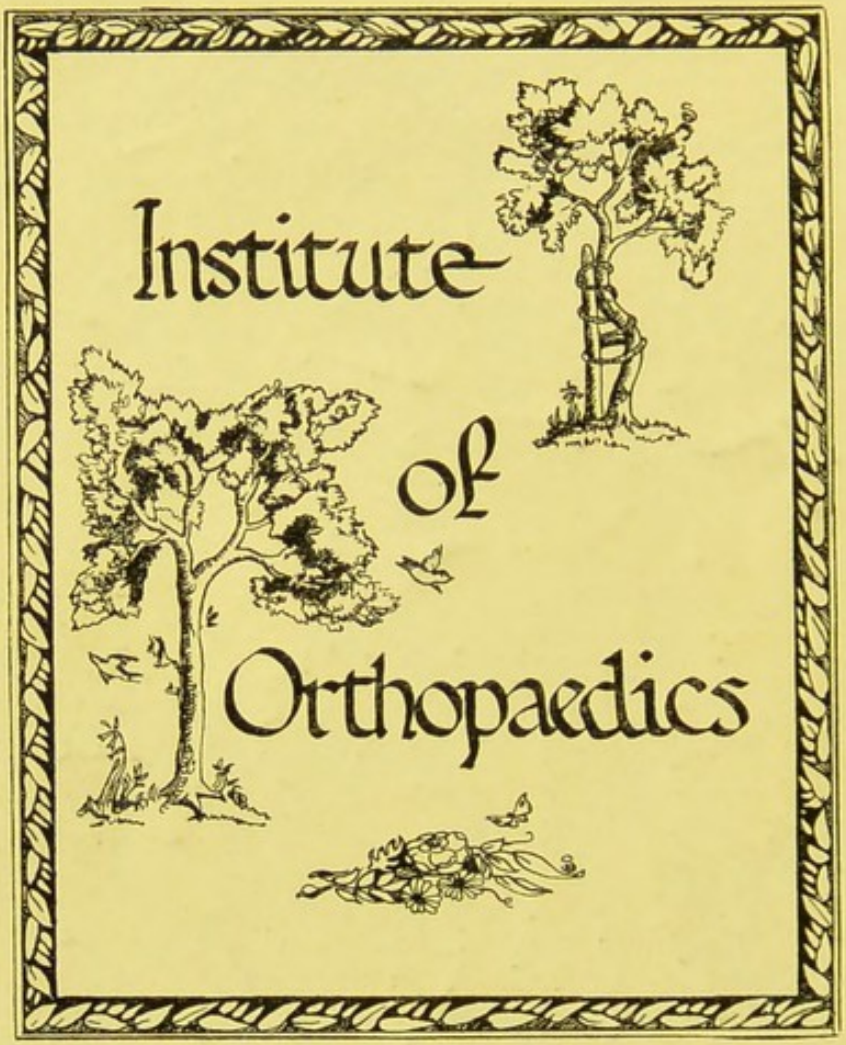
Observations and cases relative to dislocations of the shoulder joint : with a variety of methods for reduction, and an appendix, containing, as notes, extracts from various writers on surgery, &c; interspersed with comments on medical and surgical cases; and also plates with explanatory tables, shewing a variety of instruments, machinery, &c; for surgical purposes / by R. Roberts.



Harriet Sockett's Book;

the gift of her Nephew Henry-
Sockett Humphreys.

'From 'W Roberts, 'Oswestry;
'who left him some to give away.'

Rectory-House — near Berries.

Tuesday, the Thirteenth of June;

— 1837. —

OBSERVATIONS

ON

Dislocations, &c.

OBSERVATIONS

AND

CASES

RELATIVE TO

Dislocations of the Shoulder Joint,

WITH

A VARIETY OF METHODS FOR REDUCTION,

AND

An Appendix,

CONTAINING, AS NOTES,

Extracts from various Writers on Surgery, &c.

INTERSPERSED WITH COMMENTS

ON

MEDICAL AND SURGICAL CASES;

AND ALSO,

PLATES,

WITH EXPLANATORY TABLES,

SHEWING

A VARIETY OF INSTRUMENTS, MACHINERY, &c.

FOR SURGICAL PURPOSES.

BY R. ROBERTS.

"Haud timeo Danaos, cupeo sed dona ferentes." SATORIAD:

Though crowds prove vicious, others courteous be;
I brave the schemes of foes, yet court the fee. PARAPHRASE.

OSWESTRY:

PRINTED FOR THE AUTHOR, BY T. EDWARDS.

1829.

1800

PREFACE.

An Apology for intruding these few pages on the British Public would be out of character, and as inconsistent as the abruptness of them is criticiseable. Their Contents are the product of experience, and are given to lead out Science and its Votaries to open and candid combat, if this branch of the learned Professions, or even any, is beguilable to such effort. The Quotations and other matter added may fall into the same chain of anticipated censure, which these Observations are inevitably doomed to undergo. The Cripple at least may applaud the Attempt.

"Consider well, weigh strictly right and wrong,
Resolve not quick, but once resolv'd, be strong;
And if to yourself you can yourself acquit,
Rather stand up, assur'd with conscious pride,
Alone, than err with millions on your side."

C——.

Observations, &c.

THERE is no joint of the human fabric so frequently displaced as that of the shoulder, nor are there any cases in the surgeon's province that repugnate to the professional character so much, and so often, as the errors which arise in these accidents.

We scarcely know a practitioner who has not had to deplore his want of skill and adroitness in the management of them. I will go further, and fearlessly declare, that I never saw a man who set about this task with that composure and firmness which always attend the systematic artist.

I wish to represent this accident in all its bearings, and shall first depict the nature of each case, by giving the various positions which the displaced bone occupies.

The shoulder joint giving liberty to the limb to work a complete circle, it is evident that displacement from the bony socket might take place at any point of its circle, were there not

mechanic structure which forms impediments, and these are situated above the joint, consequently, without fracture, no dislocation upwards can take place.

As the surgeon's attention is properly arrested to ascertain where the head of bone dislocated rests, I here attempt, as a Table of reference, in the description of Cases, to give a general one, classing it into four divisions of positions, and each demanding special consideration in efforts at reduction.

Position 1.

The head of the bone of the upper arm, by slight violence, may pass through the capsular ligament, (let me call it it capsule) at the inferior edge of the socket and remain under it, on making its passage, the other end of the bone is raised some lines generally (if not always) above the acromion, see Note 13; and having passed, the weight of it soon brings down the elbow to it's resting place.* Tracing these movements, we are at no loss to say in what line it ought to be raised for replacement.

Position 2.

The head of bone may slip out at the edge of the socket frontwards, and then, as in the

* I would not call this CONSECUTIVE, nor scarcely any other, unless we include under this term what follows excessive or misplaced violence, such as must be used to produce an almost impossibility. See Note 25.

first, the limb would gravitate, leaving the head of bone verging towards the coracoid process of the scapula.

Position 3.

The head of bone may pass at either of the above ruptures, and may be pressed further, when it would be found lodged under the pectoral muscle. Here it is evident the capsule undergoes entire laceration, and the head of bone may have minor degrees of removal in some cases than in others, in each position.

Position 4.

The head of bone may make only a partial passage through the capsule, at any point of the circle, and in that case also the elbow gravitates.

Tangent Signs of Dislocation.

A luxation or displacement of this bone from its socket is discoverable by grasping the seat of joint, if it has quit the socket, especially downwards a considerable projection of the acromion presents and the natural rotundity and firmness of the part is superceded by a concavity and flaccid feel of it, and in more spare habits the bony socket is tangible. On passing the finger up the auxilla or armpit, the head of the bone is plainly felt there.

If it has passed towards the coracoid process or Position 2nd. it is not so plainly felt, and if it has passed under the pectoral muscle, or Position 3rd. it will be still more easily discerned by the touch.

Cases sometimes occur of displacement backwards, but very rarely, as do fractures of the socket, see Note 22. Here the experienced surgeon applies his principles as in each complicated case.

If the bone has only passed partially through the capsule downwards or forwards, it will then be felt, yet not so distinctly in either, especially in the forward one, and in these positions it is firmer bound, and less moveable.

In one instance of this state the elbow could be pressed readily to the side. Here the head of bone was lost from home, and was felt a little forwards, but (bound tight to its position) sufficient to prove its partial escape, and the snapping of it into the socket on slight efforts to replace it, was positive demonstration of the reality of the case here described.

A partial displacement requires the greatest care and discrimination in regard to the efforts for its reduction, and so does the case recorded by Atkins, (a naval surgeon and author) wherein the upper tendon of the biceps cubiti is removed from its groove, see Note 6. It is a question whether this does not generally take

place when the head of bone is far removed from the socket.

One thing, most material, in regard to the returning of displaced bone should arrest our special attention. The capsule of the joint being taught an inelastic body, see Note **24**, is torn by the head of bone quitting the socket, which rupture so encircles it sometimes, that it literally ties it close to the part it has left, see Note **3**, and it seemeth of much consequence to the sufferer's future life to attend to this, as wanton extent of laceration must add to his present misery. Any extension downwards, especially by the reputed favorite one of pulling at the wrist, see Notes **1** and **17**, with the operator's heel in the auxilla of the sufferer, must produce further laceration, and increase the general injury. It must lay a foundation for future luxation, even tho' the bone be replaced at one single easy effort.

Another strong ground of objection to this mode of extension presents itself on viewing the mechanism of the parts. The biceps cubiti having one tendon inserted above the spherical head of the os-brachii into the glenoid cavity or socket, and its lower end attached to the radius, a line of cord is thereby formed and put on the stretch, by extending at the wrist, when the upper tendon forms a barrier to the head of bone passing into the socket. It is scarcely

necessary to say more on this subject; yet having the sanction of some for years back, and backed now by the authority of so leading and beguiling a member of the profession, too much can not be said to put this point fairly to the test, see Notes **1—12.**

To the joint of the shoulder there is no lateral or restraining ligament, nor is there much of that power given to any of the tendons about the head of the os humeri, the capsule performs this office, aided in some measure by the round head or tendon of the biceps, but in a very liberal and unlimited degree, (from which we may infer that its inelasticity is partially disproved) and thus it may yield its fibres to be put on the stretch when the bone passes out of its socket; that the capsule attached to the cartilagenous ends of bone is inelastic, none can dispute, see G Note **24.**

It is evident I do not admit of the general detachment of the head of bone, or in other words of the entire laceration of the capsule, in cases where the head of bone is not far removed.

Let the SUFFERER speak, see Note **9,** when dislocation takes place and the head of bone is near to the socket, a kind of pain continues, and is only to be accounted for by allowing that the untorn part of the capsule is kept on the stretch, which is not the feel when the bone is further removed. See Notes **7—10.**

In the partial displacement considerable pain arises on elevating or moving the elbow. Most sufferers in this way will tell of the relief experienced after reduction takes place, although strong efforts may have been made to accomplish it. See Note **10.**

Much has been said respecting the laceration of the capsule, but no trouble appears to have been taken to shew the power or property of that membrane to resist violence, or exhibit its inelasticity. I find Mr. S. Cooper notices the distensibility, &c. of the capsule. See G Note **24.**

Take an animal recently exanimated, and divide the muscular fibres around the joint: then try the force requisite to move the head of bone from its socket; say the humerus, in which there is no intermediate or inter-articular ligament, as in the hip knee, &c.* or look to the newly formed adhesions, as described in Note **1.** These will clearly demonstrate its naturally great power.

Some have endeavored to prove muscular power by shewing that in those savage states see Note **26,** where potentates rule with inhuman tyranny under their devilish will, or penal statutes, that it requires the force of double-horse power to lacerate living muscles. Did they ever extend their power, cruelty, and so-

* Unless you class the tendon of the biceps with these.

phistry to find out what degree of force would lacerate muscles when the capsules of joints were artificially divided, or vice versâ?

In respect to the inelastic property of these membranes, they may have much of it in a healthy state, especially after death; but disease producing accumulation of fluid in them, shews often much distension of them, and it is certainly irreconcilable to admit, that a capsule loses the property of bearing extension in some degree, in cases of dislocations in the living state. See Note **7—24.**

If the capsule is inelastic, it must always suffer laceration of the entire circle, when the bone is even triflingly removed from the socket. Mr. Bell says (Note **6**) the bursting of the capsule *almost* always happens, yet in Note **7** he cautions against TEARING and LACERATING, hence may arise conflicting conclusions.

"Mr. —— to convince his patient, that his humerus was not dislocated, makes extension, and brought the bone an inch and half from the socket; it receded when set at liberty, and the limb was still in crippledom." *(quis credit?)* Suppose, in this trial, the capsule would thus stretch, could any man feel the space between the glenoid cavity and the round head of bone, the capsule being entire? a capsule must be yielding indeed to yield to this.*

* Tell this to the Marines, Jack!

Not having stated to what distance the head of bone requires to be extended before it can be directed to the socket, let us suppose it to require, when in the axilla, from two to three inches, this is admitting much. Can we allow that the upper crescent of the capsule will bear so much extension without further rupture? see Note 23. Were the distance tried, it would shew probably that the rim of the head of bone does not take a greater range in regard to the stretching at extension, than when in its displaced position, provided the elbow be elevated.

Look at the natural latitude it takes, when the healthy limb is moved towards the sternum to its greatest extent, which adds no pain, surely then some lines may be allowed for its fibres bearing coercive extension. In extensively lacerated capsule it must be either the inferior or lateral crescent of it that suffers, consequently extension downwards favours entire division of it.

On this ground I further presume that extensive laceration is not so general or inevitable as some represent, and should future dissections nearly confirm my argument, will it not banish for ever extension downwards, especially as it is self-evident that elevation of the elbow diminishes the space from the head of bone to the upper crescent of the socket, and thereby relaxes

in some degree the fibres of the distended capsule? And I am more fully borne out in the principle of action by the evidence of cases herein recorded, as well as by the vacillating efforts of the learned and experienced men herein noticed.

Admitting the space before-mentioned, can we by it be in some measure guided when to depress the elbow, or gently vary the line of extension, or even twist the limb to and fro, with the view of slipping the head of bone through the rupture of the capsule? see Notes 22—23, 7, H Note 6. In this juncture the natural action of the muscles adds assistance, especially if extension be somewhat lessened, and attention paid to the linear position of the bone.

These considerations will apply equally to the anterior or coracoid site; the movement of the bone however is generally a better guide than any movement of the surgeon, given by line, as in spare habits we can frequently feel the head of bone approximating its socket, and sometimes unattended by that grating sensation peculiar to the bone shifting.

We have noticed three positive sites or positions for bone displaced; and might add as many partial escapes, admitting that it might occur at the posterior edge of the socket, and tho' rarely, I do readily admit it does, and oftener than an entire one.

In the partial displacement, it is evident there requires little more than the proper elevation of the elbow, and a somewhat similar motion of it to the mode noticed subsequently in Case 9, as successful, when the tendon of the biceps cubiti had escaped from its groove.

Can there be a doubt that in many cases of partial displacement of the head of bone, or even in some others, that the means resorted to tear open the capsule further, and that it then gets replaced? see Notes 3 and 6, and Note to Method 1.

Our duty is first to examine the joint, then to elevate the limb, and if the head of bone be found close to the socket, on any side of its circle, and fixed or tight bound, to consider it as a partial escape, and treat it as above; that not succeeding, after using easy means to increase them, and these failing, we are imperatively called on to proceed to extension as in the common and entire luxation; the period it may have remained out, and the presence of inflammation and swelling, are to be considered and treated as enemies before any effort at reduction is attempted.

Cases occur which are followed by repeated displacement of the head of bone; these may be fairly laid to their mismanagement at the infliction of the injury, or to the means used at reduction; rashness and its scion laceration

often generate permanent lameness, see Notes 7 and 22.

In our attempts to replace a dislocated humerus, we ought to pay special attention to a line drawn through its centre longitudinally, and continued through the acromion and glenoid cavity, or socket in the bony fabric; such line passing at the condyles nearly through the centre of each of them.

Attention to this enables us to distinguish in the living subject when the head of bone presents properly to the socket, therefore by keeping the inner condyle to the ribs, we gain that correctness, and (by bending the fore arm nearly to a right angle with the upper arm) a desirable relaxation to the biceps, see Note 8. On this we shall have further to remark at giving cases, &c.

Case 1.

The second case of dislocated humerus I had ever seen was under the hands of T. Bennion, then pupil to an old naval surgeon; he had abraded the cuticle at each end of the upper arm by various attempts at reduction, see Note 25.

Having secured a belt of finer fabric to the elbow, another around the sufferer's body, I passed a third under his axilla and above my shoulders, see Note 16; all then required was steady extension and due elevation of the elbow,

instead of this, the assistants, goaded by the other tyro, persevered in depressed extension, i. e. in a line nearly parallel with the body; grasping the man's waistband with one hand, I drew his pelvis nearly half-a-yard back on the seat, by which a degree of elevation was gained, and the bone snapped into the socket, to the satisfaction of those who then saw the cause of their former failure, and no doubt to the gratification of the poor sufferer, and juvenile operator.

Case 2.

A similar failure occurred under the same line of extension to two Cases, see Note 5, which seven weeks afterwards were *Hospital-Theatre* operations. One was almost reduced by pullies, (when I say *almost*, it may be remembered by a Mr. Wye that the sufferer nearly fainted) at that instant the lines slackened, I passed a finger up the axilla, the bone moved before it into the socket. "It's in" was said, the surgeon turned and raising the arm it slipped out, but by a second unseen pressure it moved up again, when the elbow was detained at the side, and bandages retained it to recovery. No strength of leverage was here wanted, merely guidance and support to the limb.

