NOTE ON TREATMENT

The question of treatment is outside the scope of the present paper, and would take up too much space. The essential point is to recognize the ankylopoietic form as early as possible and to deal with any focus of infection, to take steps to prevent the development of kyphosis, ankylosis of the hips, etc., by rest, supports, or by other methods, and to pay special attention to the defective calcium metabolism by correcting vitamin deficiency and other disorders of nutrition. Freund recommends treatment at a spa, preferring Gastein, a spa of a type well represented in this country.

I wish to express my thanks to my colleagues on the staff of the Devonshire Hospital for permission to make use of some of their cases, to Mr. J. Race of the research department for much help in translating references in German literature, and to Mr. Gibson, the radiographer, for his excellent illustrations.

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TWO CASES OF SYPHILITIC SPONDYLITIS

BY

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Syphilitic spondylitis is an uncommon lesion according to the literature, and, for this reason, two such cases admitted to Fazakerley Sanatorium seem worthy of record.

CASE I

Male, aged 36, gave a history of "rheumatism" of ten years' duration affecting his arms and shoulders, and improving and relapsing at intervals. Twelve months before admission he was crushed between heavy gates, and he attributed the subsequent pain in the chest wall, shoulders, and neck to this accident. Rest and local treatment did not relieve his symptoms. He was *x*-rayed, and was found to have a destructive lesion in the cervical vertebrae. He was diagnosed as a case of tuberculosis of the spine, and was accordingly admitted to this sanatorium. On admission (December, 1927), temperature and pulse were normal. The patient complained of pains in the neck and shoulders. For the previous three or four days he had had difficulty in swallowing. He also showed a slight degree of dyspnoea. These symptoms could be accounted for by a bulging of the pharyngeal wall, which did not feel like an abscess. The subsequent *x*-ray picture proved that the atlas was dislocated forward on the axis and that the first three cervical vertebrae were carious.

Fixation on a double abduction frame with head extension gave only temporary relief. Pain became localized in the right arm. Two months after admission, a bony swelling appeared in the lower third of the humerus, which the radiologist diagnosed as a non-tuberculous lesion and most suggestive of a syphilitic infection. This diagnosis was confirmed by a positive Wassermann reaction. Administration of neokharsivan brought about an uninterrupted recovery in the spinal condition, which proved to be soundly healed twelve months after admission. In spite of treatment, however, a pathological fracture occurred through the gumma in the humerus four months after the onset of symptoms, and this failed to unite.

The patient was sufficiently well to be discharged in February, 1929 (fourteen months after admission), and to continue treatment outside.

CASE II

Male, aged 41, also gave a history of rheumatism over a period of at least ten years. For eighteen months before admission, abscesses had appeared over the sternum and in the region of the parietal bones. These had broken down, but scars proved that some of the lesions had healed spontaneously. On admission (February, 1928), there were several discharging sinuses over the sternum and the skull. Temperature was 100° to 97°, pulse rate 96 to 76. The multiple character of his lesions and the history suggested examination of the blood, which gave a positive Wassermann reaction.

About three weeks after admission, the patient complained of pain and stiffness in the neck. As this did not yield to ordinary treatment he was *x*-rayed. This time it was found that the body of the third cervical vertebra showed early destruction.

The patient rapidly improved under administration of neokharsivan, in addition to the application of a surgical support. Radiologically, the lesion was soundly healed at the end of nine months, and in September, 1928, he was discharged to attend hospital as an out-patient.

Interesting points are as follows:

1. The diagnosis in the first case was dependent on the *x*-ray findings.

2. The situation of the lesion in both cases was in the cervical spine.

3. Abscess formation frequently accompanies a tuberculous lesion, but is not typical of syphilitic caries. In this first case the suggestive retropharyngeal swelling was due to dislocation.

4. In both cases the Wassermann reaction was strongly positive, and was still positive, despite treatment, when the patients were discharged.

Of the few cases reported in this country, the earliest was a case of exfoliation of the atlas, described by Keate in 1835. Wade,¹ in 1849, recorded another case of cervical caries. Evans and Marshall² published a case in 1920. From the literature, Ziesche³ collected eighty-eight cases, and found that in 75 per cent. of these the lesion was situated in the cervical spine.

I am indebted to Dr. C. Rundle, medical superintendent of Fazakerley Sanatorium, for his kindness in permitting me to publish these cases, and also to Mr. J. T. Morrison, visiting surgeon to the sanatorium.

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A CASE OF PULMONARY ASBESTOSIS

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(With Special Plate)

The problem of the production of industrial fibrosis of the lungs by the silicate dusts, and notably asbestos, has, because of its evident importance, received increasing attention during the past few years. It is felt, therefore, that some further notes on the after-history of one of the earliest reported cases of pulmonary asbestosis may be of interest. This case, reported by one of us in the *British Medical Journal*,¹ was the first in which the relationship between the inhalation of asbestos dust and fibrosis of the lung could be satisfactorily established: the essential factors being—exposure to asbestos