found Ward's fistula paste very successful in this complaint. But as these ulcers generally proceed from an ill habit of body, they will seldom yield to any thing except a long course of regimen, assisted by medicines which are calculated to correct that particular habit, and to induce an almost total change in the constitution.

CHAP. LI.

OF DISLOCATIONS.

WHEN a bone is moved out of its place or articulation so as to impede its proper functions, it is said to be luxated or dislocated. As this often happens to persons in situations where no medical assistance can be obtained, by which means limbs, and even lives, are frequently lost, we shall endeavour to point out the method of reducing the most common luxations, and those which require immediate assistance. Any person of common sense and resolution, who is present when a dislocation happens, may often be of more service to the patient than the most expert surgeon can after the swelling and inflammation have come on. When these are present, it is difficult to know the state of the joint, and dangerous to attempt a reduction; and by waiting till they are gone off, the muscles become so relaxed, and the cavity filled up, that the bone can never afterwards be retained in its place.

A recent dislocation may generally be reduced by extension alone, which must always be greater or less according to the strength of the muscles which move the joint, the age, robustness, and other circumstances of the patient. When the bone has been out of its place for any considerable time, and a swelling or inflammation has come on, it will be necessary to bleed the patient, and, after fomenting the part, to apply soft poultices with vinegar to it for some time before the reduction is attempted.

All that is necessary after reduction, is to apply cloths dipt in vinegar or camphorated spirits of wine to the part, and to keep it perfectly easy; and, if any degree of inflammation remain, the application of leeches is the best remedy. Many bad consequences proceed from the neglect of this rule. A dislocation seldom happens without the tendons and ligaments of the joint being stretched and sometimes torn. When these are kept easy till they recover their strength and tone, all goes on very well; but if the injury be increased by too frequent an exertion of the parts, no wonder if they be found weak and diseased ever after.

DISLOCATION OF THE JAWS.

THE lower jaw may be luxated by yawning, blows, falls, chewing hard substances, or the like. It is easily known from the patient's being unable to shut his mouth, or to eat any thing, as the teeth of

the under jaw do not correspond with those of the upper: besides, the chin either hangs down or is thrown toward one side, and the patient is neither able to speak distinctly, nor to swallow without considerable difficulty.

The usual method of reducing a dislocated jaw, is to set the patient upon a low stool, so as an assistant may hold the head firm by pressing it against his breast. The operator is then to thrust his two thumbs, being first wrapt up with linen cloths that they may not slip, as far back into the patient's mouth as he can, while his fingers are applied to the jaw externally. After he has got firm hold of the jaw, he is to press it strongly downwards and backwards, by which means the elapsed heads of the jaw may be easily pushed into their former cavities.

DISLOCATION OF THE NECK

THE neck may be dislocated by falls, violent blows, or the like. In this case, if the patient receives no assistance, he soon dies, which makes people imagine the neck was broken; it is, however, for the most part only partially dislocated, and may be reduced by almost any person who has resolution enough to attempt it. A complete dislocation of the neck is instantaneous death.

When the neck is dislocated, the patient is immediately deprived of all sense and motion; his neck swells, his countenance appears bloated; his chin lies upon his breast, and his face is generally turned towards one side.

To reduce this dislocation, the unhappy person should immediately be laid upon his back on the ground, and the operator must place himself behind him so as to be able to lay hold of his head with both hands while he makes a resistance by placing his knees against the patient's shoulders. In this posture he must pull the head with considerable force, gently twisting it at the same time, if the face be turned to one side, till he perceives that the joint is replaced, which may be known from the noise which the bones generally make when going in, the patient's beginning to breathe, and the head continuing in its natural posture.

This is one of those operations which it is more easy to perform than describe. I have known instances of its being happily performed even by women, and often by men of no medical educations. After the neck is reduced, the patient ought to be bled, and should be suffered to rest for some days, till the parts recover their proper tone.

DISLOCATION OF THE RIBS.

As the articulation of the ribs with the back-bone is very strong, they are not often dislocated. It does however sometimes happen, which is a sufficient reason for our taking notice of it. When a rib is dislocated either upwards or downwards, in order to replace it, the patient should be laid upon his belly on a table, and the operator must endeavour to push the head of the bone into its proper place.