I have said under the head of adjuvants, that inflammation of the capsular ligament seldom required attention; it has recurred to me that

one of the above Cases was attempted by one of the *assistant-surgeons*, and he gave it several extensions downwards, and failing to stir it, gave a *long* order to set it aside till the inflammation or *something else* subsided: the extension was accompanied by what was called rotation, the effort was, moving the limb as it were in a small circle downwards, not any writhing or or turning of the head of bone, and the acromion and its branched structure, tied by the stretched deltoid, moved with this effort to and fro, consequently the head of the humerus retained its new home. This fully presents itself after forty years' absence from Metropolitan Society.

Case 3.

I was called in to this Case after another, who had been an Infirmary officer many years, and who had made various efforts, and spent much time, in fruitless attempts at reduction. When I saw the sufferer the next day, on laying hold of the elbow it was readily pressed to the ribs; there was no head of bone under the acromion, but it was readily found anterior to its socket.

We proceeded to slow extension and it snapped into its place, when the man declared his satisfaction; as he could then use his arm, which he could not do after any of the former efforts

to replace it, and though it had been out so many hours, and so much worked at, no other aid was called for than the firm grasp of the hands and proper counter-stay. My mind measuring the unavailing efforts, tells this as a partial escape, but I cannot declare it one from memory, after so distant a period of time.

'Tis often said, "*weight will tell:*" if a man with strength of nerve, and weight withal, will cast himself well on his heels, make a firm grasp at the elbow, having a proper antagonist, and continue there some minutes, what muscles will not yield to victory? see Note 8.

Case 4.

Another man came to this part of the county in search of a bone-setter,* on his arrival his mind changed, biassed by my friends, who chancely met with him.

He called at the Surgery; my very *honest* and very *honourable* helpmate received him, and set about to reduce the dislocation; failing in it and his object, *self-exaltation*, he sent for me, then resident (and at home) a few doors lower in the street.

The cuticle was much abraded, probably from the roughness of the material, and method tried, no doubt misapplied force, as is elsewhere

* Look to Note 24 for a description of this character.

alluded to; "more efforts now* would be wrong, but if you will wait a few days' preparation, I will be bound to replace the bone." The man consented, and in about nine days 'twas done.

To attempt this it was probable we had to break off new adhæsions, as the bone had been out about seventeen weeks, and the feel of the shoulder when the bone was commencing a movement verifies the supposition, a certain sensation was conveyed to my grasp, which confirms me in this conclusion; the man was strongly athletic, and about forty years old; the force used in the first instance was by screws for extension, afterwards by a long and heavy manual one, see Notes **3** and **5**, when it was replaced with little subsequent inflammation.

Method 1.

The first method I shall introduce to notice here is that of a gentleman whose friendship and advice it has been my happy lot to enjoy full forty years. See Note **19**.

Encircle the shoulder with a belt to pass high enough to bear on the clavicle near to the coracoid process, and on the spine of the scapula opposite, resting of course some inches back from the promontory of the acromion, securing the ring by straps to a counter-stay behind the

* This was delayed to torment another for his consummate impudence and intrusive service.

sufferer, take care to place the counter-stay lines sufficiently apart to keep the belt open, see Note 20, then to apply the pullies or other force for extension; a line passing over a pulley on a fixed pillar, attaching one end of it to the elbow, and the other to a weight graduated to the force required, constitutes a mode of extension perhaps preferable to any other hitherto suggested for overcoming gradatim muscular resistance; you have the advantage of having the elbow so far at liberty, that you can elevate, depress, or vary the line of extension at will.

In partial dislocation I presume, the elbow elevated, and with the aid of a very moderate degree of weight over a pulley so fixed as to carry the extension upwards, the operator may often, by a to and fro movement, slip the bone into its socket, without committing the usual violence in reduction efforts. The dislocation Frame is an after-thought to these observations.

Method 2.

Another means, which I have *seen* tried, is the spiral screw, invented by whom I know not. It consists of a round-headed iron staff, on which the screw is formed, inserted into a socket, in a board, well cushioned on the opposite side, imitating in some measure the natural joint. The cushioned board to rest on the

upper ribs, and on turning the handle of the screw, the elbow being first secured to a slide on it, the slide moves up, extending as the turning proceeds, and here the operator has at will to elevate, depress, or rotate, and likewise by returning the handle extension is given up as quickly as can be desired. As rotation favors laceration, in most cases it should be avoided. This is a feasible invention, and like most others may occasionally be successful; one objection to it is the flexibility of the ribs when the pressure is applied to them, and far beyond what would be anticipated,

Method 3. Case 5.

In one case, (in the presence of every *honest* man I could collect of the Profession within ten miles of this place) wherein the bone had been displaced for many weeks, a round-headed staff, well cushioned, was applied to the armpit, and a ring fixed on the side of it, at about two feet or more from the cushioned end, the belt on the elbow well secured, the pullies were set to act by fixing one of their hooks in the ring, and the other in the elbow belt; extension was then attempted, and certainly failed in making that elongation which was necessary, owing to the flexibility of the ribs. I had anticipated less of this than occurred in the former case, from having the staff in hand to determine, or keep

it to the better point to rest upon, which I considered to be as close up in the axilla as we could retain it.

I am now satisfied that the line of extension in this case ought to have been more directed to draw the elbow towards the back of the patient, till you gave it what is called a consecutive position, and was the dislocation Frame used, it might readily be extended backward, by pressing the ring against the scapular ridge or spine. Strong pressure however was made against the os brachii to force it back during the extension.

In this case the head of bone lay under the pectoral muscle, and the subject was a very old and spare man, so much so, that we could feel the head of bone imbedded near to the sternum; it had been out probably ten weeks, and had formed adhesions, some of which were felt to give way, but the courage and patience of the patient sufferer now fled, and left our efforts abortive, or possibly we might have succeeded in transposing the bone from its new home; but what would have been its reception on return from banishment at so late a period of life?

On the discovery of the extreme flexibility of the ribs when pressed upon, the acromion presented itself to me as an eligible point to build

operation on in these efforts: I now consider the above case to have been a proper one for the use of the Scalpel. See Notes 4, 15.

The other case, which had been banished nearly double the space of time, may appear to justify this attempt, and it is further justified, by the earnest solicitations of the sufferer, as well as by the general consultation then held.

I regretted much that we did not further persevere in twisting the limb than was done, with the view of severing it from its newly-formed bed.

Case 6.

A case that occurred in a neighbouring Town only one generation before my time, wherein the limb was separated and proved fatal, did not deter in these efforts,* in a somewhat younger subject than Case 5, which was nearly eighty, under similar circumstances, might not the Scalpel be used to divide adhesions, the only apparent obstacle to replacement?

If Dr. J. J. will place himself in the patient's chair, with the roller fixed to a staple in the wall, and suffer extension to be made at the wrist, (this must be downwards) he will then

*A Foreigner has produced Cases discouraging to science. 'Tis a question in my mind whether his means were not ill-applied. When the soft parts surrounding a dislocation are violently extended, nerve, muscle, &c. must give way. See Johnson's Med. Rev. vol. 7. page 452.

feel that the roller presses on the tendinous portion of the latissimus dorsi and pectoralis major; he will likewise feel the deltoid well stretched, but he may not perceive the suffering of the arteries, veins, nerves, or lymphatics, which the displaced head of bone has left in, or taken to an usurped situation, I am confident he can then account for anything that happened in this Frenchman's *efforts* at reduction; by the bye, are they not also English ones?

I still think (as when I began comments on them) that these Cases ought not to be printed in an English Catalogue of Cases in Surgery.

The following, which is taken from the Lancet's bitter page, is given to shew that more investigation into these kind of injuries is wanted, and probably it would be a fit case to prove that Surgery, in some hands, would relieve even the Case here recorded.

Case 7.

"A few days since a poor woman presented herself at the Hospital with a dislocation of the head of the os humeri into the axilla; the nature of the case was so striking and manifest, that any one could detect it by a side glance. She stated that the accident was of 3 months' standing, that it resulted from a fall in Fleet Market, that, upon the receipt of the injury, she was immediately taken to a surgeon in the

neighbourhood, who examined the arm, reported it to be a mere bruise, and gave her a lotion for the *part affected:* from her disability to use the arm, upon which her livelihood depended, and the pain and uneasiness continuing unabated, notwithstanding the assiduous use of the Surgeon's lotion, she thought herself justified in applying to another professor of sound Surgery, who considered it to be a weakness in the part, and consequently completely cemented the shoulder with a corroborant plaister. In this state she came to the Hospital. The muscles of the shoulder appeared wasted, and the limb of little use. Flexion and extension of the fore-arm tolerably good, which however had not been the case till within the last few days; the head of the humerus having contracted adhesions and formed a new capsule, its motions are too limited for any useful purpose. The Surgeons of the Hospital held a consultation, and considering the age of the patient, (sixty-five) and the danger of tearing asunder the newly-formed adhesions, resolved, that no attempt at reduction would be prudent, and that she had better "bear the ills she had than fly to others which she knew not of."

In what respect is this case less manageable than that we have succeeded in? See Case 4.

The Gentlemen who decided on this case, as well as the enlightened Editor of the Quarterly

Review, entertain one opinion on this kind of interference, but the Surgeon, whose hand and head are called into action by the importunities of the sufferer, determines otherwise sometimes, neither sex or age, but constitutional disturbance, should here guide, and the reiterated proofs of success from the discharge of such professional duty warrants the attempt: danger presents in most surgical operations; witness the case of aneurism, wherein the Surgeon, aided by anatomical research, follows the injured artery into the very body, and though working sometimes in the dark, he succeeds in his object. See Mr. Abernethy's Works, vol. 1, page 288. B. B. vol. 7. page 134. "I have often succeeded when it has been out two, three, and even four months." No history is given of any case of this age; he likewise hints at six-month cases, but does not urge you on to strong endeavours in such cases. Would six months vary much in the adhesion process from three or four months' displacement?

This is arguing for the cripple, and surely it would be acting on safer grounds than when removing the heads of bones of the whole knee-joint, so that the femur and tibia shall make one bone.

The scalpel can scarcely be applied on safer ground than when adhesions have formed on the chest, therefore, in long-neglected cases,

or in this Hospital case, even were the head of bone in the axilla, an expert and cautious operator might divide impediments to reduction, should he dread, as others did, the laceration of recently organized *membrane*. May we not conclude that the artery and nerve would rather desert, than accompany the head of bone to its new position, and if they did, the experienced operator can avoid them.

Method 4, or Acromion Resistance.

I am prepared for this Method whenever a case presents itself, and relying on the principle of action, sound ground to bound upon, and mature consideration (with partial trial on a sound subject) of the effort, feel no fears as to the success of it, and here give my meditated plan:—

Take the staff and pullies as before described, (see Case 5) adapt a cap of strong leather to fit on the acromion, securing it by belts around the sufferer's body and under each axilla, then secure the round head of the staff to the point of the cap on the acromion, and further secure the elbow well belted* to the pulley hook; secure the other hook to the ring in the staff.

You have now the head of it resting on the acromion, and the extension at the elbow made

* See Metallic Belts, description of, Plate 1, fig. 3.

by approximating the pullies on drawing at their line, the operator can do the whole, but it would be better to have an helpmate in this, as in every surgical case, one of the party feeling for the shifting or motion of the bone.

In all our plans this is most material, especially whenever machinery is used, the efforts of the compressed muscles more distinctly shew themselves when burthened only by the hands of the operator, here almost always both sufferer and bystanders hear the bone, when disentangled, snap into its socket, see Note **23**; therefore let this point be well impressed on the Surgeon's attention, as it rarely happens when machinery is had recourse to, consequently feeling for the motion of the bone is of major importance.

The direction in which the bone has escaped from its socket having been ascertained as nearly as report or conjecture can do it, as well as from the general conclusion in such cases, the site it may now occupy is now fully to be considered, prior to proceeding to any mode of replacing it.

Having weighed well all these points, the belts all placed, you have then only to raise the elbow in that line it will appear to have fallen after the accident, or if that is not well described, raise it to that point it most easily

passes to, then secure the elbow to the staff for extension; take a mechanico-chirurgic survey of all the powers at command, and every rational prospect of speedily relieving the anxious patient presents itself.

These considerations apply equally to every other method noticed, except the extension from the wrist, and its coeval antagonist, the ladder plan, which consists in placing the sufferer on a step of one, and passing the disjointed limb between the steps, opposite to the dislocation, holding (or perhaps tying) the arm firm there, whilst the feet are tript off the step, and the sudden jerk and weight of the body either replace the bone, or inflict further mischief. See Notes 6, 22.

I have thought it right to make extension with the elbow raised some lines, or fractions of an inch, above a right angle with the line of the body when erect, (Note 8) and in this (the acromion) method, the same necessity for a two-fold reason presents; the operator, I repeat again, must ever take all circumstances in view, and when the bone is anterior, or in Positions 2nd and 3rd, it would appear to be necessary to carry the elbow backwards, and in that case it should be raised not above the line of right angle, (Note 11) and in such line of extension care must be taken (as well as in every other) not to turn the head of bone from the linear

point in the articulation before noticed, see page 16. It would be well to have pullies so constructed that they would give up their power at command of the operator, who feeling the bone moving might release the limb to obey the natural action of the unburthened muscles, when the snapping in of the bone would be as discernible generally as in any other method, see Note 22. This method, wherein the whole force centers at two points of bone, (the points of the acromion and elbow) has great advantage over the other means, when the head of bone has taken a greater range, or in Position 3rd.

The ingenuity of man, his natural ambition, and ardent love of science, stimulate to laudable ends. The many attempts by mechanism to master the obstinacy of dislocation have not yet been very successful. Mr. Freke improved upon those of others, but there yet remains a desideratum.

It appears to me, that all attempts to use a lever (see Note 22) are on false data, and that direct extension, or nearly so, in most cases of luxation, is the requisite one, and let me repeat here, that the application of a weight over a single pulley presents itself to me as the most eligible power,* and far before the pullies gene-

*This is one of the readiest and steadiest ways of attaining mechanic aid as a principal in the efforts at replacement of luxated bone, provided it be used (as we ought to deal with fire or water) in such a manner that we can at will suppress its excess.

rally in use; these may be seen in B. B, vol. 7, Plate 89.

I have had to combat many of these dislocations, one in a particularly robust man in the acme of life, who stood full six feet and a quarter in alt. he was placed to sit on a bed, his body secured to one of its pillars, extension was made by two Cambrian rustics, whilst I grasped the joint to depress and steady the acromion, in about six minutes we succeeded in replacing the bone. I mention this only to shew it as a fit site to use pullies in, by attaching one of the hooks to the opposite pillar, and the other to the elbow belt, and likewise as affording an easy seat, or even a couch, to comfort the sufferer on, should faintness supervene.

Method 5.

I think an endless variety of schemes may be devised, have been, and henceforward probably will, for attempting the reduction of dislocations of the shoulder joint. One more I venture to recommend to public notice, which will combine the principles of two methods, the extension by weight, and the acromion resistance,

Let your belts, around each end of the os humeri, be metallic rings, let the lower one (Plate 1, fig. 4) grasp each condyle on that part which is formed into an obtuse angle so adapted that little pressure need be made on the softer

parts, and attend to what is elsewhere said of the relaxation of the skin.

Take the upper metallic ring, and attach two rods to it at opposite points of its circle, by a round head moving in a groove to allow a rotatory motion of them, form them somewhat similar to a common husbandry pikel, make them of size sufficient to bear strong pressure, and curved so as to clear the muscles of the shoulder, till they meet about the middle of the humerus, then unite them either as the pikel, or insert them into a square at the extremity of the box which is formed to carry them, (see Pl. 1, fig. 3) as well as to form the line for extension. This may be made of very small size for the purpose of receiving the belts and other appendible articles which the operator may choose to carry with him; it will for general use require to form an extent of rod from the ring on the shoulder of about twenty inches to the passage of the pullies. The elbow belt must be made of two semilunar plates or round rods, (see Pl. 1, fig .4) the ends of which must be turned so as to admit of a screw at each end to give them tight bearing on the inner and outer condyle; form them so as to meet the general form of the extremity of the humerus, and they will suit themselves, by reversing, to either arm; tie your line to this elbow belt at the bows of it, and pass it over the pulley, and add weight to

it gradatim. Under some circumstances the pullies, or the extensor screw, (see Pl. 3) may be applied with this instrument in lieu of the weight, by attaching one of the hooks to the elbow belt, and the other to the nick wherein the pulley is fixed.

I would not hesitate to say that this and the acromion method would substantiate a settled system for the reduction of displaced os humeri; each may have its appropriate ground of applicability.

It is always right to keep in view certain principles, and if your bearings are well contrived, the pressure at the shoulder should be against the clavicle and scapula, the points of the fork resting on or about the centre of the circular or somewhat oval metallic ring. The elbow, encircled with the belt just described, will require the forearm to be detained in a bent state, and it must be supported so: remember ever, that it is the bone pressure must be applied to, and the resistance centering in the softer parts will inevitably yeild to unceasing graduated weight, or other leverage for extension.

The critic may say, that I wish to rule with the rod of iron; in principle I am here much so inclined, preferring it, turned into a belt to extend by, to every other, for reasons elsewhere given, and because a fiexible ring will not give

that pressure to the more resisting or bony parts which is necessary to render extension efficient; this a metallic one completely does.

ADJUVANTS,

FOR PRESENT AND CONSECUTIVE TREATMENT OF THIS INJURY.

Muscular relaxation is often attempted by giving emetic tartar, or by bleeding to produce deliquium or faintness, and likewise the warm bath as a coadjutor to the above means.

Having found the mind generally borne down by pain or apprehension, especially after long suffering in delayed reduction, no necessity for any of the above means has presented, yet I do not presume to say that they may not be sometimes contributable.

