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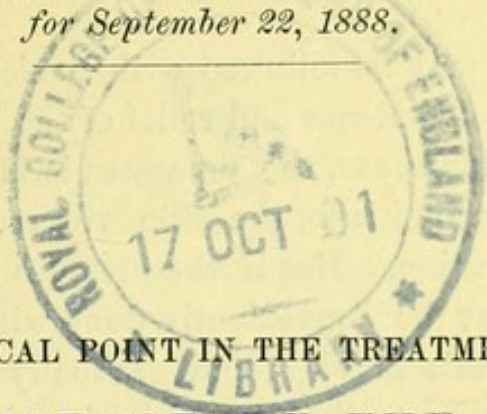
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A PRACTICAL POINT IN THE TREATMENT OF
POTT'S DISEASE OF THE SPINE.*

By A. B. JUDSON, M. D.

THE treatment of Pott's disease is always open to amendment. I propose, therefore, in order to assist the practitioner, a simple rule, as follows: The efficiency of the apparatus used is to be measured by the condition of the skin covering the projection.

A few words in explanation will not be out of place. It is premised that the object of mechanical treatment is to make pressure on the projection with the threefold purpose of (1) enforcing fixation of the bones involved, (2) transferring pressure from the diseased bodies to the healthy processes, and (3) lessening the deformity. If we were dealing with the skeleton deprived of its integument there would practically be no limit to the pressure which might be applied to the projection. But the interposition between the apparatus and the vertebral column of the sensitive skin places a peremptory limit to the degree of force which it is possible to apply. The rule may therefore read: The apparatus may be considered as having reached the limit of its efficiency if it makes the greatest possible pressure on the projection compatible with the comfort and integrity of the skin.

* Read before the American Orthopædic Association at its annual meeting, September 18, 1888.

This rule may be followed with perfect regard to the comfort and convenience and relief of the patient. If, contrary to common sense, the apparatus is fastened at once as tight as it can be borne, the skin will react speedily with pain and ulceration. But if the pressure is lightly applied at first, as may be conveniently done with apparatus constructed with this in view, and gradually and carefully increased from time to time, it will be found as the weeks and months go by that the skin has become indurated without losing its integrity or causing inconvenience, and its condition will be unimpeachable evidence that, so far as mechanical means go, the patient is receiving a full measure of the benefit of treatment.

Through the negligence of the nurse or the willfulness of the patient, apparatus designed for use in this way may produce, and occasionally has produced, abrasion and ulceration. But this should not be considered a good reason for condemning the apparatus. It is well to bear in mind that the disease in question is perhaps the most insidious in its progress and disastrous in its results of all the affections to which the young skeleton is liable. Shall we not make use of the most efficient method at hand and, if necessary, redouble our carefulness and painstaking in order to avoid incidental excoriation?

There are methods of treatment to which the rule proposed does not apply very closely. I refer to those methods which have for their principal features suspension and plastic dressings. If the patient is suspended and plaster of Paris applied, the pressure is diffused rather than concentrated, and changes in the skin are less marked and it is less easy to adjust the direction and degree of pressure on given points, while it is especially easy and convenient to do this with a brace constructed of tractable steel. I would not decry the use of plastic dressings in the treat-

ment of this affection. They are daily affording comfort and relief to numbers of sufferers who would otherwise have nothing done for them. They will continue, perhaps, to be used by the general surgical practitioner. But I think the specialist in orthopædic practice can do better. He has a better method at his command in the use of tractable steel modified to meet the varying requirements of the case to which he devotes himself with the patience and ingenuity which are a part of his equipment.

To the practitioner of this class I commend the rule suggested above to the effect that the question of the efficiency of the apparatus is to be determined by the condition of the skin covering the projection, a rule which many of us have doubtless followed in practice, and which it can do no harm to have expressed in words.

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