

A CASE OF ANKYLOSIS FOLLOWING INJURY.

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In presenting this case it is not my intention to attempt a paper on ankylosis or its treatment. I wish merely to give the history of the case and show you the patient in the hope that something may be learned from the discussion. Up to the time of his accident Mr. Pearce was a healthy laboring man. He is now 50 years of age. Family history and early personal history reveal nothing bearing on the case. For nine months before this accident he was working for a butcher in the village of Huntsville, Muskoka.

On the night of December 26th, 1898, he was out with a sleighing party, sitting in the front of the sleigh with his back to the driver and leaning over. It seems that the driver took advantage of his position and sat on his shoulders for some time until the sleigh struck a hole in the road when both were thrown out with considerable force, alighting in the same relative position on the road. It was found that Pearce was unable to move either hand or foot but was quite conscious all the time. There was a slight scalp wound in the left temporal region. He was removed to Dr. Hart's hospital in Huntsville. In about fifteen days he had recovered the use of his right arm and says that for a few days he could move it in any direction, then a severe pain came between his shoulders and all down the right arm to his finger tips and power to move it was gradually lost again, except flexion and extension at the elbow. He gradually recovered some power over the legs so that in three weeks from the time of accident he was able to get out of bed and into a chair without assistance, and in two weeks more could shuffle about the ward but could neither dress nor feed himself. Seven weeks after the accident he left the hospital and came to Toronto, and I saw him for the first time on February 22nd, 1899. His condition then was as follows:—

Patient quite stooped at the shoulders. Was very deliberate in his movements, seeming to dread the pain if a joint were moved too far. Was very tender on examination of the affected joints and when passive movement was attempted. The joints of the feet, ankles and knees were quite free, as were also those of the spinal column except those concerned in rotation of the head. The movement of the hip joints was limited allowing him to take a step of about twelve inches. There was very little adduction or abduction except what was obtained by tilting the pelvis. There was no noticeable atrophy of the thighs or legs. Patellar reflexes were exaggerated. The shoulder joints were so firmly ankylosed that the arms were literally pinioned to the sides and they were so tender that very little scapular movement could be obtained on attempting passive movements. By fixing the scapula a small amount of movement at the joint

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