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EDITOR:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

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THE PRESENT LIMITATIONS OF
SPINAL SURGERY.*

ROBERT ABBE, M.D., NEW YORK.

I venture to present to your attention a subject not too old to be hackneyed, nor too new, as yet, to have been anywhere nearly exhausted. The surgeons of the past have uniformly insisted upon the most rigid respect for interference with the spinal cord in pathological conditions. Occasional attempts have been made to restore its integrity when it was supposed to be pressed upon in fractures; but so much disaster has followed upon attempted interference, that no progress can be said to have been made until the last five years. At present we find ourselves in a position to endorse surgical approach to the spinal cord under very many circumstances. What amount of benefit will ensue from such interference, it remains for additional experience yet to prove. We shall not enter into a rigid survey of the history of the surgery of the spine; for this has already been well done by Dr. White, whose account can be read in the *Annals of Surgery* for July, 1889. Since that date, somewhat more has been added that gives additional interest to the subject, and outlines, in a measure, the direction of future investigation. At present I only go so far as to call your attention to the now exist-

ing limitations of the work, and to illustrate the subject by histories of typical cases.

The general surgeon has dismissed from his mind the question of suspension in order to relieve certain "medical" lesions of the spine, as in locomotor ataxia. This mode of procedure has had a fair and extensive trial, which has gone to show that its utility is too slight to be taken seriously into account; and it is now practically abandoned. The more truly surgical operations upon the spine include such interference as will deal with cases of spina bifida, with caries from Potts' disease, with tumors of the spinal cord, with intra-dural adhesions from myelitis, and with fractures of the spine. We are also in a position to take up the question of the section of the spinal nerve-roots.

Under these six headings let us consider the last views sustained by recent practice. It will be seen that in dealing with the condition of spina bifida, we have at once to attack one of the most delicate forms of spinal work. We have immediately to invade the serous cavity of the spine; to subject the patient to the great bugbear of the past surgery of the cord, spinal meningitis. But it is now evident that with the modern precaution of exclusion of infection, we practically exclude this risk. The purely surgical method of dealing with spina bifida cases, which has been outlined and defended so well by Mr. Mayo Robson, presents the best possible resort of the surgeon of to-day. The bold and complete excision of the sac. with suturing

*A paper read at the Post-Graduate Course of the University of Toronto, Dec. 19th, 1890.