If our efforts at extension were accompanied by more attention to the relaxation or distribution of the skin around the part than is generally done, some advantage certainly would arise; this is to be done by pressing up the integuments at the elbow and the reverse at the shoulder prior to the tightening of the belts; the object is thus obtained, and less decortication follows, see Note 7.

I must here again observe, that if you are extending slowly, steadily, and in a proper line, muscular resistance soon becomes wearied; there may be herculean strength which would

require potent relaxants, yet I have often seen instances in seemingly delicate subjects, where more stubborn resistance occurred than in the most robust.

One particular case happened at an Hospital. The Surgeon and his Pupils were endeavouring to reduce a broken thigh bone to a straight line; it was rashly said, "You'll never do it so." "You may do it," was the reply, and off they all started, vexed!

A free dose of opium soon subdued resistance, and in the state of stupor it was laid straight, even without anything like force: it appeared afterwards, that the sufferer was subject to epilepsy.

This case produced a very illustrative lesson from the candid and illumined Lecturer, who forcibly and pathetically advised his Pupils to bear in mind the principle of action demonstrated to them by a Cambrian friend and brother Pupil.

It is astonishing to reflect on cases of dislocation, how little inflammation generally succeeds, even in the principal joints; the capsular ligament being of a membraneous texture will not receive air into its cavity, without violent reaction, yet it appears to bear laceration almost unheeded, when even a puncture of it from without is dreaded.

In some cases of compound dislocations, at the inner ankle in particular, this membrane is extensively ruptured, exposed to air, and sometimes filled with soil, &c. Such a case occurred under the care of Sir C. Blicke, and the limb was preserved under an anchylosis. I saw a similar one, but at two months end the points of bone cut through an artery, and amputation followed.

So little inflammation takes place from its laceration in dislocations generally that remedies are scarcely sought for; it happens otherwise sometimes, and when any tumefaction (not ecchymosis) or hardness attended with pain or uneasiness, (the bone having been evidently returned to its proper place) arise, they denote inflammation, especially if attended with increased heat.

General or local abstractions of blood are here necessary; this may be accompanied by keeping the part warm and moist with tepid water, or bread and water.

Modern sophistry has assigned to this (warm or cold) a new garment, it is literally an evaporating one, possibly as good, and it may be as permanent a one as the terms, almost ephemeral, which Chymists make use of, yet still a queer one.

See the beauties of chymical definition in Rennie's Supplement to the Pharmacopeia.

"Sodæ murias, muriate of Soda, common Salt, chlorine of Sodium; this is improperly termed muriate of Soda, according to Sir H. Davy, who says it contains neither Soda, nor muriatic acid, but is a binary compound of thirty-six parts of Chlorine and twenty-four of Sodium; it is only a muriate of Soda when dissolved in water." A tyro in this mystic art, on reading this, exclaimed, Sir Humphrey is a f—!! when

> His eye with the glitt'ring glow-worm vied,
> His cheek as the maiden rose was died.

Blistering may become an auxiliary for the removal of depositions or ligamentous thickenings, and the use of mercurial liniment, aided by pressure, friction, or stimulating (sometimes called sweating) plaisters, may be had recourse to, but the general principles which guide Surgeons must here be called into action.

Bandages are eminently useful, probably more so than is generally considered. As we admit laceration of the capsule is the first step of the injury, let us not forget that to keep the head of bone to its proper site is the safeguard to lessen future liability to accident. Bandage which retains the internal condyle to the ribs secures almost everything, aided by the muscles, but in a case (among many others) that happened at Liverpool,* full forty-five years ago,

* This place then boasted of an Alanson and a Park, as eminent in Surgery: the latter Gentleman is still living, respected and beloved.

which repeatedly slipping out of its socket, the Surgeons constructed a supporting leathern trough to retain it up to the glenoid cavity, it fully answered the desired end.

We have two points at least requisite in the application of bandage, the degree of pressure, and length of time for restraint; the motion or action of the limb is to be likewise considered: time must be given for the reunion of the torn capsule, and attention must be given to the motion of the limb, otherwise morbid adhesions may take place, so as to impede the future service of it.

Case 8.

In one case, the Patient, tired with an almost useless arm, consulted a fresh Surgeon, who advised him tc lie by night with his fore-arm bent to rest on the back of his neck; this giving chance to the injured muscles to regain their tone, soon restored their power.

I make no hesitation at declaring that the efforts used to replace this dislocation must have been similarly erroneous, though probably more in extreme, with those described in my first case, and in fraternity with the reduction by an extended arm. I was called to a subsequent luxation of the same limb in the last patient, and no such infirmity followed.

* Mr. Bell, vol. 7, describes this; and Sir A. C. is reported to give various Plates on this subject.

It was my intention to have given Plates to this subject, but artists, like science, flourish not in the weedy soil of this region;* there are various Plates in Heister's Book, and in all the Dictionaries of Arts, &c. for Surgeons to refer to, shewing the old mechanisms for this kind of accident, but most of them are got into disuse, see Note 25. It will be from the test of a future day to say whether these observations and methods pointed out offer anything useful or new, if not, they may at least bring a serious and very frequent injury under the more serious consideration of Surgeons.

It may be observed that no mention is made of compound cases; the more regular (and perhaps modern) systematic Treatises on such cases should be referred to, as it is foreign to my purpose to write on things that have not occurred in the range of my limited professional callings.

An allusion has been made to Mr. Atkins's case of the tendon of the biceps, which is inserted under the acromion: it is a question whether this tendon is not oftener removed from its groove in the os humeri than is noticed.

* I have since succeeded in gaining skeleton engravings by an ingenious novice in the art, which shall be accompanied by the best explanatory Tables I can exhibit, being also a novice at sketches and descriptions of them.

Case 9.

I have seen only one case, and that was unaccompanied by a dislocation of that bone from the glenoid cavity; it slipped in by merely twisting the elbow elevated and fore-arm bent; it was felt moving into its place, and the pain vanished.

That this tendon quits its groove, when the head of bone is far removed, can scarcely be questioned, and that it does sometimes become lacerated is also admissible; any defect in the power to elevate the fore-arm may be put down, among others, to such state of injury, though possibly this tendon may reattach itself, and do its duty, partially at least, afterwards, but let this at present pass for surmise, see Note 6.

I have now added what to me appears necessary to support the observations already made, except some Extracts selected from a very valuable Surgical Dictionary, put together with so much diligence and accuracy, that no Surgeon ought to live without it. It is the labour of a great mind (full of *tactus eruditus)* in a Mr. Samuel Cooper.

I believe it generally happens that the Surgeon is satisfied when he ascertains where the head of bone is situated, frequently without even inquiring in what position it was forced there, and thinks that he has only some one of the

formidable means herein mentioned, or other provincial method, to adopt.

It would be advisable always to be more inquisitive respecting the disturbance of the contiguous muscles, but more particularly in regard to this one, when a more cautious mode of extension would follow; though whether it be injured or otherwise, the greatest possible relaxation of it is advisable in all efforts at reduction, see Note 1.

Permit me to conclude in the language (tho' not in the spirit) of the Poet of matchless celebrity, (cloaking his frolicks and prankish* revelry)

"By Heav'ns! twas nobly done!
First to attempt the chariot† of the sun,‡
And then to fall like Phaeton.

R*******R."

* Look around you, find one without his pranks; and what is he? "*A Reed shaken in the wind.*"

† These loose their polish by time and chance; their wheels are likewise frequently *scotched* in their career.

‡ Avowedly the brightest orb of light that has ever ruled over thrice-happy Albion; firm in resolves, faithful to alliances, promoter of the Arts, and grand conservator, under sovereign dignity and native honour, of her abundant wealth and crescent power.

Appendix.

I HERE give extracts from Cooper's Surgical Dictionary on dislocations, which by mere chance was lent to me.

Not being now engaged in the wide field of Surgical practice, I have declined purchasing modern Treatises, but was offered a most finished one on this subject; yet as I have said elsewhere, even these polished things excite surprise sometimes, and rouse reply, therefore it must not be said of me that I am a copyist, or even prone to controversy, yet am urged on by circumstances to publish these Observations, Comments, &c. If preceded in any suggestions, I cannot regret it.

Note 1.

"C. S. D." Sir A. C's Treatise, part 1. page 25:—he states, "that as far as he has had an opportunity of observing, it is best to apply the extension to the bone that is dislocated, but that dislocations of the shoulder are exceptions, in which he mostly prefers to reduce the

head of bone by placing his heel in the axilla, and drawing at the wrist in a line with the side of the body, whereby the pectoralis major and latissimus dorsi are kept in a relaxed state." (Note 17) Is the great captain Deltoid, or his adjutant Biceps similarly favoured? Let us here take a mathematical survey, cursorily, of the structure and movements of this limb. The biceps cubiti muscle has two tendons at its upper end, one called the round head, which passes through a groove on the os humeri, in which it is retained by ligamentous bands, and goes on to attach itself to the upper inside part of the glenoid cavity; the other, or flat head, is attached to the coracoid portion of the scapula; the lower tendon is fixed on the tuberosity of the radius,* the first performs its duty confined in the groove, when uninjured; the deltoid is the principal elevator of the entire arm, and (when the biceps is not called into action) its power seems limited, but let the biceps draw up the fore-arm, then try the power and velocity with which the deltoid will act; it seems to lose much of these, when the biceps is injured, ergo, I must include the biceps as an adjutant to Deltoid. Suppose the biceps cubiti a foot in length, let the bone be slipt into the axilla:

* As this description is given after an absence of Forty years from such minutiæ, I must beg indulgence, if in minutial or mechanic error.

(Position 1) The round head of the biceps in its groove, allow it to yield two inches, to accompany the dislocated head of bone, it must, thus situated, draw up the fore-arm some portion of this distance, (and by a line you ascertain the position of the bone, by comparing it with the other arm) rudely draw down the arm, you give pain, and do mischeif inevitably. Increase the flexion of the arm, and elevate the elbow, then extend the limb firmly, let your "*weight tell;* were you then to extend the fore-arm, the biceps thus put on the stretch might elevate the head of the humerus, and guide it into the socket. I have not tried this, yet conceive it might take place, as it evidently would in materials without life, but inelastic under such mechanism; and on Mr. Pott's principle, "where the head of bone has been brought forth from the place *where it is*, and *nearly* to a level with the said socket," (see Note 22) were the fore-arm then extended, the above results might happen, yet not in accordance with extension by the wrist.

Mr. White reverses the line of extension with the extended arm, (see H Note 6) and *disbelieves* the extensive laceration of the capsule, or rather supposes an hindrance to reduction arises from the want of it, and verily his method must be an efficient one, if not to invalidate his *supposition*, at all events, to remove this impediment to reduction. See Notes 3, 10.

Note 2.

Again, "he recommends pullies before manual extension; when assistants are employed, their exertions are sudden, violent, and often ill-directed, and the force is more likely to produce laceration of the parts, *(which?)* than to restore the bone to its situation; their efforts are altogether uncombined, and their muscles are *necessarily** fatigued *as*† those of the Patient, whose resistance they are employed to overcome." In what cases are these pullies to be resorted to, as extension at the wrist is the generally preferred one?

Note 3.

Part 1, p. 18. "The supposition of the reduction being sometimes prevented by the capsular ligament, he considers erroneous; he assures us that in dislocations from violence these are always extensively lacerated; and that the idea of the neck of bone being girt or confined by them is altogether untrue." (See Notes 7, 8, 10)

Note 4.

Part 1, p. 28, Sir A. C. "But in addition to the resistance of the muscles, there are, in old dislocations, three circumstances pointed out by him as causes of the difficulty to reduction.

* Consequently. † Instead of.

1st, the extremity of the bone contracts adhesion to the surrounding parts, so that, on dissection, when the muscles are removed, the bone cannot be reduced; in this state he has found the head of a radius, which had been dislocated from the external condyle, and which is preserved in the collection at St. Thomas's Hospital: in a similar state he has seen the head of a dislocated humerus. 2nd, The socket is sometimes filled with adhesive matter. 3rd, A new bony socket is sometimes formed, in which the head of bone is so completely confined that it could not be extricated without breaking its new lodgment. Part 1, p. 21." In dislocations, when portions of the articulating surface of bones are torn off, or a solution of continuity arises, may we not readily account for these bony sockets forming near to the head of bone?

EXTRACTS

FROM MR. B. BELL'S SYSTEM OF SURGERY.

[*I think myself fortunate in having referred to this Gentleman's Seventh Volume (which had never till now met my eye) before publishing. We agree on some points materially, and if not generally, the public will not condemn me hastily.*]

Note 5.

B. B. p. **152.** "In reducing luxations of this joint, it has been the prevailing practice to press the scapula downward and forward: nearly the reverse of this however *should* be adopted. By pressing the scapula downward, we force it against the head of the humerus, the very thing we ought most carefully to avoid; and by forcing it forward, it is evident that the end of the humerus will not be so easily drawn out from beneath it, as when the assistant is desired to pull it backward, in the manner I have mentioned page **150.**" I consider this reasoning neither specious, nor correct.

Note 6.

B. B. vol. **7**, p. **155.** "The round head of the biceps flexor cubiti, which passes *through* the joint of the shoulder, and is *lodged* in a groove in the head of the humerus, is apt to be separated from this bone, when it is forced from out of its natural situation, and thus induces a stiff, unweildy state of the arm; for the most part it returns immediately to this groove on the dislocation being reduced, so that there is commonly cause to suspect that it continues to be displaced when any unusual pain, stiffness, or tension remain. The most certain method of replacing it is to move the arm from time to time in every variety of way, and we know that

it is replaced by an instantaneous removal of the distress." Can no decision arise in this case from putting the biceps cubiti into voluntary contraction? This is most probably the case under which a grateful Trader here (who deserves not the name of the parent stock) was lately so long, and so *undeservedly* punished. Had I ever read over this *time to time* paragraph when my own method was practised, or penned? see Page 39.

B. B. p. 144. "The top of a high door is sometimes used for the same purpose; whether the door or ladder" (let me add, or Bennion's suspension plan in an ox-collar) (see Note 21) "be employed, that part upon which the arm is made to rest should be well covered with several plies of soft cloth or flannel."

If Mr. B. Bell has attempted, or attested this process, why publish a System of Science? I mean to be understood, that a man publishing a System of Surgery, (or of any other Science) should record only good things, stamped on principles, apodictical, and by time almost immutable; not so much, as he has, on partial division of a nerve with its bloody *non relievo*,* and not quite so many pages (one hundred) "on †Bloodletting."

* See B. B. vol. 1, p. 142.

† Mr. Bell certainly had an important task in this instance, and if he chose, like me, to tell a long story, who can stop either of us? My subject is considered important by sufferers.

B. B. "Upon the same principle it has been proposed to raise the patient by the luxated arm, with ropes running over pullies fixed in the ceiling of a high-roofed apartment: the jerk produced by the body being suddenly raised, *and let down*, has in some cases succeeded where other attempts to reduce the humerus had failed. Mr. White practiced this first,"—*and who after him?*

C. S. D. p. 388. "Mr. C. White, of Manchester, also believed that the reduction was sometimes prevented by the head of bone not being able to get through the laceration of the capsule again; (see Note 3) he succeeded in reducing some cases, which he supposed to be of this nature, in the following manner:* having

* Did he, *like most others*, regard laceration of the half-torn capsule, as *he supposed it to be?* See Notes 3, 8.

Can any Surgeon shew (without *supposing* or *denying*) by what power the head of bone is tied down so firm, that, after various great efforts, it remains as fixed as at first, without admitting the capsular ligament as the *ligamentor?* One or more muscles surely cannot produce this state, though they be powerful ones. Is the Position 3, or the far-removed luxation, ever found in its recent state so fixed? In the cases I have attended, the nearer the head of bone was to its socket, the less moveable it was found generally. In Position 1, the elbow will not pass to the ribs: is this hindrance entirely from muscular resistance? Surely not; the deltoid is never felt much on the stretch; (except the bone lies far on the chest) it must arise from the capsular ligament being untorn on its upper crescent. The reverse arises in Position 2, in which state the elbow readily is pressed to the side and backwards, not so undistressingly forwards, the posterior crescent becoming the obstacle exactly in the same way that Position 1 is governed, only in a different line.

screwed an iron ring into a beam at the top of the Patient's room, he fixed one end of the pullies to it, and fastened the other to the dislocated arm by ligatures attached to the wrist, placing the arm in an erect position. In this way he drew up the patient till his whole body was suspended,* but that too much force might not be sustained by the wrist, Mr. White at the same time directed two other persons to support the arm above the elbow;† he now used to try with his hands to conduct the arm into its place, if the reduction had not already *happened*, as was sometimes the case; occasionally a snap might be heard as soon as the patient was drawn up, *but the reduction could not be completed till he was let down again, and a trial made with the heel in the arm-pit.* When no iron ring was to be had,‡ Mr. White used to have the patient raised from the ground by three or four men, who stood upon a table." The only question I put here is, whether Mr. Bell has not curtailed the above with *propriety?*

I think it ought not to be printed in Surgical Annals: it is given here to shew one's originality,

* Well may Mr. Bell tell of the high-roof'd apartment: measure a six-foot man suspended from his wrist, thence to his feet, and add the suspending cord; the *new drop* would scarcely allow space to lengthen him out in.

† Were they slung by pullies, or *balloon'd* to effect this?

‡ An iron or even a wooden peg would have held the pulley hook as well as a ring.

and the other's love of science, and admiration of ingenuity. A carcase merchant should be present to measure weight, before venturing on this darling (though daring) suspension.

Note 7.

