

## Elementary Anatomy,

AS APPLIED TO NURSING.

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### LECTURE VI.

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IN the consideration of the various diseases to which the spine is liable, it must be remembered that the influence of these upon the patient is out of all proportion to the direct disease itself. Just as we have seen that, in the case of fracture of the skull, the real danger consists not in the damage to the bone, but in the injury which is usually thereby communicated to the brain, so in curvature of the spine, for example, the mere bending of the bones would be in itself a matter of little moment, were it not for the fact that those bones, or vertebræ, are the supporting column of the body on the one hand, and, on the other, enclose the vitally important organ, the spinal cord, with the anterior and posterior sets of nerves which, as we saw in a previous lecture, are given off at frequent intervals along its whole course. The chief disease to which we need devote attention now, as affecting the spinal column, is that of *Curvature*. This is usually divided into two varieties, *angular* or *lateral*, according as to whether the bones project and bend backwards, or to one or the other side. The former, which is known amongst surgeons as Pott's Curvature, because it was the celebrated surgeon of that name who first accurately described it, is produced by a process of softening or absorption of the bodies of one or more adjacent vertebræ, thus permitting the spine at the affected part to sink anteriorly, the posterior part, therefore, projecting out, and thus forming the prominence in the back which is typical of the disease. This displacement, of course, involves pressure to a corresponding extent upon, and consequently, sooner or later, serious disease of, the compressed portion of the spinal cord. It usually begins with symptoms, therefore, which indicate irritation of the cord itself, such as weakness, coldness and numbness of the legs, afterwards twitchings and spasms of the muscles, and, finally, paralysis both of sensation and motion in those parts of the body supplied by nerves from the cord below the affected part. Pain is somewhat rare in children, but in grown-up persons there is usually a sensation complained of at the affected point, similar to that caused by a badly decayed tooth. This is increased by pressure or any shaking of the bones of the spine, so that tapping upon the spine with the knuckles or making the patient stand on his toes and then jolt heavily back upon his heels, will at once localise the exact site of the disease, by the position of the

pain complained of. If the disease affects the dorsal vertebræ, it is usually accompanied by a sensation of tightness in the chest and considerable difficulty of breathing. If in the cervical region, one or both arms may be paralysed, or there may be a difficulty of supporting the head complained of. In any case, as the disease advances, the trunk becomes bent forward and the spinous processes of the diseased bones are projected backwards. It is very usual for abscesses to form, in consequence of the broken down bone tissue, and the patient then exhibits the ordinary signs of deep seated abscesses—such as hectic, and wasting—to which allusion has been made in a previous lecture. The results of this disease are either that the diseased bones fall together, the active process ceases, nature throws around the dead bones new bony matter which binds them together, and, in the technical phrase, causes *anchylosis* or fixation. The spinal cord accommodates itself to its altered position, and the patient, in the course of months or years, recovers, but, of course, with more or less of that deformity to which the popular name of "hunch-back" is given. Or, the *caries* or decay of the bone continues, setting up abscesses from which the patient gradually succumbs; or some slight exertion causes the diseased vertebræ to give way, the spinal cord is crushed, and the patient suddenly dies.

It is very important that the gravity of this disease should be clearly understood, because in the earlier stages, that is to say, before any marked alteration and prominence of the spine is shown, it is quite possible to confound a case of commencing spinal disease with Hysteria. Indeed, this is the more possible, because in some cases of the latter affection, the patient refuses food, keeps to her bed, and becomes wasted. The muscles of the back, therefore, give way, the thinness shows the spinal processes more plainly than when they are imbedded, as they should be, in layers of fat, and the back itself becomes rounded and bent. The distinguishing signs are, that this bending is, in the latter case, rounded and general, usually affecting the whole spine, which can be straightened by lifting the patient up from the ground by hands placed under her arm-pits, and that there is general hyper-sensitiveness of the spine throughout its length, not increased by jerks or jolts to the spinal column; the temperature being normal. Whereas, in the case of disease of the bones, the curvature is angular, and is strictly confined to one part of the vertebral column, is increased by jerking movements, is most common in scrofulous persons, and is accompanied by more or less fever and general constitutional disturbance.

The first essential in the nursing of angular curvature, is to keep the patient at perfect rest for weeks or months, as the case may be, until nature

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