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## RECOVERY FROM POTT'S DISEASE WITHOUT DEFORMITY.

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THE most common result after recovery from spine disease is with more or less deformity. It has been customary to tell patients that the deformity which is present at the time they consult the surgeon cannot be overcome by any method of treatment, but that some diminution of the deformity may occur from compensatory changes above and below the kyphosis. This was before the introduction of Calot's operation and the growth of forcible correction of deformity by various methods. It seems possible to the writer to prevent the occurrence of deformity by early and persistent treatment, and the cases here recorded are illustrations of recovery from Pott's disease without any deformity. To accomplish this, however, the patients must be brought to the surgeon very early; they must be treated thoroughly, efficiently, and for a long period.

CASE I.<sup>1</sup>—W. N. M. was referred to me by Dr. Horace G. Wetherill, of Trenton, N. J., now of Denver, Col., August 3, 1894. White, male, aged four years, of good family history, and well nourished. At the first examination the deformity was seen to be marked; his body was thrown forward and to the right. His right thigh was markedly flexed. He walked with a decided limp, and complained of pain in the region of the right hip. The object of the consultation was to determine whether the lesion was in the hip or the spine. The deformity was due to spasm of the psoas muscle, in addition to which there was a marked prominence of the first, second, and third lumbar vertebræ. Taylor's spine brace was applied, constitutional remedies administered, and all injury guarded

<sup>1</sup> Philadelphia Polyclinic, August, 1898.

against. Recovery was rapid and uneventful, and the result is a perfect cure, without any deformity and with perfect flexibility of the spine in every direction. Recovery of this kind is ideal, and is what should be sought for in every instance.

CASE II.—K. R., white female, aged thirteen years; father tuberculous, mother in good health. Consulted me at the Philadelphia Polyclinic, March, 1898, suffering from a well-marked paraplegia,



Case II. Recovery from cervical Pott's disease.

with a slight but well recognizable deformity of the fifth, sixth, and seventh cervical vertebræ. The neck was so shortened that apparatus was applied with great difficulty, the head resting upon the shoulders. The body was covered with a rash, and the paraplegia was in the first stage. A spine brace with head piece was applied, and the paraplegia greatly disappeared, the neck lengthened, and the result is shown in the illustration. This is one of the most

marked and satisfactory cases of recovery from cervical tuberculosis which the writer has ever seen, and it attracted considerable attraction at the Polyclinic.

CASE III.<sup>1</sup>—R. C., male, aged four years. Family history: Maternal grandfather died of phthisis. History of present disease: The first symptom was noticed in April, 1893. The child screamed and was rigid at night. A severe chill occurred three weeks later, attended by muscular spasm. Upon examination marked kyphosis was apparent. A Taylor brace was applied and internal medication administered. The case was admitted to the University Hospital, July 15, 1894. Patient complained of pain in the sitting posture; the spine was arched, and a fluctuating tumor was felt in the left iliac region. I operated July 20, 1894, under strict antiseptic precautions. The incision was made along the outer third of Poupart's ligament, the pus evacuated, and a counter opening made a little above the sacro-iliac junction. Iodoform dressings were applied. The sinus healed July 5, 1895. The recovery has continued, and there is at the present time absolutely no deformity present at the seat of the disease.

CASE IV.—M. S., Italian female, aged six years, was sent to the Polyclinic by Dr. M. Hermance Oakley. On inspection the left hip was flexed, the abdominal walls were tense, there was swelling in the left inguinal region, there was a slight prominence of the lower lumbar vertebræ. An anæsthetic was administered and the tumor was found to be a lumbar abscess resulting from tuberculosis of the lumbar spine. The following day through-and-through drainage was established, and the patient made an uninterrupted recovery, both sinuses being healed three months after the operation. The deformity in the spine entirely disappeared, and has not returned.

Perfect recovery from spine disease can from time to time be obtained in the cervical and lumbar regions, but the writer has never seen a patient recover from Pott's disease in the dorsal region with-

<sup>1</sup> Philadelphia Polyclinic, August, 1898.

out deformity. The recovery may be accomplished by the early treatment of the patient, and may be expedited by the application of a well-fitting spine brace, and the prone position should be required for a long time, or from time to time, upon the advent of complications. In all of these patients the bed treatment has been continued through the acute stage of the disease, and the patients have not been permitted to walk, except for a limited period each day. In dorsal caries the patient may be prevented from sitting up or rising up in bed by the use of a heavy netting of rope fastened over the top of the crib.

A new and original method of treating tuberculous abscesses is worthy of record here, since it diminishes the danger of infection, and hence increases the possibility of recovery. It consists in making the dissection down to the abscess sac and cauterizing the skin and other structures with the Paquelin cautery before making the incision into the sac. This prevents the absorption of tuberculous and other septic germs.