B. B. p. 145. "We know that muscles, blood-vessels, and ligaments will stretch to a considerable degree, if the extending force be applied in a gradual manner, but we also know that they very readily break, when powerfully and suddenly stretched; of this we have a remarkable instance in the bursting of the capsular ligaments of joints, which I believe to happen, as I have endeavoured to shew, in almost every case of luxation from external violence; this leads us to say, that any force that is used for the reduction of luxations should be applied in the most gradual manner, and that the mode of operating we are now considering must frequently do mischief, by tearing and lacerating the soft parts surrounding the joint. Of this I have various instances, even where the teguments have been well protected in the most cautious manner, by covering them with soft flannel, and afterwards with firm leather, before applying the ropes for extending the arm." Can any one not *almost* wonder, when he reads of "Ropes," "letting down again," and that "I have various instances," that "tearing and lacerating (or one

of them) happen," or that "systematic science so betrays itself?" but where does it not *hoc loco?*

Note 8.

B. B. p. 149. "I often succeed by the moderate extension I am able to make of the arm with one hand, while *the other* is employed in *pressing back* the scapula, this however requires all the muscles of the arm and fore-arm to be as much relaxed as possible, which we accomplish by bending the elbow moderately, raising the arm to a height somewhat less than right angle with the body, and preserving it in such a direction as to keep either the pectoral or extensor muscles from being stretched. When the arm is in this situation we often find luxations easily reduced, which had previously resisted the greatest force; for in this manner we not only relax the muscles of the arm, but the capsule of the joint, by which the head of bone returns more readily by the opening at which it had been forced out, than it otherwise possibly could do, for when the ligament is much stretched, it will grasp the neck* of bone by which our being able to return it will necessarily be rendered more uncertain." See Note

*Post mortem luxations cannot determine this point.

3. This *pressing back* must be downwards, what he pointedly objects to elsewhere. If the acromion is pressed low down on the ribs, some relaxation is given to the stronger muscles, (see Note 5) and if Mr. White's ingenious plan, (Note 6) and others recorded in Mr. B. Bell's System of Surgery, be adopted, are not the latissimus dorsi and pectoralis major called into excessive action? Let every young Surgeon look at what appears *authority*, but let him always act *of himself*.

Mr. B. Bell directs extension at reduction of displaced jaw. One or both condyles may slip from the acetabulum, but it must be always forward, and I have as readily returned it, as in the elbow case, by depressing the further end of this bone, and holding fast the other, it is scarcely necessary to add, then pressing it home; the muscles will do this savagely to the incautious. Nothing would be more easy to provide a promanual for than this dislocation, and I mean to give a sketch of one among the Plates at the end of this Book. Thirty years ago a Welchman had a fracture about the middle of the ramus of the lower jaw, and the muscles took an overruling part, so that we could not controul them; he was advised to go to the Infirmary. The Surgeon confirmed my statement, that he, like unto his jaw, was beyond controul, and ran off. For this I was preparing

what is here represented, and it (like the cephaline clasp) may be rarely called for, unless more *Welchmen* present than have, under such affliction, and more untutored Savages* multiply the use of either instrument. See Pl. 3. fig. 5, 6.

Note 9.

His humerus being discovered removed from its place, at midnight he sent for a force to assist in replacing it. Extension was making, and the bone moving, he ordered them to drop the elbow; one fellow had the impudence to say, "pull on." "Damn you! I'll knock you down, if you do," said the sufferer, and, as Mr. Pott says, in it would go, and off the oaf started, leaving the others to enjoy the midnight cup, and the discomfiture of their chieftain.

Note 10.

B. B. p. 81. "I mentioned above that the pain attending partial dislocations is commonly very severe on every attempt to move the joints, for the most part indeed it is more exquisite than it usually is, where the luxation is complete, and we conclude that it proceeds from the capsular ligament being over-stretched. and from the ends of the displaced bone continuing

* Find out self-conceit, and I defy the D—l to guide it; lawless ambition steers it.

to act against it, instead of passing freely through it." See Note 3. In the sufferer's case (Note 9) when the elbow was elevated and resting on a pillow, pain vanished, but on turning in bed it was renewed with great violence, and led to examination, which shewed an unsuspected injury, the limb being so little disabled, that it was thought before a mere bruise of the joint; had the pillar of the bedstead not been fluted with sharp edges, he would have replaced it alone. It was, no doubt, a partial escape, and verging to Position 2. See Note 9.

Note 11.

B. B. p. 137. "For it is obvious if the force used for raising the humerus is applied before the end of it is drawn past the most *projecting point* of the scapula, that the two bones must be thus pressed together, so as to obstruct the reduction." In Note 22, Mr. Pott seems to accord on this point.

The form of the bone somewhat resembling the stock end of a pistol, will not catch against the bony structure, even unfleshed, but this writer ought to recollect that the scapula has entire muscular covering, and that the glenoid cavity is not the most projecting point of the scapula, which the acromion can bear strong and *prominent* proof of. See Note 8.

Note 12.

B. B. p. 138, gives his objections to extension at the wrist in a very multiform shape, he states various other methods, the seventh and last is the most amusing, as adopted by the ingenious Mr. White, of Manchester.

Note 13.

B. B. p. 131. "The head of bone, as I have already observed, takes for the most part that direction in which it meets with least resistance; but this also depends in some degree on other causes, particularly on the part of the joint which received the injury, and on the situation of the limb at the time; thus, if a blow falls upon the upper part of the joint, (does not he mean limb?) while the arm is in a direct line with the body,* any dislocation that takes place will be downwards; while the head of the bone will *most probably* be forced downwards and inward by any stroke given to the outside of the joint while the elbow is stretched back, and

* Blows in this situation would oftener fracture the promontory of the scapula or clavicle, (and perchance the humerus) than dislocate this bone. I cannot believe that dislocation of it will take place into the axilla direct, unless the elbow is raised some lines *above* the right angle, in respect to the square of the glenoid cavity; *and that it ought to be so raised* at reduction, I am fully convinced of, even should *post mortem* luxation (as displayed by Dr. R——dr) and examination demonstrate the passage of bone into the very bed of muscle, this elevated state of the limb, or a more lateral one, is still necessary.

vice versâ." Mr. Bell was busy writing whilst other folks were pitching upon their elbow to dislocate the shoulder joint. Writers like riders have their stumbling hobbies in most spheres.

Note 14.

Mr. Earle was examining a hip, (1788) which had somewhat puzzled examiners; aided by his strong thumb, he grappled the joint, with the other he rotated the thigh, (like unto the *time to time* movement, see Note 6) and shortly his ears crashed with the snap of the joint, to the instruction and great amusement of his *Walkers*. The great central ligament in this case was supposed to be untorn, but had a spring on its cable only, as it soon got well. Is not the half-torn capsule the spring to the snapping in of the bone, as well as the collision of muscles? Suggestions from inexperience are *invaluable*! be this as it may; a little experience has taught me to reduce an elbow by fixing the upper portion of the humerus, and the lower of the radius, and then making extension on the opposite end of these bones, when it has always been a very easy effort to reduce the common dislocation of the elbow* with a pair of hands. I *fancy* this principle would succeed at the hip or knee

* "Ubi ulna ab percussione, radii coronæ
Sedem usurpat."
Rostrum Anatomiæ A. A. D. 1787.

joints. I once saw Mr. Hatton, a Bunker's-Hill hero, and studious Army Surgeon, reduce the elbow without fixing the counter-ends of the bones, but it was literally *bone-setting*. A learned Academician here *once* saw an elbow reduced, and *declared* he could not believe his eyes.

I have seen some few other kind, or degrees of luxated elbow; one wherein the olacrenon was pressed high up posterior to the os brachii, or in other words, where the last-named bone had projected in front of the ulna; and strong attempts were made to replace it with straight forward extension of the arm, in a line laterally from the body, and pulling at the wrist. The Surgeon evidently puzzled and alarmed accompanied the case to the Infirmary, five and forty years ago.

The biceps cubiti becomes here a great antagonist, and position as well as the line of extension are the principal preparatives.

Apply my principle; perhaps it is done: secure the wrist and shoulder at opposite stays, the first inclined to the front of the body; then pass a belt around the bend of the elbow, and make your extension backwards from it; the pressure here may rest, as the Surgeon's judgment guides, either on the bend, or on one or both of the bones which constitute the joint.

This is the idea, as in the usurped luxation,

I entertain of reducing both this, and the hip joint, but the more experienced in practice can best declare on this point; suggestion here cannot do mischief.

In whatever direction a bone slips from its socket, or is known to do generally, under the known texture and structure of the softer parts, it is absolutely necessary to bring it to the elevation, or depression, it was in at the infliction of injury, and then almost always some extension, or twisting of the limb, becomes necessary: in the os brachii it is always necessary, even in the partial displacement, to make some extension, but in all these cases "the lesser degree of it to be first tried;" but to satisfy the sufferer the battle must be fought, it may be won by skill. See Case 1.

Some sort of Surgeons are continually puzzling themselves, as reporters at least, respecting injuries about the head of the thigh bone or hip joint, although our popular Professors have laudably described, and exhibited Plates shewing the varieties of this accident.

Such a case happened lately, *report* said the joint was dislocated, and the bone broken; this is in character with legs (or arms) breaking by a fall in walking, &c. in three or more parts of their line of bone. Rationally ask yourself, with laying hold of a stick at each end, in how many places does it fracture? if very brittle, it breaks

short, if otherwise it splinters: the same arises in bone, unless there is pressure along its line to snap it again, but the Charlatan conjures you into faith in his assertion, by tormenting you with pain.

A Practitioner told a sufferer that his knee was dislocated, and a bone fractured; he was to have a strengthening plaister a short time after. The plaister was given to the partner, the other became raving mad at his assistant, fearing, no doubt, the exposure of his charlatan doings. Did any man ever escape tumefaction, &c. at a fortnight's end from injury to so complicated a joint as the knee? Where heavier storms arise, it is customary to have "consultationes graviores." Note 15.

Two old men were so unfortunate as to consult a Fungus Mundungus here* on an accident

* It would be folly to complain to the Toadstool; it is the soil that generates the Pest, that should be *despised*, as it *ought* to treat *Perfidy*, *Fraud*, and *Perjury*. This deserved yet apparently unchristianlike satire produced the following effusion of sentiment from the writer:

Man! fading man! who treads in straighter way,
From the glare of richest light does seldom stray;
His soul's absorb'd on thoughts to virtues past,
And builds his actions to brightest day at last;
He quits this sphere in joy and gladness crown'd,
Resigned to Heaven's decrees, in mercy found. [ven,*
Not thus the wretch! the fallen wretch, who insults Hea-
Who breathes in base gloom, whose bread is leaven;

* I can produce copies of two answers to Bills in Chancery, and in each prove as many lies nearly as there are lines; these answers are always given in on oath to that Court.

to the Shoulder, who turned them haughtily aside, (they were poor) I believe, without even a placebo. One of them called on me afterwards in about six weeks and had the joint reduced. The other was the miserable sufferer, who forms the subject of Case 5.

Note 16.

We use this belt to steady the acromion, and aid in counter-extension, not as an elevator, as represented in Books on Surgery, and even by Mr. Pott, who also strongly allows that the muscles do this duty.

It is well known here that I made extension under this belt in Case 4, that four men who were fixed at the elbow were overpowered by that force, and that the Case yielded to it: I had nearly fallen apoplectic from the exertion.

Note 17.

Attitudes in the field of Acteon, of Mars, of Toxophilus, and in the enchanting castles of Astley, and of Vestris, have been often admired, but would any fair dame prize the heel operation? Place John Bull with her soft hand in his grasp, and his heel in her axilla; which would be the least admired, this, or the elegant man along-

He roams in wiles the rising progeny may fright,
And sinks to shades through sorrow's endless night;
He skulks from light, would sheath the doomsday bell,
Himself he scares, his steps lay hold on Hell.

side the Royal George under such duty, singing out the Esculapian motto?

"Opiferque per orbem dicor."

Reverse the duty of each party, and configure attitudes then. Independent of this it would be almost as easy to persuade me to adopt *(the French Leader*)* Dupuytren's rash conceit, in using digital pressure, in lieu of the Tourniquet, on large arteries in amputation of a limb, as to practice this heel operation, which, by the bye, appears fallible in its foster father's care, (as other means are pointed out) and constitutes part of an *unsettled System.*

Our kinder feelings are called into action naturally to serve the fair sex, ergo, we would always practice the least painful, as well as the most delicate, efforts to relieve them under each kind and degree of accident; and those means will generally apply to the other sex, as well as to them, at any period of life; this is one motive for placing them often in view, and foremost on the tale.

* I may venture to tell the leading operation members at home and abroad, that not one of them has ever won a guinea and rump-dozen wager by the process of lythotomy being done blind-folded, and with the left hand; it was performed in the house of death, and in the presence of a chosen few; it was done in good stile, displaying by word and deed the best means of laying hold of the pebble, alluding, at the instant, to the probable state of contraction arising in a more sensitive muscle; this was atcheived by a man, who had only witnessed a solitary case; he gained by it plaudits, and almost an *Earldome.*

Note 18.

THE CATLING OPERATION.

EXTIRPATION OF TUMORUS WITH THIS INSTRUMENT.

Grasp with the thumb and index finger of one hand as much extent of line on the skin, as you expect to require to extirpate the tumour beneath; press them so firmly that they can feel the resistance of each other strongly, then pass the knife through the part you grasp and cut up direct; if you have a coloured line on the surface, it might guide in the excision, but in the solitary case which passed my grasp it was readily and well executed, without such aid; having made this cut, my assistant pressed the wound together so well, that scarcely a drop of blood issued. I then, using the ambo-dexter, made another incision at nearly two inches apart in the same parallel with the first, separated the tumour speedily by a convergence of the lines of cut at their extremities; the whole was removed.

The operation can be done in the tenth portion of time required on the old plan. The cicatrix was very good and expeditious. The pinching up of the skin in forming the seton issue may impress the reader with the nature of the digital grasp here described. It may not be amiss here to add, that in these setons a narrow slip of india rubber makes a superior cord to the

skein of thread in general use, with a ribbon at each end of it; if the ribbon be carried around the neck, the apertures in the skin will not approximate by ulceration, what often arises in these issues.

There are tumours which would require only one incision; some of the hernial may come into this class; possibly the larger sized and the mammary tumours only would require two, when the integuments are not much attached.

In some instances a large curved Bistoury would execute this puncture better than the Catling in many hands.

I am aware of the critic's sneer, yet can say that my hernial blade in the course of forty years has never been stained. It may appear singular, when he is further informed, that though the population of one House annually (during a period of about twenty-five years) averaged from three hundred to seven, (the union of thirteen Parishes) and this being the receptacle for aged, young, and infirm, among whom many cases of this character would frequently present themselves. I do not recollect having any fears respecting the safety of one of them; (see Note 13) all that did occur there, and in private practice, (probably twenty) were relieved without the knife. One case is worthy the attention of the learned and ready operator. Edward Evans, aged 75, had long suffered

under omental Hernia, had tried the elastic metal trusses, &c. under the guidance of Mr. J. Lovett, and finding these ineffectual, he set to work, being a Tailor, (commonly called gentleman Evans) and formed a cross or T bandage, on which he fixed a pad or cushion to cover the abdominal aperture; this was so effectual that he was enabled to walk and ride about in the duties of his calling, and the belt has since been the most general protection used in this part of the country. On some exertion, and probably from neglect of placing the belt, a prodigious tumour was formed. In my absence a gentleman, prodigiously expert on such occasions, failed in removing the malady, and sent for other aid: when returned home, and chancely hearing "poor Evans is dying," I visited and found the patient using an acetous lotion, and apparently dying; vomiting had ceased, the pulse wiry, the skin cold and moist, the tumour so large that three hands could not surround it; feeling for the ring and encircling it, I grasped the neck of the tumour, and felt a portion of intestine, and pressed it back through the tangible aperture.

The patient instantly expressed relief by a whisper to his wife, though before he merely waved his hand in despair, and by gentle persevering pressure, the whole mass was returned: he passed sanguineous mucus for several days after, but speedily and entirely recovered.

Would not one dip in the hot-bath, which had been prepared for his body, have accelerated the circulation, and produced something more than the partial or demi-disorganization (now stiled injected vessels) which stricture had generated?

In very many instances I have succeeded in returning the strangulated intestine, and consider the method adopted very conducive to victory.

With one hand I form a cone over the ring, the apex of which it becomes, and with the other encircle the protrusion; if too large, an assistant (sometimes the patient) aids in the compressing gripe; it was in attempting to accomplish this in the above case, that my finger came in contact with that portion of intestine which first led to relief.

I do not profess to be singular or original in this, yet having been always successful, having seen others not attempt it, and *hearing* of their recource to the blade so often, consider it an inherent duty to record it, *and more.*

From circumstances presenting, (peculiar I conceive to this district) I had resolved on aiding the tyronial Practitioners, who appeared to possess minds worthy of such services, and who had to wade through fresh waters. In this I have long persevered by every possible means in my reach; these are scions which shoot fast,

and oft outstrip the pruner's and their better course. My *inestimable* friends here, of nearly fifty years standing, may be referred to for a description of the peculiarity here alluded to, and they can give the best clue to what constitutes a Fungus Mundungus, their testimony being so morally valuable, like their gratitude for long and faithful services, (I may justly add without being vain) *unrivalled* in this place.

Under these circumstances, neither rank, wealth, or power, can suppress this expression of feeling; pinch a galled horse, and he'll wince: the abettors of crime are as rank as the Thief himself.

