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TUBERCULAR DISEASE OF BONE—
PATHOLOGY AND TREATMENT.*

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Mr. President and Gentlemen:

There is no field of surgery at the present time in which greater diversity of opinion exists than in the treatment of tubercular joint disease. Extreme views are held, on the one hand, by surgeons who advise an early attack on the diseased articulation, and complete removal by exsection of the joint; on the other hand, another set of surgeons believe that rest for the joint, combined with a strict regime of constitutional treatment, will prove more satisfactory even in advanced disease. There exists yet another class of surgeons who advocate a middle course, and very recently the suggestion has been thrown out that simple incision into the joint may result favorably, much in the same way as an incision into the peritoneal cavity in tubercular peritonitis exercises a curative effect.† The present methods of treatment of tubercular disease in the shaft of a long bone are scarcely more satisfactory than are those adopted in joint diseases. The disease runs a

tedious course, and after many months or years may end in extensive necrosis of the bone, and eventually the limb may have to be amputated. In more favorable cases the disease may have been checked and a cavity may be left in the interior of the bone, the walls of which are healthy. These cavities may close and the case terminate successfully, but very frequently the granulations lining the walls of such a cavity become unhealthy, and the healing process may be indefinitely postponed. A case came under my observation in which such a cavity of large size existed in the upper end of the tibia in a boy, which refused to heal. An attempt was made by introducing desiccated sponge, after the method of Hamilton,* to encourage the growth and deposition of healthy tissue in the part, but this failed, as did every other device. Eventually the limb had to be sacrificed and amputation was performed at the knee joint. Certain cases, however, progress to a successful termination; the disease is removed, the tissues take on a healthy action, and the limb is restored to a normal condition.

The development of tubercle in osseous tissue, in the early stages of the disease, has been studied more minutely in the articular ends of the bone rather than in the shaft. The reason for this is obvious; operative procedure has many times been resorted to very early in the treatment of tubercular joints, and the method of removing the end of the bone entire has rendered it possible to examine the condition of

*A Lecture delivered at the Post-Graduate Course of the University of Toronto, December 18th, 1890.

† *Lancet*, November 15th, 1890, page 1018.

**Vide* Hamilton, *Edin. Med. Jour.*, November, 1881.