

Pott's Disease.*

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POTT'S disease, or, as it is often called, "caries of the vertebræ" and "spondylitis," is essentially a disease of childhood, though now and then it is met with in adult life. The affection begins as an inflammation of the bodies of one or more vertebræ, progresses insidiously, and, unless checked by appropriate treatment, goes on to destruction of the osseous tissue, suppuration, and irreparable deformity or death of the patient.

It is not a disease which is likely to attack a healthy and well-nourished child, although there may be exceptions to this rule, especially if there is a history of a fall, or if the child has been greatly exposed to tuberculosis. Weakly children and those who have the tuberculous taint, or the so-called "strumous diathesis," are the ones most liable to caries of the vertebræ.

One of the most interesting features of this disease, and one with which those who have the care of children should be familiar, is the mode of onset. It does not at first give any well-defined sign of its presence, and it may exist for a long time before it is recognized even by the family physician. The first symptoms noticeable may be vague pains—not in the back where one would naturally expect to find them, but in the abdomen or chest, or perhaps in the thighs. The child may complain of this stomach-ache, and the parents and physician may attribute the trouble to indigestion, but attention to the diet does not give relief.

In addition to this pain in the abdomen or chest, we have another frequent symptom, namely, rigidity of the spine. This may be detected by placing the child on its face, and with the hands beneath the pelvis, moving the lower portion of the body and hips up and down and from side to side. If there is an involuntary stiffening of the back, a distinct rigidity of the spine, it is an indication of incipient Pott's disease. Later on this stiffness becomes more apparent; when the child stoops to pick up anything from the floor it shrugs its shoulders, and throws back its head. The child also has a peculiar grunting respiration, which may be temporarily improved by placing the patient across the lap and making gentle traction on the spine.

* Reprinted from the *Nursing World*.

A capricious appetite, paleness of the skin, indisposition to play, and fatigue after slight exertion, are symptoms of this disease, but, as they are also common to many other ailments, we cannot base a diagnosis of caries of the vertebræ on them.

If the disease is not recognized, and nothing is done to arrest the inflammatory process, it will be seen after a time that the child frequently assumes such postures as will relieve the spinal column of the weight of the head and shoulders. This may be done by leaning on one arm, the body being thrown to one side, or by leaning forward and resting the head and shoulders on the hands, the elbows being supported by a table or stand.

As the disease progresses, and the anterior portions of the vertebræ become softened, and yield to the superincumbent weight, a distinct angularity—not a curve—appears at the diseased point, and this becomes more pronounced as time passes. If the inflammation extends from the bony tissue to the meninges and the spinal cord, there will be added such symptoms as pain, prickling sensation, numbness in the legs, and in some cases eruptions on the skin.

If the disease is taken in time, the inflammatory process may be arrested, and the patient cured with little if any deformity. But even after the case is far advanced the trouble may be checked, the bones become healed and ankylosed, and then we have the hunchback, so well known to all. This deformity is not of itself incompatible with health, and the person so afflicted may live to old age. It is infinitely better, however, that the disease be recognized and the process checked before the deformity becomes apparent; for recovery without deformity is not the rule.

The treatment is both constitutional, and mechanical. Tonics, good food, hygienic surroundings are indicated for building up the system and enabling it to throw off the inflammation and its products. The mechanical treatment is most important. If there is fever present, when the disease is discovered, the patient should be placed on a hair mattress, and, if necessary for perfect rest, be fastened there. Extension of the spinal column, and rest in the extended posture, constitute the only proper and effective treatment. Such therapeutic measures are often very trying to an infant or active child, but, it is surprising, and comforting, to

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