returned so constantly, that she was obliged to lie down the greatest part of the day. She always felt easy while lying down. In September, by the advice of a medical gentleman, she put on a machine, which was constructed to remove the weight from the spine, and throw it upon the pelvis. During the next twelve months, she either lay down, or sat with the assistance of this machine: she used to sit up for one hour, and lie down two or three; and then sit up for an hour, and so on. At the expiration of these twelve months, she was, upon the whole, worse: the sensation in the back, which she has uniformly described as more a feeling of weakness than of actual pain, had increased: talking, laughing, or crying, even while lying down, always produced a heat in the back, and she constantly felt a sensation as if bits of horse-hair were pricking the back. At this period, September 1814, Mr. Cline was consulted by letter: he said, that he considered the symptoms those of inflammation going on in the back, and recommended rest in a horizontal posture. Another eminent surgeon, residing at a distance, was also consulted by letter, who thought the case was one of diseased spine, and recommended, as Mr. Cline had done, undeviating rest in a horizontal posture. This plan was scrupulously persevered in, from September 1814 to April 1815. The patient lay, for the first two months, upon a hair-mattress, but, fearing it might be too yielding, she had it removed as far as the small of the back, and a board,

covered with blankets upon a level with the upper part of the mattress, was substituted.

On the 14th of April, 1815, I saw her for the first time since her indisposition. My notes say, that she feels exactly in the same state in which she has been for some months. When perfectly at rest, and not speaking, she experiences no inconvenience. Moving the arms, and talking, affect her most. Yawning, sneezing, laughing, crying, and coughing, occasion the sensation of weakness and heat between the shoulders, or, as she expresses it, "under the lungs." She describes the general feeling as "a want of compactness in the vertebræ." If she holds up a book for a short time only, her back becomes heated, and she has slight pains, "like lines as small as horse-hairs, and about an inch in length." To communicate an idea of her feelings, she also describes them to be "as if all the ligaments of the body were suspended by a wooden peg between the shoulders." An obstinately constipated state of the bowels exists. During the day her couch is wheeled into an airy drawing-room; and her clothes are contrived so as to be put on and taken off without her removing her back from the mattress. When she feels the uneasiness in the back most, she is able to refer it to a particular and small spot between the shoulders.

Upon examining the spine attentively, no distortion or curvature was perceptible. Pressure with the fingers upon the cervical vertebræ occasioned no uneasiness; but, when it was applied to the third or fourth dorsal, she started suddenly away, and said her breathing was impeded by it. The sensation thus produced, she said, could not properly be called pain. The same tenderness existed in several of the succeeding bones; but the

principal seat of it was between the third and seventh or eighth. There was not the least tenderness in the lumbar vertebræ.

After this examination, I could entertain no doubt that several of the dorsal vertebræ were affected by disease; and when I considered how long the patient had been indisposed, and how slight a degree of pressure occasioned the sudden starting and uneasiness she complained of, I was led to fear that the progress of the inflammation had been considerable, though no curvature or paralysis had yet appeared. The custom she had so long adopted of lying down whenever the back was uneasy, and of thus relieving pressure, was probably the cause of the complaint's not having manifested any appearance of distortion or palsy.

As the plan of undeviating rest had been persevered in for seven months, without producing any considerable amendment (though she thinks she felt a little benefit from it), I did not hesitate to propose the immediate establishment of issues on each side of the affected part of the spine, and could not help feeling regret, with my views of this disorder, that so much time had been suffered to elapse without recourse having been had to them. I had, however, the pleasure of finding that the result did not disappoint my most sanguine anticipations.

I applied the *Potassa fusa* to a circular space, of about an inch and a quarter in diameter, on each side of the tender vertebræ. She lay upon her face for about twenty minutes while the eschars were forming. The surrounding skin became considerably inflamed. On the evening of the day upon which the caustics were applied, she said her back felt less uneasy than it had been for some time before, though she had used more exertion than she had done for a considerable preceding period.

As the lady who is the subject of this case lived at a great distance from Bristol, I was obliged to leave her the day after the application of the caustic; but she was fortunate enough to remain under the occasional observation of a gentleman who is eminent for his professional abilities, to whose judicious co-operation I feel much indebted, as instrumental to the happy termination of a case, where feelings of private friendship added to the interest which, in a professional point of view, I naturally took in it.