Mrs. H—— on a journey was taken ill of a fit, it was said, faltering of voice, and pain in the lower part of the chest and lumbar region; the lower extremities were enfeebled, not palsied. She was brought home, and a stimulating volatile mixture administered by an expert locum-tenens, who strongly *attempted* to keep possession of *this* patient. I visited with him, and made free use of the Lancet's point. The blood, as well as every symptom, shewed acute inflammation, its surface coated with thick buff, and the serum of the consistence of white of egg. An alarm was given to the friends, without my privacy, and a mighty man was sent for; he saw the blood, and ordered draughts with oil of nutmeg, saying, "You

know inflammation, having gone its greater scope, is well dispersed often by this sort, this kind, this very medicine; I use it often indeed as you would use white vitriol in the same state, in inflamed eye." "Pray, sir, may I bleed again, if the pulse guides to it? "No blee ding! he preferred blistering;" the question made the blister an appendage to the paper signed with a *cypher*. The Patient abused the whole tribe of us, for putting her inside in a blaze with the physic; the blister was applied, distress increased, and death was at hand. On pressing on the pit of the stomach, though then dying, she started violently, was become jaundiced, and very shortly expired. A female bystander (Dame Wissard) had previously made up her mind that we were attending to the stomach instead of the head, (till she saw the distress produced by pressure) biassed, no doubt, by the plausible representation of the absentee,* as well as by the nondescript garru-

* This expert Gentleman was so venerated, that, after interment, a civic Chaplain stowed him above, and the Bacchanalians cheered him! He was called to a Parish Patient, about five years old, who had a thread, in play, tied about his vesical tube; the glands swelled, and ulceration had taken place all around through the cutis; some means were recommended; I visited the next day, and on enquiry, found that no thread had been removed; by minutely examining, the knot of very fine thread was discovered in the pus, and by passing the ball of a probe against it, a scissors was successfully applied, but it had been too long delayed, ulceration having by the next day given vent to urine. This hero afterwards attempted to cure the fistulous opening sneakingly:—"Damn honour, Hal!"

lity of another attendant. See Note 28. This is a Case ripe for the reading of the Surgeon, Apothecary, and Physiologist, and were I not diverging too far from my original subject, I could add almost a volume of similar results from such interference on one side, and almost abject submission on the other, to a lack of talent under which this country has long groaned, and still does suffer.

I am ready to admit, that interruption to the free current of blood through the vessels of the liver appears as a frequent cause of cerebral disease.

A man, about seventy years old, had a seizure of pain at the bottom of the sternum; his pulse at about fifty beats in a minute. I was passing at the instant, and he readily consented to blood-letting; when about five ounces of blood had flowed, his head dropped, as though fainting, it was raised, and the belt removed from the arm, he struggled, his breathing became stertorous, and he instantly expired.

On the Coroner's Inquest, the Jury viewing the body the next day, within twenty-four hours, it was generally ecchymosed; whence this general flow of blood into the cellular tissue?

The Infirmary Surgeons failed to cure it also, the boy being too young to controul. Being aware of this impediment to success, I had advised delay; having left this neighbourhood, nothing was done, but it proved no after injury to him, as I am informed.

Does it not prove interruption to its return, and not Plethora Arterialis?* Is not the pain and distress about the diaphragm, or stomach, token of spasm, and will not such a cause act sometimes similarly on the cerebrum, producing effusion there? Is there not similarity in infantile visceral spasms, ending fatally, wherein ecchymosis arises?

We already know that stimulants passed into the stomach in excess produce a very analogous state; though this may be congestion, so may the first have no cerebral effusion. In the case I relate (as in infantile convulsions) effusion was general; would it flow from the venal system above and below the diaphragm or stricture? There was nothing administered in this case, we had not even a drop of water at hand to rouse him, nor do I believe that any good could have been effected by more efficient stimuli.

A question here arises, would a glass of spirits, or other cordial, given *instanter*, avail in such a case? The pulse was excessively strong, and I thought myself correct in using the Lancet. The decisions of Courts of Law in the present age of assumptions are often vexatious, to say the least of them. What professional man is safe, under such prosecutions as arise now-a-days?

* Having seen a great variety of what are called apoplectic cases, I may possibly venture on a classification *per futurum*, under an impression that it is not yet done.

The rival Trader stings him to the jury; the testimonies of the most celebrated Professors have no weight sometimes in its decisions; the Judge presides. The first principle at Law is intention; shew it bad, and prosecute, and then only should the jury say, "a true Bill," negligence is crime, (if intentional) the Court of Examiners ought to defeat other disputable qualities in the medical character accused, by their license; and most properly; yet the jury, as now instituted, are absolute; then who is safe, when they judge against Judge and evidence? Reverse the juries, and give the petty one the *least* material station; would this blanch the "*great sheet*," or create jealousies?

I am led into these remarks, first, by the case recorded, knowing the incentive to puncture in the present age of criticism; desirous of the comments; and am still led on by the juridical determinations on recent cases.

Let me further present a supposition, i. e. that I was called to a tedious case, and others required my assistance; I must either appoint a locum-tenens, or engage in no other, until my first duty be accomplished; but suppose lucre led me to leave; the Law ought to overtake me; suppose that another takes my deserted post, and executes the trust horribly; ought this thing to cast the first stone? Yes! Juridicals, here's the rub! though its echo is heard

on the opposite rock; a *Float* settled the hash, but the stomach pleaseth it not!

Wanted wonted uniformity of caverned structure created obstacle; to remedy this, the thing *turned*, and afterwards made a piece-meal job of it, which consequently was consecutive of the first blow. Let such a thing read, who casts the stone:

"Here in this silent cavern hung
The steady, swift, and tuneful tongue,
If Falsehood's honey it disdain'd,
And where it could not praise, was chain'd,
If bold in Virtue's cause it spoke,
Yet gentle concord never broke;
That tuneful tongue shall plead for thee,
When Death unveils Eternity!"

Whilst we are somewhat sarcastic, or researching, into the measures of the living, may we not trample on some of the fame of the dead to hold up to view the Charybdian gulph,* and shew principle of action, to the furtherance of science?

A Surgeon acquires fame sometimes by his peculiar craft, more than by his other qualifications, and much was done in this way by one of our departed brethren.

A female had an edematose swelling of the arm from the pressure of an *incurable* glandular malady, on which the Surgeon proffered a new medicine (with a book) for its cure, and which (like Young's compression) almost died an embryon.

* "Incidit in Scyllam, cupiens vitare Charybdin."

To relieve this swelling a blister was applied: this was the first instance, and the only one I have known, (except delayed operation) of any regular Practitioner venturing to produce decortication of the skin, or even puncture of it, in carcinomatous habits, and deserves the corrigendal stripe.

Such a case occurred under my care, and by merely resting the limb, somewhat elevated, on a pillow, entirely removed the swelling. This case was rather a singular one. The Patient had much fever from hepatic disease; the mammary gland partook of the general excitement; it sloughed: had not the general disease proved fatal, would this ulcer have healed? It had no characteristic of the previous malady, but supplied laudable pus. There was no trace of lymphatic disease left, either in the axilla, or surrounding the lost gland.

A man (a cat's paw) once fronted an assertion, that a Surgeon had advised an issue in one of these cases; the Surgeon, informed, replied properly, "he should never make a wound in such a habit." The operation alluded to was done to prevent the toil and expence of going fifty miles to undergo operation (charlatan). It did little good, though probably it terminated under less pained sufferings than usually attend absorbent ulcerations, and abscesses.

The case proved fatal under a kind of metastasial excitement on the organs most sympathe-

tic with this gland, contained in a caverned structure, and symptomatic (or irritative) fever soon closed the scene.

This blister case was related in the life-time of the Actor, in the presence of some of his late Pupils, to put it on its travels; and I think in the presence of a mirthful member, who had attained the "age of man," faithful to his cicle, honourable in his dealings, and an ornament to his profession; adding Dr. Durack to the list, we formed a round half-dozen; this, as a "*rara avis*"* in a country town, coupled with sparkling ale, contributed much to the hilarity of the other members present.

It is not merely professional jealousies which render the members inurbanic, hypocritical, or querrulous;† it is the unwarrantable exertions of their respective *friends*, who to extol one, run their rancorous tongues over the avowed fame of others; such as are depicted in the Alderman's song:

"The Parson's wife, for slander is her trade,"
Afloat she keeps a neighbour's fame t' invade!

This damnable system destroys the harmony of small towns, and deprives even the slanderer often of that urbanic attention so desirable among a community, especially as it regards the absence, either from duty or personal suffering, of their medical attendant.

* Rara avis in terris, nigroque simillima cygno. *Juv.*

† A frequent crime.

NOTE 19.

A female of delicate nerve and frame fell from a short ladder, and dislocated her shoulder joint; the Bone-setter begged that the husband would send for eight rustics to assist in the reduction; with this force* it was reduced. If this eight-man power was requisite in recent cases of dislocations, what degree of weight, or force, would be sufficient in neglected cases? In Case 4, where adhesions must have been tolerably firm, a force equal to this was exerted, no doubt, but not until a very lasting extension seemed insufficient, and the muscles of the assistants evidently nearly tired.

Let me here add part of a Foreigner's case, to shew how *extensively* mischeif is scattered of making efforts at reduction (vi et armis) on false data. "The Patient seated on a *high* chair, extension was made from the wrist, whilst counter-extension was effected by a roller (belt) passing into the wall. A ball was kept in the hollow of the axilla to lift up the head of the bone *at the instant of reduction.* The extension was made by eight intelligent Pupils," (probably in the acme of youth and vigour, and possibly not all *Frenchmen*). "The head of bone was under the pectoral muscle; at the first attempt, it was brought to the axilla; at the

* Horribilis usque!

second, complete reduction." This case turned out a fatal one, which is fully detailed in Vol. 7, p. 452, Med. Ch. Rev.

The unfortunate Damian (see Note 27) had a young wild horse fastened to each of his limbs, and still his muscles, nerves, ligaments, &c. withstood their enraged force; what must this poor fellow have suffered, tied to a stake, with eight Intelligentes grinding at his already lacerated limb? The stake resistance was equal to the intelligent force employed, and even this force was twice exerted; the lever ball must have hindered reduction, and created the necessity for the second effort. The Continent seems to keep up the farce (no, 'tis an overgrown play) of wrist extension, and where will not beguiling influence spread? In old cases, where adhesions are become firm, would it not be to advantage, suddenly to increase the degree of force used, in such a way that not more than half an inch of extent be given to it? The operator may contrive a lever to act at the juncture, when a long continued extension, with the dislocation frame, has been, and is making. This was certainly the case in Case 4, when I ran away with Patient and extensors. The half-inch under the unyielding metallic belts would, I presume, overcome the indisten-

sible new parts;* allow me here to be fully understood; when these belts are used, as they fix themselves against unyielding bony points, and are drawn as tight as can well be done, the half-inch taken is probably more than would be necessary, under the sudden force, to separate new organizations; and with an adjusted lever, any unnecessary extent of extension would be readily guarded against; this may be regulated by the feeling of the Surgeon, and feelings of the sufferer. When I point out this step, let me not be thought to have given up the suggestion of using the scalpel, especially when the head of bone is far removed from the socket, or in Position 3, and the case an old one.

The elbow belt should be so firm that no tolerable pressure could alter its grasp; when well adapted it will not slip over the condyles of the os bracchii, therefore you have a safe unyielding power in this metallic belt.

Should it be objected to, one may be constructed to clip on the arm, above and below the joint, when the fore-arm is considerably bent, and it may be of metal cased in leather.

A wetted napkin is preferred to any other yet in practice; it may not be disputed that it will tie around the arm, and retain its hold well,

* As the shoulder joint has been fathomed to remove caries, the Surgeon's judgment may acquire confidence in dislocation Cases, to direct him when to use the scalpel.

but it makes too general compression, such as I fear was exerted in Page 76, by the French Intelligentes.

A dry napkin, twisted slightly, and applied around the condyles of the os brachii, and knotted, the knot resting on the head of the radius, (the object of which is to keep pressure off both blood-vessels, and the lower tendon of the biceps cubiti) then bend the arm, and again tie the napkin around the fore-arm; by extension you tighten both, and this delineates the figure 8 around the elbow; since adopting this method, no slipping of the belt has happened, nor any decortication, which I imagine arises from the writhing of the common belt. The knot over the radius draws the belt in a straight line from the inner condyle, consequently keeps off that pressure which the wetted belt could not avoid making. An operating Surgeon and his helpmates should have the sight of Argus when fellow feelings are afloat, and the sentient feelings of an Abernethy, when his fingers wade through blood-full regions. See page 288, on Aneurism.

On an emergency a belt may be made of broad tape, or even flannel, to surround the shoulder, by forming a ring large enough, (with probably half-a-dozen rings of tape) enveloped with a flannel roller, spirally encircling it, so as to make it sit easy around the part; to this at

two opposite points affix two webbings, which are to be fastened at two stays in a staircase or wall, on the plan of Method 1; therefore those who have not prepared for this operation may adopt these belts simultaneously.

It would be some assistance in making efforts with this plan, to pass a restraining belt over the acromion, to prevent it being raised up, when endeavoring to raise the head of the os brachii towards its socket; this restraining belt likewise lessens the resistance of the stronger muscles.

Though it may be said that preparation for this injury is little wanted, I may aver having seen half-a-score of unreduced cases, and counting as many which had been from two to seventeen weeks neglected, and then replaced, it must be allowed that such preparation is necessary, especially when we compute the many that must occur under the inspection of the whole community, and we see even the first City in Europe (Babylon the great!) producing cases reflecting on the Surgical knowledge, or timid precautions, of the nineteenth century. See Case 7.

Note 20.

To impress the present (and future) age with the value of such a man, and such a teacher in the Profession, permit me to transcribe a com-

pliment to his abilities and mind, from the pages of the Medical and Physical Journal, published several years back, on reviewing part of his Surgical Works.

"To impress the reader with a due sense of the value of the Volume, of which we have concluded the analysis, it is sufficient to remind him, that it is the work of Mr. Abernethy; it makes no idle display of erudition, it is free from all the arrogance of self-applauding vanity, and from that worse description of arrogance, exhibited in the contemptuous abuse of others, which in our days seems characteristic of Surgical Writings; it is the distinct and simple narrative of a man communicating knowledge, gathered more from his own experience, than from books, abounding in information valuable from the character of the mind that has collected it, and shewing that the plain and concise manner, in which Surgical Cases and Observations ought to be recorded, is natural to one, who, being earnest in what he has to say, feels that no interest need be excited, but that which the intrinsic importance of the subject is competent to produce."

To the Editor of the New Monthly Magazine, on his Sarcasm on Mr. A—'s person.

Pray, Reviewers, mark
The outline of your spark!

The forehead, high and full,
Gives inward space of skull;
The occiput is long,
Not quite as your tongue,
This gives a sphere good,
To hold enough of blood,
Whose juices govern mind,
Richer than you've defin'd;
The heart supplies this food
Of brain, 'tis nature's mood:
Then let his virtues stand
Unruffled by your hand;
Let his zeal be valued still;
When sick you'll take his pill;
Be grateful then to Heaven,
That such a man has risen,
To pave the road to health,
And pray it bless his strength.

I decline further comment than to say that Mr. Abernethy's attention to the duties of the medical department of the profession has atchieved more, to afford facilities* and confidence to the general Practitioner, (or any other) than all the modern systems would effect in a century, and this is the epoch when such public acknowledgment would be most impressive.

The Editor of "The New Monthly Magazine, (Nov)" should avoid the point† of "The Lancet," and all descriptive errors, (especially personal ones). On enquiry, he would find

* Our blazing Star told me, in *confidence*, that he had not the least, not the most distant idea (till he perused Mr. Abernethy's Book) "of morbid alvine Secretion," although he has rolled on in a forty year career of guidance subtile. If he does not abound in these acquirements, he can bewilder us with Family Pedigree and Anecdote.

† Envy, hatred, and malice, and all uncharitableness.

Mr. Abernethy approaching his *grand climacteric*, in full possession of his wonted vigour of mind, upheld by genuine liberality, and alive to all manly duties.

"The French Government are about to introduce several beneficial reforms into the medical Profession; among them is one, that no Physician, or Surgeon, under 39, or more than 60 years of age, shall be allowed to prescribe, or operate, in the Hospitals."

"Soon ripe, soon rotten." This adage may apply partially to Frenchmen, in comparison with British Members, as we know our country boasts of Surgeons at their best powers, ripened by experience, held most valuable, when even turned of seventy years of age.

If there is one error in Mr. Abernethy's public life, it emanates from his having, though conscientiously, resigned his seat as Surgeon at St. Bartholomew's Hospital, at a period when his services were in their zenith of esteem.

It must, on the other hand, be admitted, that France has to boast of one (and, no doubt, of many others) Professional Character, now approaching towards ninety years of age, and lately offering from the Press a revised Edition, on a material and important subject. (Swediaur on Syph.)

Note 21.

There presents an almost insurmountable objection to this ring plan, when the bone passes the range of the oval belt, (Position 3) and this, like every other, must yield the palm of preference to the Method wherein the acromion is made the base of extension. This objection is greatly lessened when the frame is applied with it, as the pressure can be confined against the scapula, and but triflingly on the front of the joint, or on the axillary ribs, so as to admit the bone sliding towards the socket. I am inclined to think that the ring held close and firm to the body, around the joint, would form a fulcrum to raise the os humeri towards the joint, when situated under the pectoral muscle, aided by an extension in a suitable direction. I may further add, that the counter-extension by a ring makes a very suitable power, as it leaves the muscles free and unshackled,* so that they can yield to the force employed. I presume the dislocation Frame, under any of its modifications, several of which I plate and state, will equally do this.

Note 22.