Should this method not succeed, the arm of the disordered side may be suspended over a gate or ladder, and, while the ribs are thus stretched assunder, the heads of such as are out of place may be thrust into their former situation.

Those dislocations wherein the heads of the ribs are forced inwards are both more dangerous and the most difficult to reduce, as neither the hand nor any instrument can be applied internally to direct the luxated heads of the ribs. Almost the only thing that can be done, is, to lay the patient upon his belly over a cask, or some gibbous body, and to move the fore-part of the rib inward toward the back, sometimes shaking it; by this means the heads of the luxated ribs may slip into their former place.

DISLOCATION OF THE SHOULDER.

THE humerus or upper bone of the arm may be dislocated in various directions; it happens however most frequently downwards, but very seldom directly upwards. From the nature of its articulation, as well as from its exposure to external injuries, this bone is the most subject to dislocation of any in the body. A dislocation of the humerus may be known by a depression or cavity on the top of the shoulder, and an inability to move the arm. When the dislocation is downward or forward, the arm is elongated, and a ball or lump is perceived under the arm-pit; but when it is backward, there appears a protuberance behind the shoulder, and the arm is thrown forwards towards the breast.

The usual method of reducing dislocations of the shoulder is to seat the patient upon a low stool, and to cause an assistant to hold his body so that it may not give way to the extension, while another lays hold of the arm a little above the elbow, and gradually extends it. The operator then puts a napkin under the patient's arm, and causes it to be tied about his own neck: by this, while a sufficient extension is made, he lifts up the head of the bone, and with his hands directs it into its proper place.

There are various machines invented for facilitating this operation, but the hand of an expert surgeon is always more safe. In young and delicate patients, I have generally found it a very easy matter to reduce the shoulder, by extending the arm with one hand, and thrusting in the head of the bone with the other. In making the extension, the arm ought always to be a little bent.

DISLOCATION OF THE ELBOW.

THE bones of the fore-arm may be dislocated in any direction. When this is the case, a protuberance may be observed on that side of the arm towards which the bone is pushed, from which, and the patient's inability to bend his arm, a dislocation of this joint may be easily known.

Two assistants are generally necessary for reducing a dislocation of the elbow; one of them must lay hold of the arm above and the other

below the joint, and make a pretty strong extension, while the operator returns the bones into their proper place. Afterwards the arm must be bent, and suspended for some time with a sling about the neck.

Luxations of the wrist and fingers are to be reduced in the same manner as those of the elbow, viz. by making an extension in different directions, and thrusting the head of the bone into its place.

DISLOCATION OF THE THIGH.

WHEN the thigh-bone is dislocated forward and downward, the knee and foot are turned out, and the leg is longer than the other; but when it is displaced backward, it is usually pushed upward at the same time, by which means the limb is shortened, and the foot is turned inwards.

When the thigh-bone is displaced forward and downward, the patient, in order to have it reduced, must be laid upon his back, and made safe by bandages, or held by assistants, while by others an extension is made by means of slings fixed about the bottom of the thigh a little above the knee. While the extension is made, the operator must push the head of the bone outward, till it gets into the socket. If the dislocation be outward, the patient must be laid upon his face, and, during the extension, the head of the bone must be pushed inward.

Dislocation of the knees, ankles, and toes, are reduced much in the same manner as those of the upper extremities, viz. by making an extention in opposite directions, while the operator replaces the bones. In many cases, however, the extension alone is sufficient, and the bone will slip into its place merely by pulling the limb with sufficient force. It is not hereby meant, that force alone is sufficient for the reduction of dislocations. Skill and address will often succeed better than force. I have known dislocation of the thigh reduced by one man, after all the force that could be used by six had proved ineffectual.

CHAP. LII.

OF BROKEN BONES, &c.

THERE is, in most country villages, some person who pretends to the art of reducing fractures. Though in general such persons are very ignorant, yet some of them are very successful; which evidently proves that a small degree of learning, with a sufficient share of common sense and a mechanical head, will enable a man to be useful in this way. We would, however, advise people never to employ such operators when an expert and skilful surgeon can be had; but when that is impracticable,