

SAYRE'S TREATMENT OF SPINAL DISEASE AND SPINAL CURVATURE.

To the Editor of THE LANCET.

SIR,—The interest taken in Dr. Sayre's method of treating "spinal disease and spinal curvature" must be my apology for sending you a brief statement of the opinion I have formed as to the practical value of this treatment, my conclusions being drawn from the treatment of cases at the National Orthopædic Hospital, and from a careful consideration of the views expressed by Dr. Sayre at his demonstrations, and more fully explained by him in his recent work. The affections of the spinal column for which Dr. Sayre employs his method of treatment are, Pott's disease of the spine, with its resulting deformity, angular curvature, and rotato-lateral curvature. Dr. Sayre employs a similar plan of treatment for these two affections, because he considers that "lateral curvature has a resemblance to Pott's disease of the spine, in that in both of these affections the anterior portion of the column is subject to departure from its normal condition." This comparison is true as far as it goes, but further consideration of the nature of the abnormality in each case shows that these two affections differ as widely as two affections of the same structure can well do. In Pott's disease of the spine there is, from inflammatory changes in the ossific tissue, more or less destruction of the vertebral bodies; in rotato-lateral curvature no morbid lesion is present, this affection is a pure deformity, the segments of the spine are merely displaced from their normal positions, and although in adaptation to this abnormality they are in severe cases altered in shape, the change does not depend upon disease. In Pott's disease of the spine we have first to arrest a morbid process, the deformity which is caused by the lesion being of secondary importance; in rotato-lateral curvature the only object to be gained by treatment is reduction of deformity.

In the treatment of Pott's disease, the plaster-of-Paris jacket introduced by Dr. Sayre is, as a mechanical appliance, superior to any form of spinal instrument with which I am acquainted. It possesses the following advantages. By completely encircling the trunk, it gives the greatest support and steadiness to the spine that can possibly be obtained by a fixed apparatus; acting thus as a very efficient retentive splint, it maintains the favourable condition of the diseased spine that is obtained by suspending the patient during its application. It also limits the contraction of the large trunk-muscles which take their origin from the spinal column. Allowing the superiority of the plaster-of-Paris jacket, there is a certain class of cases in which I find that it fails, like all other forms of mechanical appliance, to obtain the complete immobility of the diseased vertebræ that is essential for their recovery. Pott's disease varies much in the course which it runs in different subjects. In some, the disease is slow in its progress; in others, rapid destruction of the bones occurs—three, four, or more vertebræ becoming quickly involved; this acute condition being not unfrequently met with in the ill-nourished children who are brought to the London hospitals. In cases of this character the slightest movement of the bones must be prevented, which can be done only by strict observance of the recumbent treatment and prohibition of all movement of the body. Even in these cases the plaster casing is of great assistance to treatment; for, by applying it as soon as a more healthy local condition has been obtained, the recumbent stage can be reduced to a comparatively short period.

For the treatment of rotato-lateral curvature Dr. Sayre's method is, in my opinion, not successful. The qualities which make the plaster-of-Paris jacket so valuable as a mechanical appliance in the treatment of Pott's disease contraindicate its employment in lateral curvature. The healthy development, and restoration to their normal condition, of the large trunk-muscles, is of the greatest importance in this deformity. By encasing the body in a closely-fitting jacket, deterioration of the muscles must result from interference with their free action. Being a fixed appliance, bathing &c. of the back is prevented; nor can the jacket be removed at night, when, the body being at rest, a support is unnecessary, and in warm weather a great inconvenience to the patient. In the treatment of this affection the mechanical appliance used must be such as shall not only give support to the spine, but also exert pressure on the spinal curves.

Dr. Sayre strongly denounces the employment of spinal instruments, but his strictures apply only to their misuse. The exercise of self-suspension advised by Dr. Sayre is not a new method of stretching the curved spine, having been previously employed by Mr. Stafford; it is a very useful exercise combined with others, which must be selected according to the nature of the particular case under treatment. I may remark that the gain in height produced by application of the jacket during suspension cannot be ascribed to so much gain in reduction of the spinal curves. On thus treating a healthy boy, aged eight years, I increased his height by nearly three-quarters of an inch, showing that considerable allowance must be made for stretching of the intervertebral discs throughout the column.

There are some slight objections to be urged against the use of plaster-of-Paris to which I have not referred, because I believe that this material is the best at present available for moulding retentive splints, but I hope that an inventive genius will some day supply us with a more efficient substitute.

I am, Sir, yours obediently,

FRED. R. FISHER, F.R.C.S.,

Surgeon to the National Orthopædic Hospital.

Grosvenor-street, May, 1878.

THE CAUSE OF DEATH OF THE LATE ARCHBISHOP WHATELY.

To the Editor of THE LANCET.

SIR,—Will you allow me one word of rejoinder to Sir Dominic Corrigan's letter of 25th?

At the meeting of the General Medical Council, Sir Dominic Corrigan stated that Archbishop Whately "had a varicose ulcer on his leg," and "was found dead in his bed floating in his own blood, because homœopathists would not permit the use of an instrument." In my former letter I said that Sir Dominic Corrigan was "misinformed." I now say the above assertions are misstatements, and in his letter the medical baronet does not attempt to contradict my refutation of them, but tries to ride off on a quibble about the quantity of blood. In Miss Whatley's life of her father, as quoted by Sir Dominic, she states exactly, in point of fact, what I have stated, copying from the report of the case published at the time in the annals of the British Homœopathic Society—namely, that on my arrival, ten minutes after death, it was found that an artery had burst. Sir Dominic Corrigan leaves it to be inferred that the bursting of of artery must naturally have led to the result mentioned in his speech; but my ignorance of the pathology which appears to guide Sir Dominic prevents my understanding how a varicose ulcer could lead to the bursting of an artery; and I leave it to eminent surgeons to say whether the use of an instrument (to which homœopathists are not averse) could in such a case (senile gangrene) have saved life. There is a considerable difference between "floating in his own blood" and such an amount of bleeding as could only be ascertained by the removal of the dressings. I must add that, in quoting from Miss Whately's life of the Archbishop, Sir Dominic Corrigan entirely omits any allusion to the history of the disease (senile gangrene), against which his Grace struggled for more than three months.

Your obedient servant,

Dublin, May 26th, 1878.

W. B. B. SCRIVEN.

ARTIFICIAL RESPIRATION.

To the Editor of THE LANCET.

SIR,—It must be confessed that, after reading Dr. Howard's exposition of his "direct method" of artificial respiration, there seems nothing new, for all the movements he recommends have been used over and over again. The pressure on the chest and abdomen to expel the fluids, the elevation of the epiglottis, the thoracic compression, &c., are of an ancient date. I deny altogether, from my numerous and published experiments, that "it obtains a more general expansion of the thorax"; that "it can be more easily understood"; that "it is less fatiguing to the operator."

Dr. Howard does not speak of any proofs of the actual amount of air inspired during his process, and I have doubts that any air passes at all in a certain number of cases operated on in this way. This is the most important point of all, and as statistical truth is most essential, I challenge