This man is in possession of a Diocesan license to practise Surgery; what ought our Lawgivers to do, when they are told of the

* Contrary to the Frenchman's plan, page 76.

practices of the many of this tribe, who work miracles under the senseless and superstitious credulity of their employers? an instance of which appears in the following Case. A youth walked a dozen miles to consult this man, who told him that his hip was out of place, and if he would use the ointment then given to him, and return there in a fortnight, he would cure him. The Father and Son waited on the Conjuror,* (for such he professed to be) and calling together several able-bodied Rustics, he set about the reduction of the hip. Extension was making at each end of the limb; the Operator, placing himself under it, suddenly and violently raised his shoulder against it, when the thigh-bone was fractured; surely it is evident there was no dislocation, the silly sufferer having repeatedly walked the distance mentioned. It was my intention to have solicited a Quorum

* Such is the rustic ignorance, or unpracticed thought, on this science, or subject, of some part of the People, even in Farm-houses, that they have suffered this fellow to visit the sick, and profanely utter, "I say, young man, arise," which the Egrotan did obey, on his knees in bed, though then on the verge of eternity, as he lived only two or three days after.

Even our Towns abound with the same degenerate spirit, or lack of knowledge; allowing that the learned Professions were filled by a score of Practitioners, if you find three of that number void of the Fungus scent, it will be a prodigy; the rest have plenty of the Vulpone, and stage trick, *ad captandum vulgos*, and suit such a population.

of Justices, and Board of Surgeons, to enquire into this Case, but obstacles presented, till it became too late to detect a fractured bone under the most muscular part of the thigh, where his pressure must have centered.

A Bonesetter was sent for to a Butcher, when at a respectable Farm-house; being a "cup too low," he asked for a cup of strong beer; when *satisfied* he procured a coverlet, and cast himself upon it on the floor, and began casting *somersets* for his and the bystanders' amusement, and then placed the Patient, whose os bracchii was displaced, along-side of him, thrusting his heel into the man's axilla, and grappling his wrist; after much exertion, he declared it could not be done till morning. Time arrived, and he was suffered (sober or not I did not learn) to return to his labour; he first used the ox collar, (or soal, as it is called) suspended the man with his arm through it, and slipt a chair from under; this failing, he passed a ball of thread into the axilla, detained it there by fixing the man at the pillar of a stair-case, standing on a chair, this was drawn from under him, and the bone slipped in. All this is in character with the general efforts to this day, throughout Europe at least.

Although the honourable Host, at whose house this occurred, is an urbanic and properly informed Farmer, we must admit that he was

too submissive in this instance. May he long live at *Pentre-clawdd*, in manly vigour, the avowed urbanic Champion of hospitality, friendship, and affection.

This is a pretty tribe to place youth for medical instruction with; those they have trained admire their first teachers' practice, more than that of all "the wise men in the east," whom they are sent to study under. "Camb. Gaz."

Some of these Bonesetters pride themselves on their *skill* in dislocations, as well as in (the source of their titledom) setting of (oft unbroken) bones. I underrate, possibly the minds of many of my Countrymen, as well as of refugees from *any land*, when asserting that they have not brains to guide them from the *precipice* of these fellows. Let them look at an old robust rustic placing an oaf on a chair, and his foot by the side of him, then drawing the crippled arm over his elevated knee, and with all his corporeal powers (aided by gin and Sir John) pulling and writhing the arm, for half-an-hour at least, sometimes, till he reduces the displaced humerus to its place. This certainly does not carry (is it not a mockery of *brighter-placed Science?)* the honour and clamour with it, that generally arises at the presence of eight Welsh rustics, summoned to aid in the reduction of an extraordinary, though recent, luxation, as then by *him* reported.

Some of these silly dupes have declared to me, they would never again bear an attempt at reduction, having already undergone so much torture. This is the result of an *unsettted system*, which guides to the tide of such oracles, whom our Surgeons and Physicians (some of them) meet in consultation, conjuration, &c. Bravo Gentry! yet good enough for the slender heads* of that community, which ill requites members of the Profession, who faithfully and sedulously strive to preserve health and safe life. They discard some of us "without a thought,† and can not alter their doings," having filled up the space with any Bonesetter or Theif they chance to be cajoled by; the accessaries‡ to this are also culpable, and gifted with *grateful forgettings*, even towards their own.

* How long, ye simple ones, will ye love simplicity? and the scorners delight in their scorning, and fools hate knowledge? Prov. i. 22.

† A Housekeeper to a stately stone house poisoned the Governors against me, in revenge that I did not strike off her son's name from the list at a Militia appeal, though it did not attach to my province as the examining Officer. The deputy Lieutenant (the Rev. D. P.) turned him aside, on the score of his mother's reputed wealth, styling him an idle profligate, the greatest rogue on earth, "sure to be a rogue; bred from an Irish Runt, by a Frenchman, a damned bad cross!"

‡ Quibus amor omnibus idem, atque nullis perstat, (absente Vulpione).

A SCRAP, PRO BONO PUBLICO.

"Gentlemen,

Under Humanity, your object is Remuneration, your standard, Respect, or *uti possidetis:* The first resolution; never to stable your horse with a Quack! Being Senior of the party, and this not being acceded to, the members, three in number, dispersed, *sine die.*

I had been repeatedly called upon to regulate the medical Charges, or mode of making them, and consented to assemble in consequence of seeing a Surgeon's and a Bonesetter's horses in the same private stall. Mine was ordered, led about, and from this circumstance I was induced to make the above the leading resolution.

Almost (nay, I may say) all the acting members of the medical Profession complain, in one point of view, justly,* but irrationally and absurdly, of the method they adopt for remuneration. All I can say is, that having severed myself from villainy, I resolved to adopt a plan, which was first intended forty years ago, (being then over-ruled by a Relative) when I first settled as a general Practitioner, and which for the last twelve years has been invariably followed. Considering it an imperative duty to attend

*I have attended for more than a month (daily) on a wealthy Inhabitant here, during the Infancy of his rising Family, and have had the profit of an ounce of antimonial wine as remuneration.

when called upon in special cases, (and almost all are so) and to attend to those and every other embarked in, as often as *my* judgment prompts to be needful, and under this to supply requisite medicine, &c. On this system, for each individual Egrotan, I make a daily, weekly, monthly, or yearly charge, (and Town members cheerfully pay one guinea per week, for general attendance); I would here add, that the expence and inconvenience of sending (and waiting many hours) for medicine is generally avoided by taking with me a general or varied store.

On this plan a man may visit five times the usual number per day, and the only obstacle to it is, that some Practitioners have too little courage, and too much *sing fraud*, to venture on it: the *Ars Prescribendi* would be thus deprived of its mystic dignity.

A special instance of exertion in man and horse, in one day, occurred here a few years ago.

Mr. R. C—. was called to an Egrotan in Wales, a distance of more than twenty miles; he brought the Messenger back with him for medicine, and the same man and horse took it home; on alighting, he broke the *bottle of stuff*, restarted as before for more, and thus the two trebled the Cape Hill; yet how fared the Egrotan? It would have lessened the magic of *stuff*, to have taken it in the pocket at the first visit.

Every man, with a lancet, &c. in his pocket, with a phial of opium, and the Mountebank's skill in his head,* may provide for a first visit, at least.

NOTE 23.

C. S. D. page 372. "That in the reduction of such joints as consist of a round head, moving in an acetabulum, or socket, no attempt ought to be made for replacing the said head, until it has by extension been brought from the place where it is, and *nearly* to a level with the said socket. This will shew us, says Mr. Pott, a fault in the common Ambi, and why that kind of Ambi, which Mr. Freke called his commander, is a much better instrument than any of them, or indeed than all, because it is a lever joined to an extensor, and that capable of being used with the arm in such a position as to require the least extension, and to admit the most, besides which, it is graduated, and therefore perfectly under the dominion of the operator;† it will shew us, why the old method, by the door or ladder sometimes produced a fracture of the neck of the scapula, as Mr. Pott saw it

* Clearings for the South and North fronts.

† Mr. Pott had resigned the Premier seat at St. Bartholomew's Hospital, I presume, before the Pullies had superseded the use of the Ambi, which he extols so greatly for its lever, yet in Note 24, he almost damns it.

do himself;* why, if a sufficient degree of extension be not made, the towel over the Surgeon's shoulder and under the Patient's axilla must prove an impediment rather than an assistance, by thrusting the head of the humerus under the neck of the scapula, (see Notes 16, 23) instead of directing it into the socket; why the bar, or rolling pin, produces the same effect; why the common method of downwards,† (see Case 1) before sufficient extension has been made, prevents the very thing aimed at, by pushing the head of the bone under the scapula, which the continuation of the extension, for a few seconds only, would have carried into its proper place."

* Who is not sceptical here? The violence at the time of dislocation does tear off portions of bone in some instances; I would conclude it so happened in the Cases charged with this mischief at reduction efforts; though, where no restraining ligaments are placed, this tearing off from the edges, or more, of bone can rarely happen; and what can hold the scapula to undergo fracture under the violence alluded to?

† Mark, what eminent men have been at! "Why the common method of *downwards*, before sufficient extension has been made, prevents the very thing aimed at, by pushing the head of bone (by the elevator is meant) under the scapula, which the continuation of the extension, for a few seconds only, would have carried to its proper place." These were the means generally adopted in Mr. Pott's day, and undoubtedly he knew of most of the methods suggested by his brethren in the art, but present time must declare how far north science was in that day; are we still to go on copying, as they did? No, George! yet Heaven's blessings on you! We neither consent to this, nor tell tales to Marines. Mr. B. B. p. 148, v. 7. *writes* of fracturing either scapula or humerus by suspension or lever in this Case.

Note 24.

C. S. D. p. 372. "To the observation, that mere extension only draws the head of bone out from the axilla, in which it is lodged, but does not replace it in the acetabulum scapulæ, Mr. Pott replies, that when the head of the os humeri is drawn forth from the axilla, and brought to a level *(not nearly)* with the cup of the scapula, it must be a very great, and very unnecessary addition of extending force, that will, or can, keep it from going into it. All that the Surgeon has to do is to bring it to such level; the muscles attached to the bone will do the rest for him, and that whether he will or not,* (see Note 14). Another of Mr. Pott's principles is, that whatever kind or degree of force be found necessary for the reduction of a luxated joint, that such force be employed gradually, that the lesser degree be always first tried, and that it be increased gradatim." The fate of the capsular ligament is entirely out of sight here, as elsewhere.

As the following is the last Extract intended to be given, allow my remark, that further investigation was, and is, really wanted.

* Mr. Pott must, contrary to his own principle in this Note, have seen Cases, wherein these overbearing muscles could not obey his law, (see Case 2) and when the Ambi was employed it must have been so often.

C. S. D. "A paralytic affection of the muscles of a joint, and a looseness of its ligaments, are also predisposing causes. When the deltoid muscle is paralytic, the mere weight of the arm has been known to cause such a lengthening of the capsular ligament of the shoulder joint, that the head of the os humeri descended two or three inches from the glenoid cavity. See p. 11.

Let us allow the disease to weigh, with the texture of membrane, as well as muscle, in such case, or my idea of this ligament having contractile power, when stretched, must be in error; yet if in error on that point, the inelasticity, or unyielding texture, of that ligament is here completely disproved, (see page 9). Sir A. Cooper has met with partial dislocation in the ankle joint, (and in the dead subject) but notices not the state of the capsular ligament; all I wish to shew, and to know, is, whether this said membrane or ligament is to be attended to or not; the extension downwards, as well as others, which some writers sanction, by booking the process, (see Note 6) and defending the subject, or the post, with soft flannel, leather, &c. (possibly lest the ingenuity be lost) are in my mind always objectionable.

Note 25. Case 10.

I accompanied Mr. Blicke to a dislocation of the shoulder joint, which occurred to a Sports-

man, in the vicinity of London. Two country Surgeons had amused, or puzzled, themselves with inefficient attempts at reduction (1788). The rolling pin, well cushioned, was put into my strong hold, the sufferer's body bound to the principal pillar of a staircase; extension was made well (save the line of it) for some time; giving way to the extensors at the elbow, and pressing down the shoulder with the middle of my left arm, till it became lower than the elbow elevation, I then added extending force, and the bone moved in, not unnoticed by the sufferer, who unhesitatingly extolled the power of Cambria.* This is strongly linked in principle with Case 1. I hold the towel (see Note 16) in preference to this bar. This Case is adduced more in corroboration of the *advantage* obtained by an extension made on an elevated elbow and a depressed acromion, than in opposition to the measures of the writers herein quoted, (see Notes 1, 11, 12); and by the bye, though I do plainly differ from them on some points, which cannot be considered immaterial, it must be almost unnecessary to declare that there can be no malign personality in so doing, but the

* The late Sir C. Blicke frequently introduced me as a Cambrian. Having been solicited by his Brother-in-law, Capt. Phelp, to receive me as his house Pupil, during my attendance at the Hospital. This friend to both of us then resided in North Wales. It was at this time that I had the honour of being introduced to Mr. Abernethy as one of his first Anatomical Class, A. D. 1787, Nov.

motive must be considered as what I set off with in the Preface.

The Artist will ask whence this *Advantage?* Is it a single, duple, or triple one? 1st, The elbow, being allowed raised at the accident, forces the head of bone through the lower crescent of the capsular ligament, and being returned to that elevation, more readily repasses to the socket. 2nd, The deltoid, being the principal *direct* agent with the line of bone, must be allowed to be the most formidable opponent, and this, as well as the biceps cubiti, is relaxed in proportion as the elbow becomes elevated, and forearm bent. 3rd, The latissimus dorsi and pectoralis major are strong muscles, but having lateral attachments, make efforts varying from those of the deltoid, and when you elevate the elbow, their force is combated by the leverage of the humerus, as well as by the extending efforts: allow these muscles great power, and that such as may, for a time, keep down the upper end of the bone, this however generally soon gives way, and all hindrance to reduction rests more upon other causes, before-mentioned, than on their mutual or separate force; depress the acromion, and you silence these battering rams. See Notes 5, 8.

These muscles being inserted upon the os bracchii, at some distance from its upper end, when this bone is drawn out from under the

scapula or clavicle, (and at this they do not resist much) the pressure of a fist against, and under it, above their insertion, would overcome, (on depressing the other end) by leverage, their power, (their resistance is thus reversed, and becomes an auxiliary); yet in doing this, you create further resistance from the deltoid, a principal antagonist in these Cases.

It is probable, that the head of bone in the above Case was pressed out of place, by falling on the elbow or wrist, when in front of the chest, (as the sufferer was running after a winged Hare) and in that case it would slip out through the posterior portion of the lower crescent of the capsule, and then the limb would gravitate. Had this been considered, the proper line of extension would have been more directly and properly hit upon; but the means used, by *chance* almost, reduced the luxation. We ought to reflect, that it is in this way our aid is called upon to save the capsule, or capsular ligament, from more *extensive* laceration.

A leading Operator is reported to produce relaxation of muscular power sometimes by the percussive action of his fist on the ear of a fair sufferer; surely the other, or disengaged member, would better assail or surprise another point, for this purpose, whence general relaxation certainly would ensue, the head slip into the socket, to the gratification of the patient

sufferer, and busy operator; he can thus atcheive this process himself; it must require the presence of a third to aid otherwise, the hands being both engaged, and this may be instructed to do one part, the operator producing muscular or general relaxation by giving the bold stroke, when judgment prompts impulse.

National character is generally as strongly marked among our neighbours, the French, as in any other race of people; an instance of this was seen on our Bowling Green. The Player was pursuing his bowl, full of prankish attitudes, &c. which a Lady (Traveller) witnessing, said she was certain that was a Frenchman; it was Mons. Martinet, now returned to the South of France, where if respected as whilst a resident here, it must add much to his present enjoyment, and wipe off the stings of Revolution.

Would any one suspect a British feature (though ill applied) in a French Surgeon? D——n, whilst his Pupils were assisting in extending a dislocated shoulder, gave his Patient a violent fister on the side of her face; as few, even of the other sex, stand this, the Patient's muscles were soon paralysed, and gave way to the extension.*

We often improve on most French-born inventions,
They are brought forth here to shew directions;

* Symphonies are introduced to break the web of a dry or amphibious tale.

We enable the French to fill up their pockets,*
Or blow them to dust with Congreve rockets;
We admire them now in their elevee station,
And waft them to honour, a redeemed nation;
We treat them as brothers, shew them our arts,†
And ask no return, but what enriches hearts;
They relinquish an offer by Huskisson made;
They'll repent not adding freedom to trade.

In this age, should such effort be a thing of chance? Let the impression be strong in the mind of the tyro in practice, let him again and again consider, that it is the bone that is to be moved, and the pressure, through any means, must be, if properly, made against two opposite bony points; therefore, having suggestions before him, and the essential intimacy with the form and attachments of the softer, as well as the resisting parts, and a competent knowledge of their laws, he will no longer trust to violence, or chance; this may drown the ignorance of the populace, high or low, rich or poor, and murder Bone-setting.

Note 26.

This Youth had the credit, being an Army Surgeon, of adopting an almost new plan of treating fever Cases: he charged his pockets

* The emigration of Cash to that Country since restoring order among them, through our matchless Conquerors, has given them wealth and health; a dislocation Frame may add discreet power, and likewise husband the muscular energies of the *Intelligentes* for other purposes of the State.

† Will they not now bow to Lord Navarin?

with Calomel* doses, passed along the Parade line, and finding a Soldier with a furred tongue, administered the salvo freely, and very successfully, about thirty years ago.

As Solomon says, "there is nothing new under the sun." This is on the older lists of Remedies, yet in this instance was well applied, and was a sort of emancipation from the life-taking brownonean doctrine, much in vogue, throughout Europe at least, in that æra, and as yet not quite deserted.

Who always resisted its visits? except when made an obsequious mute, by tyrant custom, to lack of talent, and preponderating rank, now in its wane. Why is the impregnable Fortress become a Castle of havock? It was on this Rock, I beleive, the Gentleman above alluded to gained fame. Possibly colonel Quinine is now there *browning* for the generalship his parent had lost, though aided by the muster of violently stimulated forces.

Emetic Tartar has generally proved an almost absolute sanative in correcting febrile Phlogosis, and in the worst of Cases here, when freely administered, the recoveries were frequently most rapid and complete.

