with regard to relapse rate in spinal TB. Was it possible during this three months when streptomycin was effective that a surgical debridement of the tuberculous lesion would not only get rid of this dead poisonous tissue (which the body took years to eliminate) but also permit the large molecules of streptomycin to reach more readily the tuberculous focus? Could one convert it to a largely vascularised area instead of one of dead tissue? The role of streptomycin was most valuable in the confidence it gave one that there was unlikely to be any serious dissemination of tubercle bacilli as a result of surgical disturbance of the lesion, and this indeed proved the basis of a great advance in the treatment of bone and joint tuberculosis.

Introduction of the antibiotics—para-aminosalicylic acid, isonicotinic acid hydrazide, and, later, iproniazid (the remarkable antidepressant value of Marsilid was, I think, first noticed in this context), ethambutol, and rifampicin—confirmed this line of treatment where advanced disease and necrotic tissue are present. Debridement reached its greatest value in clearing out compressive debris from the front of the paralysed spinal cord, drainage or excision of the paravertebral abscesses, and even anterior grafting of the intervertebral joints—all under cover of the antibiotic umbrella.

In the early days there was a curious tendency to feel that only one drug should be given at a time, the other antibiotics being “kept as another shot in the locker,” but I was able to satisfy myself that the most important regimen was a combination of streptomycin, isonicotinic acid hydrazide, and para-aminosalicylic acid in considerable individual dosage. In this way, a bactericidal level of drug was present in the blood when surgery was undertaken, and could be maintained for many months. The procedure was widespread and, while I had the privilege of describing it to the British Orthopaedic Association in Buxton in 1954, numerous confirmatory articles appeared in the journals.

Improvement in the outlook for patients with tuberculosis is wonderful; instead of the horrific years in hospital, as described in the earlier paragraphs, a relatively short period is satisfactory, and from the admission of a case of tuberculous hip, diagnosed reasonably early, one may expect a patient to be at home, walking and soundly convalescent, before the end of 12 months—provided the antibiotics are taken regularly.

But tuberculosis is not conquered, and I must warn that, if anything, the number of these cases is increasing again and that the Parsee remains a profoundly dangerous and crippling one. Nevertheless, with great satisfaction, I feel that “in my lifetime” the picture of the disease has undergone a splendid change.

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View from childhood

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British Medical Journal, 1979, 2, 909

As a child, I had a tuberculous lumbar spine. In those days, the treatment was complete immobility, and I was put on a spinal frame from the age of 3½ until 7½ with only my arms free to move. I was at the Royal Liverpool Children’s Hospital in Heswall, overlooking the River Dee and the Welsh hills, for a year in an open-air ward—by that I mean one side was completely open to the weather, and I can still remember the snow and hail blowing in during the winter. I also remember that the knuckles of my hands were split and suppuring with chilblains. There were no teachers in hospital then; all I can remember being taught was to make wicker baskets, like the gypsies do, and the wicker had to be wet to make it pliable—it was cold and uncomfortable. Those toys that were given to me to play with had to rest on my chest. I remember being given a plate of food, again resting on my chest, and a spoon to eat it with, having to use the same spoon to eat the pudding, and the horrible taste of the first spoonful—a mixture of stew and pudding (usually rice). I got to hate rice pudding, and one day took the plate in both hands and threw it over my head behind the bed. I was terrified at what would happen to me for being so wicked. Perhaps this was a response to inactivity and frustration.

When I had my back washed, one nurse stood at my feet and another at my head and, after undoing the leather straps round my legs and body, they crossed their hands, one grasped my ankles and the other my shoulders, and they turned me over on my face—thus keeping the spine straight. I also remember being taken out of the ward to somewhere else and given massage to my back—with hard, I think. It seemed heavenly.

As a treat, I was occasionally taken out of the hospital in a long spinal carriage to see the outside world. The frame I was on was made in such a way that there was a bar of iron between my ankles for lifting purposes.

Part of the four years I was on my back was spent in West Kirby Convalescent Home, and part at my parent’s home—where the windows were taken out of my bedroom. Looking back, it must have been a great hardship for my poor mother.

I was the youngest of eight children, so having me to look after must have been the last straw.

Finally, a psoas abscess about the size of a goose egg developed in my right thigh and this was incised to let the pus out. It filled up again and was again incised. This was when I was 7½; the scars are still visible. Later on, I was taken off the frame and a leather and iron back support was fitted, straps being put from the back over my shoulders, under the axilla, and fastened to the support at the back; with similar ones round my groin, and straps round my body. My legs were put in plaster of Paris.

I was taught to walk by pushing a walking machine round the ward, an alarming experience after being horizontal for so many years. I progressed in walking round the ward by holding on to the ends of the beds. When I was allowed home I moved about by holding the furniture. After several months the plaster was digging into the back of my legs, causing pus to form, and I was taken out of it and wore calipers. Eventually, I left them off too—a great day. By the time I was 14 I was allowed to leave the back support off, and enjoyed the wonderful feeling of freedom this gave. From an x-ray film taken in later years I was told that two of the lumbar vertebrae had fused.

It was a big disadvantage not having any education in my early years and I am always interested when I hear talk about children’s education and the effects it has on their future. Even so, I became a chartered physiotherapist and worked until I was 70.

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