



ELSEVIER

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## The Spine Files

### Heads up on herbals

The use of nonprescription “herbal” medicinal supplements has been steadily increasing in North America for several years. These preparations are by no means “innocuous.” Both patients and physicians need to be aware of their potential side effects. For surgeons, one must be particularly alert for use of “herbals” that can influence coagulation and the effects of which are not always reflected in standard screening tests. A specific case focused our attention on this issue in rather dramatic fashion.

A healthy, athletic, 40-year-old man sustained a jumped C6–7 facet in a fall skiing. He was neurologically intact. An open reduction and fusion by a posterior approach was planned. Initially, the patient reported no routine use of prescription or nonprescription medications. His preoperative prothrombintime (PT) and partial thromboplastin time (PTT) were normal. At surgery, incision and dissection down to the posterior cervical area resulted in profuse bleeding. Approximately 2,000 cc of blood were lost in attempting to gain exposure. The surgery was abandoned, and consultation concerning the bleeding was sought.

The patient was, in fact, taking several “health supplements.” These were found to contain ginkgo biloba, vitamin E, garlic, feverfew, ginger, ginseng, devil’s claw, red clover, and horse chestnut. These substances are all associated with increased bleeding. After 2 weeks off all supplements, the patient’s surgery was carried out uneventfully.

This experience has led to several changes in our practice. Patients are now asked specifically about use of “herbals” in addition to the routine questions about prescription and nonprescription medications. In conjunction with our internal medicine colleagues, we have developed a two-page list of “herbals” that could negatively impact a surgical patient. The list is used to document the patient’s usage and also as an educational tool, because side effects are explained on the sheet. We are definitely more “heads up on herbals.”

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## Spine in the Arts

### Modern poetry and the backache

Backache is rarely the stuff of poetry. Perhaps Wallace Stevens’s other life as an insurance executive made back

pain of his world more than for other acclaimed poets. In “Saint John and the Back-Ache,” Stevens casts the Back-Ache as one voice in a philosophical argument with Saint John. The Back-Ache pleads the case for priority of the mind in a dialogue about whether there exists a reality before the mind’s perception or whether reality is wholly created by the ordering and projection of the mind, a debate of the “force” of the mind versus the “presence” of an external reality. Saint John argues that “the effect of the object is beyond the mind’s/Extremest pinch” and gives everyday examples that he says “help us face the dumbfounding abyss/ Between us and the object, external cause.” Such bridges as pain confound “the little ignorance that is everything.”

At least in this enigmatic poem, Stevens suggests, through Saint John, that there is a presence of some external reality beyond the pure constructs of mind, although the argument goes on. He gives the Back-Ache the last words: “It is possible./Presence lies far too deep, for me to know/Its irrational reaction, as from pain.” Although Stevens’s preoccupation is with a more fundamental, epistemological question, those who study backache can use, perhaps, his discussion as a metaphor for understandings of pain perception versus nociception and the physiological/psychological/philosophical differences between acute and chronic pain.

### References

- [1] Stevens W. Saint John and the Back-Ache. In: Stevens H, editor. The palm at the end of the mind. New York: Vintage Books, 1972:328–9.
- [2] Leggett BH. Personal communication, September 9, 2001.

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## Spine Stat

### Spine care of another era: “Oh my neck!”

Nowadays, patients who sustain cervical spine dislocations are immobilized with a collar and backboard at the scene and transported to a medical facility where they are radiographed immediately. Current controversy exists over whether reduction of an obvious dislocation should be done before magnetic resonance imaging. At the turn of the twentieth century, the prognosis for most patients with such inju-