When the eschars formed by the caustic had sloughed away, the openings were kept discharging by the insertion of a large Windsor bean into each; and, on the 15th of May, a month after the caustics had been applied, I received the following account:—

“She has not felt lately the heat and irritation she used to have in the back, excepting one day, when she coughed a great deal, and sneezed. She turns upon her side more easily than she did. Talking does not produce so much local heat as it did.”

June 11.—“The vertebræ are as tender as they were at first, but the catching of the breath, when they are pressed, by no means so great. The issues discharge freely.”

I cannot give a better idea of the *immediate* good effects of the issues, than by transcribing her own words, from an account of her case which she has since favoured me with. Speaking of her state previous to the period of my seeing her, she says,—

“From September 1814 to April 1815, I simply lay down, and certainly felt benefit; but still the inflammation in the part continued on the smallest exertion:

even the weight of my hands crossed upon my chest was a burthen; and the least movement of hand or foot seemed to bear on the weak part only. Coughing or sneezing I dreaded, as the jerk seemed to strain the part. In April you applied the caustics; from that time I felt *nothing* of the pricking: the effect seemed instantaneous."

The symptoms gradually abated. The caustic was applied to a fresh part, and the former openings suffered to close. In all, five issues were made. The fear of producing any recurrence of the symptoms, by a premature remission of the plan that had proved so beneficial, was the cause of its being persevered in longer, perhaps, than was absolutely necessary. In February 1816, as no uneasiness was felt upon pressing or knocking the vertebræ, and the catching of the breath having ceased for some months before, on the application of pressure, she began to be raised, during the day, a little from the horizontal posture, by means of a contrivance in the crib for the purpose. There was a hinge at the part where the bottom of the back came, which enabled the upper part of the trunk to be raised towards the sitting posture. Soon after this, her progress received a little check, owing to a catarrhal attack, attended with cough; and frequently, during her confinement, she had to contend with the depressing influence of mental anxieties. It is not, then, to be wondered at that she did not venture to sit upright before the December following. On the first day of the present year (1817) she *stood*, and in a fortnight after, was able to *walk*. In the latter end of last March I saw her again, and examined the back. There was no more sensation upon pressing the vertebræ than the soreness of the skin produced by the issues, which were then

inflamed, fully accounted for. Her amendment has continued. The issues have been suffered to heal. She goes up and down stairs, walks out, and is able to indulge in the recreations of playing, singing, and drawing. Her back is free from uneasiness, and her general health unimpaired. It may not be amiss to observe, that the "*suffering*" occasioned by the issues was too trifling to be named.

APPENDIX.

SINCE the publication of the preceding Observations in the Edinburgh Medical and Surgical Journal, I have been favoured with a particular account of a case of Diseased Spine, in which the efficacy of Setons as soon as they were employed, and the serious consequences resulting from their premature removal, are so strikingly illustrated, that I cannot but consider it as a valuable record in the history of this disorder. The case exhibits in the strongest light the truth of the remarks I have made, upon the impropriety of attempting to discard from practice, one of the most powerful instruments the Surgeon possesses for arresting the progress of a dangerous and distressing disorder.

“The subject of the complaint in this instance was a young lady, nine years of age, under the care of Mr. Sweeting, Surgeon, of Wells. This gentleman was requested to see her in consequence of a tumor, which had appeared on the back of the neck within the six preceding months. Mr. S. pronounced it to arise from projection of the spinous processes of one or more of the cervical vertebræ, dependent upon disease in the bodies of those bones; and in this conclusion he was confirmed by the opinions of Dr. Woodforde of Ansford, of Mr. Richard Smith of Bristol, Mr. Axford of Bridgewater,

Messrs. Standert & Bagster of Taunton, and other gentlemen eminent in the profession, who were at different times consulted upon the case.

“ A seton was immediately made on each side of the tumor; frequent, but not undeviating rest in the horizontal posture, was enjoined, and means calculated to invigorate the system were had recourse to. In six months after this treatment had been pursued, the patient's general health was completely restored; the size of the tumor considerably reduced; and she was found to have grown nearly three inches in height.

