

FRACTURE-DISLOCATIONS OF THE SPINAL VERTEBRÆ.*

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IN selecting this subject it has not been my intention to go elaborately into the subject of injuries to the spine in general, but more particularly to refer to that class of severe injuries resulting in fracture or dislocation, or both, and where the spinal cord has been injured, producing more or less complete paralysis of the parts below the injury ; and, if possible, by discussion from the members of this association, to throw more light upon the subject, and to endeavor to establish a clearer line of surgical treatment in such severe and apparently hopeless cases than there seems to be at the present time. It does appear to me that some useful lives could yet be saved that are gradually frittered away, relying almost entirely upon nature to remove the trouble.

I refer, of course, to surgical interference. If a person receives an injury to the head, and there is depression of the inner plate producing unconsciousness and paralysis, we would not hesitate to trephine, and eventually save our patient. Why should not the same principle guide us in fracture-dislocations of the spine ?

Why should we wait from five weeks to three months or more for nature to do what surgery could do better ?

Valuable time may be lost and extensive damage done to the cord by degenerative changes that are so apt to follow such severe injuries. Too long pressure of simply smooth bone may produce persistent paralysis. Sharp spiculæ of bone may so injure the cord that its constant presence may produce abscess or softening of the spinal matter, or pent-up effusion of blood or serum may complete the compression which has not been entirely effected by the misplaced or fractured bone.

Surgery, in all probability, could relieve these dangers, and the inflammatory action which is so apt to follow such severe injuries.

Surely the dangers consequent upon the operation itself, in these days of clean finger-nails, night-robes, and sterilized waters, should not be put

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