* Our Guides have pestered us with muriates and their *subs*; they would poison less frequently, were they to let Calomel continue its reign over Mercury!

A Prime Minister of State, when asked to repeal an Act of Parliament, says, find a good and *ad valorem* substitute. The substitutes for Emetic Tartar should, under Professors, have such a guarantee; all hitherto are inefficient, though a few of them may be almost allowed to be auxiliaries.

The powers of this I believe to be unrivalled in subduing excitement, either corporeal or mental, and the rage for novelties, in the autumnal crocus for instance, may be, I think, superseded by a combination of tartar emetic and convolvulus Jalapa root. Can Ipecacuanha, or any other of the emetic class, be brought to rival Antimonials?

The Lancet did sometimes aid here, yet not so often as present times would sanction, and multiplied experience does.

Still Toifoy* rages in the Sapient's wind! †
To malignity's self 'tis not alone confin'd;
Oporto's fiery juice, and Quinine are plied,
These deadly weapons with fatal rage are tried,
Till panting Fever palpitates at score,
And victim millions pant, to pant no more:
Sangrado's maxims‡ would have sav'd the lost,
Or quell'd the storm, and preserved a host.

☞ These Lines should be read after Line 11, Page 100: It is too material a thing, in this Climate, to be overlooked, or not to be recorded.

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* An expression supposed to mean typhoid type of fever.

† "Talia voce refert." ‡ "Gil Blas."

This Country lost one of its best men, under the deadly hurricane of brownonism (as then reported) in the mansion of H——n. Luckily he left one Gentleman, with genuine liberality of mind, to populate it: the good old breed will not be lost whilst a *Fox* can brush the cover at the opening of the pack.

> Gaudeo quod possit liberos reparare paternis
> Artibus; atque illas animas vocare paternas!

I witnessed a fatal Case under this mode of treatment, in the person of a most esteemed Vicar here, and solicited a Lady, now living, to have Dr. Evans* called in, (avowing a certain result under present guidance) but the party had a fixed confidence, for which they deeply suffered. Both the above Cases were brought on by immersion in cold water, during sporting

* A neighbouring Physician, well known for his urbanity, as a Scholar, and as a Gentleman of great medical acquirements, (the Author of the elegantly descriptive historic Poem, "The Bees"). Salopians had once to boast of his (and his counter-part, Mr. S. Sandford's) residence among them for many years. The Town, especially the Infirmary, has to bewail the loss of them: Mr. Sandford distinguished himself early in his Professional career, by introducing the adoption of small Caustics in spinal disease; was proverbially faithful in screening imperfections, even yet too prevalent among us; and was himself sometimes trampled upon by *Craft*, and *Proud Dames*. I should do an injustice to real merit, were Dr. Tayleur (late of Salop) unnoticed here; as a proof of his better guidance and candour, allow me to say, that he visited a very aged Lady, much afflicted with gout, for years; Dyspnœa prevailed, and Hoffman's Æther was administered in Camphire Julep; although he had travelled nearly forty miles, there was little, if any other guidance; the Æther was still to be repeated.

excursions, the body heated by corporeal and gastrital exertions, a rare place, and effort, to break down the lentor of the blood, or generate contagious or putrid Fever. See page 106, Fever Case.

Anti-pestilential fumes were set afloat thro'-out the house: the blood of this Patient was shewn to the Guide; "Yes, it's broken down," (a fork being at hand to stir it, the whole adhered together) No, it's not so bad, but still he must be supported with more, and more than, wine." Was this obsequiousness? I say, No! having asked for another's guidance.

They, who mark the laws of Nature well, can attest the power she possesses of resisting injury, and it is solely under this we can account for the manifold Cases of recovery under the extremes of high and low Regime or Treatment of Fever. Fatal Cases are seldom fairly recorded.

A W——n could not be more firm in discharge of Professional duty than myself; I am vain enough to think there is a reciprocity of exertion, am proud of the supposition, and would court Proselytes. The above Case may appear incharacteristic of obsequiousness; truly it requires much self-possession to listen to nonsense (reiterated stuff) on some guidal occasions, yet the Egrotan swallows it; even in the treatment of disease in low temperature,

this gorge of guidance has taken here fataliter from the same source.

Medicators and Medicaments are become too *sophistrically* polished; keep me from *Conium!* 'tis a noxious weed, too active, yet wavering in its virtues, relishes not a clement season, courts uncultivated ground, *lulls to rest* with its even blunted acrimony, and yet braves the storm. Can we wonder that things perish under its baneful influence? it has the credit of curing carcinomals and diabetals; 'twas all a bubble!

The strong arm of Armstrong in the treatment of disease is universally respected; his combinations of Opium and Calomel, with Antimony sometimes, are to be appreciated; we know the effect of each separate, and often give them combined, yet I am not aware that they are valued as they ought to be, and strictly deserve. In their proportioned combinations the efficient power they excell other medicaments in depends, they may be given so as to have no action on the stomach, whilst in it.

Each in turn may be made to predominate, and take the lead on the stomach itself, the minor ones barely controuling excess in the other; contrive this, and you obtain a superior emulgent to any Blue Pill, however universal its adoption may have grown into approval. Exclaim not,

"Iste tulit pretium, quod mecum certâsse feretur." *Ovid.*

A many's the time, and oft, Sir!
Our jokes have gone aloft,
On things like this, and others,
They pass'd as jokes 'twixt brothers;
Thus onward let us labour,
Nor court a courtly favour
Of rank, or splendour bright,
Nor look for *very Knight Sir!*

Quart. Rev. Mar. 1822, p. 755. Tomassini, an Italian Physician, says, "I have been long convinced, that all these affections, viz. Synocha, Synochus, Typhus, are mere varieties or degrees of the same disease,* and that it is by an employment of an opposite plan of treatment that the simplest Synocha is often converted into the severest Typhus." In illustration, "it is a fact, that, during the period when exciting remedies were so much used in febrile affections nervous and typhus Fevers were not only more frequent, but the mortality from them was greater, being never less than eighteen to twenty per cent."

* We may judge from analogy, that our summer Fevers may much resemble Fever in the Italian climate; they are, generally speaking, more distressing to undergo, than what arise in more frigid air; to discuss further on the moist or dry state of the Atmosphere, as influential in producing or propagating Disease, would be beyond my reach. I am aware of its importance, and that it has been most ably argued by men of observation, and multiform experience, especially by our Countryman, a Mr. Williams, in his Treatise on the Climate of Britain, in which he quotes high medical authority.

"The diminution of the mortality during the latter years, throughout Italy, since the establishment *(re-establishment)* of the antiphlogistic treatment, has been wonderfully great, and we see in the results of the Table given above, that the mortality in nervous Fever, in our clinical Wards, has been less than eight per cent."

I do not believe that more than one fatal Case arose in one hundred from Fever at the Parish establishment here generally, but there is too much irregularity in disposing of the convalescents, to render it possible to make just returns.

One Case was such, that I cannot forget the leading features of it: A strong-built man, about thirty years of age, and as many ago, (called Alanson's Bear) was under the care of the Surgeon to the Out-patients; he was brought into a temporary receiving room, under a report that his Case was of the most malignant, or putrid sort, and had been ill many days;* he

* Another instance of regulations *good!* leaving pestilence at home, to spread it abroad; or was change of air wanted? The Doctor dreaded duty here, and its sting, "hinc illæ Lachrymœ!"

The Ploughman on the plough a pledge bestows,
And careth not whether it rains or blows;
Then why should man his post forego,
Knowing his duty well, and bounded so
By a Brother's fate, and Country's feelings?
Is it cowardice alone begets such failings?

had a dark furred tongue, and his naturally brown skin was much heightened in colour; he was likewise suffering under delirium, or aberration of thought, almost constant. I cannot now record the previous treatment, yet from what I had often heard of, as well as from some other fatal results, and which I had partially witnessed, am confidently disposed to say the treatment had been brownonian. The cuticle was abraded from the neck by a blister, which had traversed *faithfully* the whole superficies of the spinal column.

Antimonials, in moderate doses, were first tried, and as no vomiting ensued, a free dose of calomel soon did its duty; the antimony was increased to half a grain every two hours, for some repetitions, under the hope of producing collapse and sleep. On the next visit delirium continuing, (opium I think was tried) the eyes rolling in their sockets, and the pulse beating so strongly, that I determined on blood-letting, about eight or ten ounces were taken; on my return, in two hours, the Patient was fast in sleep, the pulse softer to the touch, and convalescence regularly followed.

It is a very common maneuvre for the Surgeon to the Out-patients to dispatch tedious or *unprofitable* Cases into the House, be their bearings what they may. The Literati looked not often to the consequences at this place.

The blood was very venous in colour, shewed no buff, the crassamentum not more than one-fifth of its weight, and that was cupped,* and not surrounded by any frothiness; the serum was of a more gelatinous texture than usual. I stated this, about the time of its occurrence, to Dr. W. Currie, who replied, "It was bold Practice, but your observation, that such a vigorous pulse would destroy the life of man, if left to itself, is very just."

Having introduced so much, cursorily, on febrile Disease, to which (Tomassini like) I give but one name, permit an advance some little onwards with observations on medicaments for it.

It must be seen that my reliance is much on Antimonials, and having had so large a field to cultivate, I must have been perverse indeed, if no attention was given to the Theories, or Practices, of each revolving age of Science, (goaded by whim often) in forty-five years.

Dr. Cullen's "First Lines" were early my Text Book, and having this public field, and a great many others, widely scattered, and often intermixed with other Cultivators, to manage, I thought myself become Master of Arts in that Sphere, having so seldom suffered the crop to be lost.

* Meaning a concave surface to the crassamentum of the cooled blood. This blood being cupped, did it proclaim inflammatory action in the system?

I could state a Case where two Guides were placed over me, (and one, like myself, will lack no yeast in his last casket) (Note 32) but as it would rouse my own, as well as the more tender feelings of others, I shall only say, that yeast and wine, with other *suitable medicines*, were substituted for an absolute sanative, (in this pending Case) I will not say more than that a speedy termination sorrowed us.

My rule, or directions, where absolute in adoptions, was to give a solution of Emetic Tartar in the usual nauseating portions, at four or five hour intervals, and if there was any increased distress in my absence, to double the portion, and shorten the intervals; the nurse so far approved, from observation, of this plan, that she very frequently adopted it, and could tell me, that since this was done, no blister had been used to take Fever from the head.

I had long before harboured such idea, having repeatedly, years before, seen few, if any, good results from blisters in Fever. It was given in the above Case before the Guide arrived, and he was shewn how it had emulged the biliary ducts, and their receptacles, of about two pints of pure-looking bile, and sleep followed; but still the stimulants were urged, and given, Delirium, Subsultus, &c. soon stopped the clock.

Each individual Case may have its respective wants, and Cullen, Armstrong, and others, claim respective and respectful attention to their guidance.

With many Practitioners I may (venture to) differ, and in nothing more, probably, than in the use and abuse of Acid Administrations; having discarded putridity, I trust others set aside mineral Acids internally.

The many hundreds of Cases that arose in this united Parish Poor-House were a strong bulwark to build conclusions from; the Patients had access to nothing, therefore were under a dietetal course, as (having no poison in reach) they had not one-third of the distress from thirst, or faucial inflammation, and ulceration, that arises under a reverse of circumstances. The sedative power of Antimonials deserves attention; I have, in very many instances, (as many others no doubt have) given three and more grains of emetic Tartar in delirium, &c. when its sole sensible effect was that of producing sleep.

I will relate a Case. The Egrotan had been taking Gamboge Pills to remove costiveness; he became restless, and somewhat feverish, and no sleep; the uneasiness increased to such a degree that Blood-letting was thought of to induce Syncope; he became so unmanageable, that it could not be done; he jumped up in bed,

standing with clenched fists, and grinding his teeth, (tetanic*) eyes wild and fixed, &c. Four grains of Tartar Emetic were given, he lay down, slept, and awoke perfectly tranquil; some perspiration ensued, and he got well. The fæcal discharge had florid blood in it, and an idea prevailed that Gamboge had caused it. On another attack, some length of time afterwards, Gamboge was prescribed by a lawless hand, and fatality succeeded.

The critic may name this Dysentery, I did not at the time, nor even yet; the Gamboge Draught had the appearance, accompanied by Aromatic Confection, of a Rhubarb Mixture, consequently I did not forbid the continuance; much irritation continued, fever increased, and fatality followed.

Note 27.

"The four wild young Horses, which were fixed to the extremities of the unfortunate

* I will not omit this chance of relating the effect of this sort of Medicine in Spasmodic disease. A delicate Girl, and of amiable mind, about 17 years old, was attacked with Hysteria; two Practitioners saw her suffering under Spasm in the Pharynx, and a locked jaw ensued. I met one of them on the road, who told me, "Nothing could be done." When arrived, taking the cork from a phial containing a Solution of Emetic Tartar, enough of it was passed into the mouth to produce vomiting; in about half an hour she was sitting up in bed, taking a basin of broth, and conversing with us; the Hostess, coming in, was so surprised, that she caught the disease, and cure too!

Damian, who was condemned to this unheard-of mode of execution, for an attempt to assassinate Louis the XV, which, although urged during fifty minutes to their utmost exertion, could not tear asunder the limbs of this miserable being, until assisted by the knives of the executioner; these striking, but oft-repeated instances sufficiently evince the power which the Creator has bestowed upon living animal matter." Carminail's Lect. Dublin.

The contemplation of the above demonstration of power in living fibre recalls to mind the Lines of the Father of Medicine, who was traduced (L———e like) for principles irreconcileable to reason, and even instinctive morality.

He is said to have been contemplating, at a view of the Human Skeleton, and moved to veneration, uttering the following sentiments.

The Conversion of Galen.

"Forbear, vain man, to launch with reasou's eye
Through the vast depths of dark immensity!
Nor think that thy narrow, yet presumptuous mind,
The least idea of its God can find;
Thought, crowding thought, distracts the lab'ring brain,
For how can finite infinite explain?
Then God adore, and conscious rest in this,
None, but himself, can paint him as he is!"

"*Found in a Case containing a Human Skeleton.*
——*York.*"

"Behold this ruin! 'twas a scull,
Once of etherial spirit full!

This narrow cell was Life's retreat;
This space was Thought's mysterious seat:
What beauteous pictures fill'd this spot!
What dreams of pleasure, long forgot!
Nor love, nor joy, nor hope, nor fear,
Has left one trace or record here!"

"Beneath this mould'ring Canopy,
Once shone the bright and busy eye,—
But, start not at the dismal void!
If social love that eye employ'd;
If with no lawless fire it gleam'd,
But thro' the deed of kindness beam'd,
That Eye shall be for ever bright,
When stars, and suns, have lost their light!"

"Here in this silent cavern hung
The ready, swift, and tuneful Tongue;
If Falsehood's honey it disdain'd,
And where it could not praise, was chain'd;
If bold in Virtue's cause it spoke,
Yet gentle Concord never broke;
That tuneful Tongue shall plead for thee,
When Death unveils Eternity!"

"Say, did these Fingers delve the mine,
Or with its envied rubies shine?
To hew the rock, or wear the gem,
Can nothing now avail to them;
But if the page of Truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim,
Than all that waits on Wealth or Fame!"

"Avails it whether bare or shod,
These Feet the path of Duty trod?
If from the bow'rs of Joy they fled
To sooth Affliction's humble bed;
If Grandeur's guilty bribe they spurn'd,
And home to Virtue's lap return'd;
These Feet with Angel wings shall vie,
And tread the palace of the sky!"

Behold this Chest! of bone elastic built,
It oft has cabin'd Virtue, encircled Guilt;
The Heart, suspended at its base,
Beats for the first, at the last throbs apace;

The roving villain shudders at its throb;
The harrow'd conscience feels each goading throb;
To happier realms the beating wafts its guest,
Which, gliding onwards, soars to etherial rest.

Mark yon cavern'd Structure! which on earth
To soul gives zest, to all, in kind, gives birth;
Its softer influence enshrines in bliss;
Its Votaries submit, entrapp'd in this;
The Power that made it, of life the bow'r,
Consigned signal sweets for ev'ry hour,
To plant the vineyard, and through it to bear
The kindred fruit of each engend'ring year.

Survey that Column, which supports a Sphere!
Count well its spherules, and their tier;
Astounded Reason gazing marks the mast,
Constructed under rules of geometric cast:
The Structure's miniatur'd, as life's first key,
When a blossom's plucked off pod of pea,
The fabric'd Pod well to the mind displays
The pile homunculine, the eye surveys.

Re-ascend this Column, and then observe
The spacious portal of the parent nerve;
And near to it mark, on either side,
The strong petrosal cells,* which there abide,
Their curved vestibules proclaim aloud
The wond'rous works design'd by Jove;
These cells receiving the ambient air,
Their minim bell-chords moved, tune the ear;
This Structure stapedal† amazes more
Than all those wonderings marked before,
And its complex fabric throughout proclaims
The order in which the Creator reigns:

*Let the Naturalist compare these petrosal cells with the dimensions of the interior of the Elephant's Chest, (both of bony structure) now exhibiting at the Egyptian Hall, which gives a clear inside diameter of six feet; this would materially stagger a *second* Galen, when contemplating infinity of design.

†Stapes; the stirrup sound vaults off. May we call this a *triangle*, and the mallet its percussion *rod*.

Sound! that symbol of ordain'd creation,
That majesty* of our vital station,
Traverses through these in varied form,
And leaves its trembling traces worn
By each sentient tendril of their bells,
And gives its watch-word to the cranal cells;
Creates pleasing thoughts, or fears of sorrow,
Yet leaves wand'ring hopes of life *to-morrow*.†

These Lines were sent to me by one, whose amiable and well-informed mind had taught her‡ their Beauties, and she well knew how such sentiments would be received; this was insured specially, as an emanation from her fair hand. I insert them as an accompaniment to Galen's Conversion, to record them, and to shew one more source of strong incentive to morality, which we shall find, ere long, influencing the reputable Surgeon, and *material* Physiologist, of our day.