“ At this period she went to pass a vacation from school with her friends, who availed themselves of that opportunity of asking the advice of another medical practitioner. This gentleman gave it as his opinion, ‘ that *the spine was not diseased*; that the tumor was ‘ merely an unusual prominence of the spinous process ‘ of the last cervical vertebra; and perhaps of that above ‘ it,* and that the setons, *which he immediately withdrew*, ‘ were unnecessary.’

“ A few months having elapsed, it was remarked by Miss B.'s friends, that the tumor had increased, and that her health was becoming so much impaired as to prevent her from returning to school at Wells. After a lapse however of eighteen months, she did return; but during her absence she had lost the fine complexion she possessed when she went away: instead of being lively, animated, and robust, she was depressed, weak, and emaciated; her cheeks either pale, or tinged

* “ Upon a careful examination of the parts, it was evident that “ the diseased vertebræ were the 4th and 5th—the 6th and 7th “ being clearly discernible *below* the tumor.”

with the hectic flush of irritative fever. The tumor had considerably increased, and all the symptoms of compression of the spinal marrow began to appear. Instead of a projection of two of the vertebræ only, it was now apparent that three were displaced. In this almost hopeless state, she was in April 1816 again put under the care of Mr. Sweeting; who, without loss of time, recurred to the practice, the unfortunate remission of which appeared to have reduced the patient to her then pitiable condition. The setons were re-inserted, and rest observed. In August her disorder had very much diminished, and she continued rapidly to recover.

“ At the present time (January 1818) she is in good health; the tumor has rather diminished, and she has increased in height. The setons are however still kept in the neck.”

This case requires no comment.

Although my own mind was so decidedly made up respecting the most advantageous practice in diseased spine, I conceived that it might be satisfactory to many, who are not very conversant with medical matters, to know what was the prevailing mode of treatment pursued by the principal Surgeons in London. For this purpose I wrote to some professional friends in town, to request particular statements on this subject; and I find that the employment of issues, and setons, combined with rest, is the usual practice, both in the hospitals and in private. The following are extracts from a letter I received from my friend Mr. Travers, Surgeon to St. Thomas's Hospital, who is well known to the medical world by his writings, and his professional attainments and reputation. He says, “ In curvatures of the spine “ backwards, the London Surgeons generally use issues,

“ both in public and private practice, and do not trust
 “ the cure to rest alone.” “ Experience, which is the
 “ only tribunal worthy of appeal in questions of this sort,
 “ decides in favour of this mode of treatment.” “ There
 “ are not a few who consider this remedy to deserve all
 “ that Mr. Pott said of it, and who, from their obser-
 “ vation of its quick and obvious effects in relieving, if
 “ not in arresting the disease, would prefer the issue to
 “ rest, if compelled to make an exclusive choice of
 “ either.” “ It appears to me that the issue, in the
 “ spine disease, stands upon the same footing as in the
 “ diseases of the joints of the limbs.” “ Unfortunately
 “ the *preventive* power of issues is, from accident, neglect,
 “ or want of confidence, too seldom tried. I believe that
 “ curves, which are a proof that the disease is advanced,
 “ might be oftener prevented than cured; and *that*
 “ *issues are the only remedies at present known which*
 “ *have any such efficacy.*”

Speaking of rest, and allowing its importance in re-
 moving an exciting cause, he adds, “ we are not justified,
 “ in my opinion, in reposing entire confidence upon so
 “ *negative a mode of treatment* as the mere abstraction
 “ of excitement.”

I have also lately been favoured with a letter on the
 same subject from Mr. Copeland, the author of the
 work referred to in the foregoing Observations, who is a
 Surgeon in London, and who has had great practice in
 spinal disorders. He says, “ With respect to the use
 “ of caustics in this disease, my farther experience in-
 “ clines me to *continue* rather than to *omit* the use of
 “ them.”

The same method of practice is uniformly pursued at
 the Bristol Infirmary.

I might multiply professional opinions to almost any extent in support of my argument; but I trust enough has been said to prove satisfactorily, to every unprejudiced mind, what I have stated in the preceding paper, in reference to Mr. Baynton's new plan of curing diseased spine,—that “his endeavouring to explode the use of
“issues in this disorder, is an attempt at a dangerous
“innovation, and one that demands the most de-
“cided opposition of his professional brethren.”

