*** The medical treatment of fistulæ in ano will depend on their cause. If they arise from costiveness, the remedies are obvious; if from disease of the liver, calomel and saline purges; if from disease of the chest, as dropsy, it is difficult to say what medicine ought to be recommended. It is of great importance, however, to give such medicines as will bring the fistula into a healthy state. With this view the balsam of copaiba may be given with advantage. If there be much irritation, give soda, which has great efficacy in diminishing the irritability of the rectum. Aromatic medicines should be given, especially that which used to go by the name of Wards's Paste, having been found by experience to produce excellent effects in this disease:

Take of Pepper 2 drachms,
Ellecampane and
Fennel seeds, of each half an ounce.

These are to be mixed up with honey, in the form of an electuary; of which a tea-spoonful is to be taken two or three times a-day. This soon brings the fistula into a healing state; healthy granulations shoot up from the surface, and the discharge instead of being serous or bloody, consists of good pus. Calomel and saline purges should be occasionally given during the use of these aromatic medicines, with a view of promoting the secretions of the liver and intestines. Ed.

CHAP. II.

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.

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All that is necessary after the reduction, is to apply cloths dipt in vinegar or camphorated spirits of wine to the part, and to keep it perfectly easy. 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 Jaw.

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 towards 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.

The peasants in some parts of the country have a peculiar way of performing this operation. One of them puts a handkerchief under the patient's chin, then turning his back to that of the patient, pulls him up by the chin, so as to suspend him from the ground. This method often succeeds, but we think it a dangerous one, therefore recommend the former.

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

* The os occipitis, and first cervical vertebra, are so firmly connected by ligaments, that there is no instance of their being luxated from an external cause, and were the accident to happen, it would immediately prove fatal by the unavoidable compression and injury of the spinal marrow; and in dislocations of the first cervical vertebra from the second, patients can hardly be expected to survive a mischief of this kind in so high a situation; when the transverse ligament is broken, and the *dentated process* is thrown directly backward against the medulla oblongata, the effect must be instant death, as happened in a case lately related by Mr. C. Bell. All dislocations of the neck in which the processus dentatus is displaced are immediately fatal, although luxations of the oblique cervical processes lower down may be reduced. Ed.

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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 shoulder. 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 education. 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 asunder, 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 towards the back, sometimes shaking it; by this means the heads of the luxated ribs may slip into their former place.

In a modern work* may be read the particulars of a case, where all the ribs are said to have been dislocated from the cartilages. The accident arose from the chest being violently compressed between the beam of a mill and the wall. In such a case, there is no means of reduction, except the effect produced by forcible inspiration; nor are there any modes of relief but bleeding, and the application of a roller round the chest.

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

* C. Bell's Surg. Observations, p. 171.

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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 behind his own neck: by this, while a sufficient extension is made, he lifts up the head of the bone, and 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 easily be 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 Clavicle or Collar-bone.

The clavicle may be luxated at its sternal extremity,* forwards, backwards, and upwards, but never downwards, on account of the situation of the cartilage of the first rib. The luxation forward is most frequent, and almost the only one ever met with.

In reducing these dislocations of the sternal end of the clavicle, a lever is to be made of the arm, by means of which the shoulder is to be brought outwards; and when thus brought outwards, it is to be pushed forwards, if the dislocation be in that direction; backward, if the dislocation be behind; and upward, if it be above.

* The end nearest the breast-bone.

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It is as difficult to keep the bone reduced, as it is easy to reduce it, so smooth and oblique are the articular surfaces. Dislocations of the capsular end of the clavicle, or that nearest the shoulder-joint, are much less common. The luxation upwards is the only one that ever occurs; and this is reduced by carrying the shoulder outwards, putting a cushion in the axilla, and applying a proper bandage, as in fractures of this bone, making the turns ascend from the elbow to the shoulder, so as to press the luxated end of the bone downward, and keep it in its due situation, at the same time that the elbow is confined close to the side, and supported in a sling, by which means the shoulder will be kept raised and inclined outwards.

Dislocation of the Patella or Knee-pan.

This bone may be luxated outwards, or even inwards, when violently pushed in this direction. The dislocation outwards is the most frequent.

The generality of cases of this description are easily reduced by pressure, when the extensor muscles of the leg have been completely relaxed; but owing to a lax state of the ligament of the patella, or other predisposing causes, the bone is sometimes with difficulty retained in its proper position, unless a roller be applied.

The inflammatory affection of the joint is to be opposed by topical bleeding, purging, and the use of evaporating lotions. The joint must be kept quiet a few days, and then gently moved, to prevent stiffness.

Dislocation of the thigh.

The head of the thigh-bone may be dislocated upwards (on the dorsum of the ilium,) upwards and forwards (on the body of the os pubis,) downwards and forwards (on the foramen ovale,) and backwards (on the ischiatic notch). The dislocation upward and backward, and that downward and forward, are the most frequent.

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 upwards 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 fast by bandages, or held by assistants, while by others a gradual and unremitting extension is made by means of slings, or a pulley fixed about the bottom of the thigh a little above the knee; a sheet, folded longitudinally, being first placed under the perinæum or fork, and one end carried behind the patient, the other before him: they are to be fastened to one of the legs or posts of the bed, or other more secure part. While the extension is making, the operator must push the head of the bone outward, or as the circumstances of the case may require, till it gets into the socket. If the dislocation be outward, the patient must be laid

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upon his face, and during the extension the head of the bone must be pushed inward.

Dislocations of the *knees*, *ancles*, and *toes*, are reduced much in the same manner as those of the upper extremities, viz. by making an extension 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 dislocation. Skill and address will often succeed better than force. I have known a dislocation of the thigh reduced by one man, after all the force that could be used by six had proved ineffectual.

When the force of the muscles in very robust persons resists every effort to reduce a dislocated limb, a grain or two of emetic tartar dissolved in water may be administered, and taking advantage of the general languor and debility that precedes the act of vomiting, the limb may be reduced with facility. I have known this plan successfully practised; to which may be added bleeding and the warm bath.

CHAP. III.

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, they must be employed: we shall therefore recommend the following hints to their consideration:—

When a large bone is broken, the patient's diet ought in all respects to be the same as in an inflammatory fever. He should likewise be kept quiet and cool, and his body open by emollient clysters; or, if these cannot be conveniently administered, by food that is of an opening quality; as stewed prunes, apples boiled in milk, boiled spinage, and the like. It ought, however, to be here remarked, that persons who have been accustomed to live high are not all of a sudden to be reduced to a very low diet. This might have fatal effects. There is often a necessity for indulging even bad habits in some measure, where the nature of the disease might require a different treatment.

It will generally be necessary to bleed the patient immediately after a fracture, especially if he be young, of a full habit, or has at the same time received any bruise or contusion. This operation should not only be performed soon after the accident happens, but, if the patient be very feverish, it may be repeated next day. When several of the ribs are broken, bleeding is peculiarly necessary.

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