

MEDICAL MATTERS.

THE TREATMENT OF TORTICOLLIS.

Mr. Paul B. Roth, F.R.C.S., has a very practical article in the *Lancet* on the treatment of Torticollis met with in children, which is usually described as congenital, and which is due to a non-spasmodic shortening of the sterno-mastoid muscle. The aim of the Paper is to call attention to the fact that after torticollis has been treated by tenotomy no retentive apparatus is necessary. The four cases described were in-patients at the London Hospital.

It is generally taught in orthopædic works that the treatment for this condition is division of the muscle, followed by use of retentive apparatus, and Mr. Roth quotes the following authorities:—Thus Tubby says: 'The principles which should guide us in undertaking operative measures are: . . . 2. After tenotomy, to maintain the improved position by means of a simple apparatus, and such as does not interfere with daily manipulations. The head is fixed in plaster in the over-corrected position for 10 to 14 days, and the patient is then sent out with a plaster-of-Paris collar. It is well to divide this anteriorly, and to lace it, so that it may be taken off and daily movements of active and passive manipulation practised. The collar should be worn for four to six months.'

Bradford and Lovett, 1900, say: "The head should be immediately rectified and retained in a corrected position, either by means of a plaster-of-Paris bandage enclosing the head and trunk, or . . . the bed frame described in the treatment of caries of the spine. . . . This can be employed for a week or ten days, and a light retention appliance be used. This latter should be worn for from three to six months, when permanent cure should be established. Without the use of the apparatus after operation relapse is likely to occur."

Royal Whitman, 1907, says: "The head should be fixed during the process of repair in the over-corrected position. . . . In this attitude a plaster bandage should be applied, surrounding the head and the thorax. It should remain . . . until the tendency towards deformity has been checked. Fixation in the over-corrected position is very important in childhood, as an aid in overcoming the deformity habit. . . . The plaster bandage is usually retained from four to eight weeks. When it is removed, massage, manipulation, and gymnastic training are indicated."

Stewart, 1908, says: "In the operative treatment two points of importance call for consideration; first, to rectify the distortion by cutting or by manipulation; second, to maintain the head in a suitable position by some form of apparatus. The very best form of the latter is the plaster helmet. . . . After the wound has healed, the helmet may be left on for from four to eight weeks, or even longer.

If, after the splint has been removed, it be found that the deformity be overcome, it will be necessary, in order to prevent its return, to institute systematic exercises, to employ massage, and constantly to take advantage of posture."

Finally, G. A. Wright, 1910, gives an account of the use of elastic traction after tenotomy for torticollis, and obviously regards its use as necessary.

The above quotations would show that after operation the use of retentive apparatus is imperative. Mr. Roth points out that it is superfluous.

It will be noticed, he writes, that both Whitman and Stewart advocate systematic exercises *after* retentive apparatus has been worn for many months; and that Tubby recommends them *concurrently* with it. It is submitted that they should be used *from the first*, and without apparatus of any sort whatsoever. It will be seen further that these writers do not state what exercises should be done; there is only a general statement about them. Unfortunately, in the majority of orthopædic works, whenever exercises are mentioned, the same absence of detail is noticeable.

While house-surgeon at the London Hospital, in 1909, Mr. Roth operated upon four cases of torticollis. After division of the muscle and fasciæ by the open operation, the head was firmly manipulated into an over-corrected position. The child was then put back to bed, with the head between sand-bags, and on the second or third day was allowed up and gentle passive movements were begun. On the fifth or sixth day active movements took their place, and after removal of the stitches the mother was shown how to superintend the carrying out of these movements at home for five minutes twice a day. These four patients are completely cured. By "cured" is meant that a year after operation the child holds his head perfectly straight, that he can twist his head round to look over one shoulder just as well as over the other; and that, only by finding the operation scar, can the affected side be discovered.

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