Note 28.

Copy of part of an Epistolary Transmit to a Friend, dated Feb. 10th, 1806. It is given to display the efforts of the learned of that day, and to shew off a celebrated blazing Star of *Science*, still in its altitude.

* "Music has charms to sooth the savage breast,
To soften rocks, and bend the knotted oak!"

† The four last Stanzas are *intruded*, to display Sublimity's Structure, &c. Having no Friend to tune me, or Censor to controul, I sing unheeded, and unasked, yet not unheeding, and would way-lay the Critic.

‡ Miss C——.

"I have much anticipation in your Publication on Diseases of the Human Frame, and hope not to be long kept in suspense. The grand misfortune of medical Publications is, that, like Bell's System of Surgery, they are closet Works. The Professors are seldom Practitioners, who have time to watch disease in its uninterrupted progress, or indeed in any other way, than in its more advanced stages, and then they see it not *sui generis*, but combined with those efforts, which the *more experienced* Practitioner has thought fit to try for its removal or extermination; and here will you not be amazed when I tell you, that we have met with Physicians, who will not even ask what means are using to relieve the Patient, and will headlong make attempts, either in rashness, or a chip in porridge practice; will talk, like Stoics, of chemical decomposition taking place in the stomach from the administration of three drops of oxygenated sulphate of iron in the forenoon, and *half a grain* of Antimonial powder, given at Ten o'Clock at night.

These (by the power of Heaven!) are the fruit of medical Science hereabout, and the gaping world catch at them, as the more vulgar do at a Charm; this should be recorded in the Leyden Gazette. The various attempts, within the last fifteen years, to improve the

treatment of Disease, especially those grounded on a knowledge of chemical properties in the organized mass of solid and fluid, do not appear to have added one laurel to the Professor, or one advantage to the Patient; though there is much feasibility in the Theory, to bring it to any efficient purpose is as chimerical (and I may add absurd) as the efforts of Spalanzani to produce a *hidden Secret* artificially.

In traversing unfrequented paths, 'tis true, accident* has brought to light treasures of the wilderness, and chymistry has latterly added some useful articles to the Materia Medica, but the organ, which first receives these supposed prophilactic agents, so mutilates their avowed power, that it becomes nearly lost; at all events, is so changed, that the properties, as generally accounted for, vanish in gas, that stumbling-block of Science. Where now are we to look for improvement in the Practice and Science of Medicine? you'll ask; as far as it is concerned with the succesful treatment of Disease, there cannot be better ground-work; viz: The Physiology of nature, and clinical observations; the mechanism of the animal frame (the human one in particular); attention to the functions of this, and attention to the

* Dr. Jenner's discovery of Vaccination was not accident, but the effects of a mind formed for Science!

cause of their derangements, and the progress of these; attention to the means, which are efficient, or not, in the removal of them, and attention to the power we possess of restoring equilibrium, form principles, as guides to material improvements, and are a certain groundwork of Science. Look at this for ever, and I am convinced that all delusion of System (the Brownonian or other) will vanish; yet the tyro may read and hear even these with safety, if he build on Nature's foundation,* and not on the Professor's fancy. A Book was written by Mr. Pearson, (when I was a Town Pupil) "on the Principles of Surgery;" this I never *saw*, but a Book on the Principles of *medical* and *surgical* Science,† well arranged, would be a Golcondal treasure to a British adventurer. I cannot forbear saying, that I admire Cullen's First Lines, as they give method and zest to the enquirer."

Salopians,

There was a man in your Town, of great medical acquirement, (a Mr. Cartwright) gentlemanly in his manners, and medical deportment. He had a favorite Nostrum, then called, I think, his Pectoral Syrup. A Physi-

* Is not this nearly prophetic of what is displayed in the Works of Mr. Abernethy?

† Are they not *one*?

cian told him it would be much called for, as he should recommend it generally, frequently, always, in Coughs, and *those sort of* Complaints. Much of this was prepared, but no increased demand ensued.

The old Gentleman (above the age of man) told me how he had been cozened by the Doctor, who had cajoled him out of the recipe, and every neighbouring medical shop had the Syrup for future sale. Did Falstaff stamp your soil with Honour damned? Having had the amende *honorabile* from the same source, I give this instead of my own plea, which would be too bitter even for a Lancet to cut at.

Note 29.

This is part of Lines intended to have been sent with the Treatise "On Diseases of the Digestive Organs;" the book was borrowed, and not returned in due time, therefore it never reached its destination; it ought however to be read in Schools: this part is now given to record an event, and shew off the mind of a moral and good man, who is fraught with more thought than vivid elocution.

Thou, who didst the charm of Science shew,
And onward lead the tardy to bestow
On its fair tenets, arous'd confidence,
And from such example did'st wake their sense;
First of the throng* to try great Jenner's boon,
On thy first blessing, on thy first-born son:

* In the Hundred of Oswestry.

Take then, tho' late, a tribute, thus earn'd, sent,
Should the matter please as the moral's bent;
Teach then thy Pupils, first to guard themselves,
Incentive signal to honour Heav'nly realms.
"Thou, which teachest others, teachest thyself!"
Then onwards pray, inspir'd with glad belief.

The learned Academician, here alluded to, solicited the Operation of Vaccination, (1801) and Mr. Abernethy favoured me with a thread imbued with vaccine Ichor. That Case passed on well, and appears to stand the test of years against variola; (I lately advised a repetition of trial to the youth himself, as a proof of security, after twenty-five years lapse of time.)

This comet shines in obscurity, in prosperity, in public estimation, in the recesses of his own virtuous mind, as well as under the fiery tailed flag of public Office.*

"Amor nummi, quantum ipsa pecunia, crescit."

That god-head, Gold, our greedy will pourtrays,
Not thus with him who money's worth displays.

Old English hospitality without prodigality: render to Cæsar his own! Gratitude here extorts a compliment from the man, whose name he publicly toasted as "an honest man:"—tho' the "noblest gift," the least feature of that character frequently. You may prize, but do not praise, a man for being honest! even po-

*The Rev. —— Tisdale ornamented the cupola with this, both as a vane, and as an emblem of his trade, when the new House was erected about fifty years ago.

verty cannot disturb rooted integrity: every knave is a fool, in as much as he liables himself to hourly detection, and future self-reproach; therefore who will not be honest? You may make a peeping Tom honest by sending him *home.*

Honestas! lady fair, of Nature's growth;
Princess of life's embalmed worth!
Let thy meanderings here be shewn,
And all thy varyings be better known;
We'll launch thee on the element of wave,
And trace thy waverings towards the grave:
The Sailor holds thee, and his course does run,
His frolics, wantons, and his rage for fun,
Urge him on headlong to deserting thee,
To this is he press'd by the wily she,
Whose artful lures beguile, and lead him oft
To get at pelf, though yet his friends aloft
His Mentors are, and wondering advise
His early quittance of confounding vice;
He strideth on to maintain these cravings,
And's lost from thee in his own bereavings;
Disease, or torture, or great remorses,
Follow his train, with their bitter courses;
The crew, environed with such habits,
Oft catch the blaze, and thus lose their caskets.
Yet oft again, our Sailors, greatly brave,
Hold thee through life as a darling jade,
Nor loose their grasp, tho' this dear life they brave.

We'll place thee on Cornhill's rock-built pavements,
Where Mercators flock for new investments:
In every age, in every clime, thou art
The minion to maneuvring dart.
Though honour there is oftener founded
On thy sweet pillar, than it gets wounded;
Bereft of thy dear pledge whoe'er may be,
Is tossed upon thorns, or rocks at sea,
And rides at last in the all-darken'd day.

NOTE 30.

A medical House here requested me to visit an establishment in this neighbourhood, (the junior in it having been insulted, declined going); the Egrotan was the Cook, suffering under trifling irritation in the Tonsils, and slight Fever; a dose of Calomel was administered, and she was to be visited the day following; an assurance was given that nothing contagious would arise.

They afterwards sent around the Village to catch the first Doctor who passed, and caught Iniquity himself, when Scarletina was announced. The Cook lost her place, the Family caught alarm, and the Patient was perfectly well on the third day, when she told me in a public room, before lots of women, that the Doctor (again peeping!) examined every corner to find out a scarlet spot, of course he found what he reported to the Lady of the Rake. Was not this pious *Two* insolent to me and my employers? Can they ever claim (legally*) my attendance, though the Cow an' Bull were cast into the lake?

* Let every individual of the Medical tribe reflect that he is exempt, by the laws of this Country, from County and Parochial duties, under an old, but still just, idea, that his services were devoted to more urgent callings, ergo, it is his bounden duty to obey those calls, and a jury ought to recognize this, if, under tendered remuneration, he refuses such services.

Note 31.

This Place might justly be called the centre of attraction for Disease. The guidance was a common-wealth, (very common) badly *headed*, and the permission for inmates to go out on Sundays, &c. to visit their relations, and *vice versâ*, sick or well, was a constant source of supply, both of infectious and contagious Diseases, as well as of *living* profit.

Dr. *Brown* never put a foot in this place during twenty-five years, except for a few hours in my absence; the Egrotan suffered from his visit, but soon deserted his measures, *(vino quinino)* and is now living in health, *surrounded* with wealth.

Fatal Cases in Fever were very rare here during the above period, though we had many hundreds of them; the House would be no sooner rid of the Disease, than a fresh importation was announced, no receiving room being supplied, though repeatedly asked for.

The marked (sometimes masked) insults of some of these wise heads cannot be better reported, than by relating a Case, wherein two great *gentle* men, in my presence, (just having entered into office, and alive to command) proposed an order, that the Surgeons be required to attend them every Board-day (weekly). Had they referred to the Contract, it would have shewn them that their wishes were

forestalled; and would it not have been more decorous to express those wishes to the Surgeon then present? He retired from the room, leaving them to proceed, believing their minds influenced by *a snake in grass*, who saw more loaves and fishes than the House contained, and boastingly built upon them.

One of this tribe* would not act as a Director,† unless his neighbour was admitted to sit with him among the Boors, and of course to back his orders, and it was done, by the accomodating *spirit* and secession of a wealthy and *better man*.

The act of union requires returns, by a vestry, from each Parish, of names of persons qualified to serve the office of Director; it likewise requires, on entering into office, the administration of a sacred vow, as to qualification, and strict justice in the execution of the duty imposed. Was it attended to in this instance? and did a Rev. Director become duly qualified by his impertinence?‡ Not being assessed, or

* Mr. Pennant *tribes* us: examples here are as impressive as some parsonic harangues. One of these saw the valley ring with screams at a Colliery accident, and men dart from their work to assist, whilst, his feelings asleep, he passed by placid and heedless; fie on thee! Oh my country, has it such *things* near the helm?

† All men are not gifted for command, though they often count upon heritage to aspire to it.

‡ Accumulated from among eleven Towns, and such was its sway, that honour itself was at least dazzled by it. Hur waas hear the smell of a "Black Sheep."

assessable then to Parish rates, he was sitting there illegally; and tarnished further the duty of every one around him. The Surgeon's salary was only Forty Pounds yearly, and the number of inmates at that time was said to be seven hundred: this hackney Parson had the assurance to say, that he could find a well-educated *Gentleman* to do the duty at Ten Pounds' salary, the drawbacks, as then reported, amounting to half this sum; he certainly deserved and had the *retort courteous*, as daring to utter to that Board such an absurdity.

When I first engaged to attend this establishment, the population did not amount to half the number above mentioned, yet no advance was allowed; it would likewise have doubled the expense of the salary he spoke of, to have supplied wine, when controuled by a Brownonite, and a ten-fold increase of expence had been created under such management.

The *Evangelics* varied the arrangements, biassed by a medical Vulpone, in such a way, that I declined to treat further with them.

Note 32.

"Thursday, Oct. 29, 1812, in the 70th year of his age, Samuel Sandford, Esq. Surgeon extraordinary to the Salop Infirmary, whose singular good fortune it has been to receive his valuable services, from his first connexion with

that venerable Institution, for the long period of fifty-four years. The kindest relation, and sincerest friend, just and honourable in all his dealings, and zealous in the discharge of every Christian duty; he was beloved, esteemed, and respected by all within his circle, and wide indeed was that circle in doing good, as a most extensive and wide spread district, around the Town in which he resided, can abundantly and gratefully bear witness. If the poor sufferer looked up with confidence to his skill and unwearied attention, he was almost led to adore that milk of human kindness, which accompanied every act, and the beneficence he so liberally and willingly bestowed. Though his remains be consigned to a distant tomb, mingling with those of his own family, his virtues are embalmed in the breasts of his fellow Salopians, and long, very long, will his surviving Colleagues reflect with melancholy pleasure on the cordial unanimity with which he concurred with them on all occasions, and his zeal to promote the great work of Charity, which has so highly prospered beneath their united care."

Having permission to report the good effects of cold water in cases of Hernia, I copy part of an epistolary transmit, by an active and intelligent Pupil, on one of the Cases, and am informed authoritatively, that it has been

repeatedly successful in others. "By injecting with the pump Syringe a quantity of cold water, it caused immediate depression of the whole System, (subdued excitement) reducing the pulse, inducing cold sweats, and fainting, and a small degree of sickness," (an almost constant attendant of Syncope) "under which circumstances the protruded parts were easily reduced: the peculiar advantage which it appeared to have in the above Case arises from the power this Syringe has of conveying so large a quantity of cold liquid (which is necessary to produce the effect) without remission; this circumstance alone gives it the preference to any other Apparatus. It was resorted to by observing, on some occasions, dangerous symptoms from the use of Tobacco Enemata, which the water is certainly unattended with." We well know that a large draught of cold water, hastily swallowed, will both cramp the stomach, and the passage to it, as well as produce vomiting, therefore we may theorize on its effect, given at the other end of the canal, and we have in these Cases practical results confirmatory of its analogous operation. It appears to act on the alvine canal as tobacco, or other stimulants might, but unaccompanied by the deleterious action. Were its action from distension, would not a large supply of warm injection do the same? I can say it

certainly does not in many Cases. We must feel highly indebted to Mr. Humphreys, Successor to Mr. Sandford, for such display of ingenuity, and for the ready acquiescence and liberality he has shewn, in allowing it to be reported on the present occasion; it may well be regretted, that he is not his own recorder, and that it has not fallen into abler hands to record the facts.

Whilst we are giving to this Syringe such pre-eminence, let us caution the tyro against the irrational use of large force in common Glyster Cases. I witnessed lately, and never was more annoyed, a juvenile subject suffering under Convulsion; Glysters were used with such force, that nature recoiled at the effort, and cast back the contents into the Operator's face; such operation repeated increased the convulsion, and opium subdued the storm; it was then the Viscera discharged their contents tranquilly and naturally.

Note 33.

One liken'd by himself* to a high-fed brute,
His frontispiece, so form'd, it should be mute;

* "You feed, Mr. R. I feed; you drink it,* I eat it; you feed like a Christian, I like a pig; cut a hole in my thigh, stick a wick, stick a wick in, it will burn like a lamp." This was edifying to the female bystander, no doubt, and as charming as a nip of *stiff* to the lover of it.

* Sours this now on his own stomach? as the wit (spite) did upon mine, at the instant with "that is a compliment, Sir!"

Lavater shew'd, time back, the shape and size,
From man's physiog. looks sublime would rise,
If fashion'd to line minutely; he describes
So nice, that reason beckons, in his guides;
The energies of Mind by wrinkle he displays,
And bright Capacity from points pourtrays;
Shew him the straighten'd brow to *Dander* given,
(Not lines of virtue, fram'd in Heav'n)
He will mould it, as one cut and dried,
Clipp'd from a brute, whose temper is oft tried;
Shew him the occiput, surmounting others,
The front and occiput he styles brothers;
Shew him one with an extending hindhead,
With (Front sublime*) a high sloping forehead;
He'll prize it high, as the Head of Shakespear,
Or more refulgent, as unrivall'd Newton's sphere.

Note 34.

Thus let me commit to the Press more than was intended; it might have been better arranged, but as facts, with suggestions, couched under the habitual language of the writer, are presented, it is to be hoped they will be received with patient indulgence, as they are compiled with some degree of confidence in their probable results; if there are personalities, they are strongly called for, under *localities*, and such as may *possibly* attach to more parts of the empire than this; if I am too abrupt in reply to the quotations from the Books of others, it is under the impression, that too nice comment disfigures the rational beauty of sense, as the dandy dress does the symmetrical finish to

*"At homini sublime dedit." *Ovid.*

shape, and leaves as much of the disgusting contour, as the screwed-up Dick Dandy possibly can, in competing with the liberty and elegance of John Bull.

"Parve, nec invideo, sine me, liber, ibis in urbem.
Ovid."

Offspring of Chance! to sure persecution fly;
Tho' Critics teaze thee, and Sceptics pass thee by;
Religion's truths than this produce no firmer fare,
Although it makes the learned wince, the vulgar stare.

Farewell!

Plates, &c.

I HERE append the Plates and explanatory Table, for the construction and applicability of the various Machinery and Instruments, promised in the Title page. Two of the principals have been tried, and partially (practically) approved; these, and the rest, are now given to stand the test of public trial.

Plate 1, Fig. 1.

This Plate is given for the consideration of Surgeons, whose extent of practice affords opportunities of trying its utility. In a Case which required great steadiness, (the two legs being in a lacerated and very broken state) that was attended by an Infirmary Surgeon and myself, the Machine was constructed and made use of to our mutual satisfaction.

This plan may be extended to the size of a bed, wherein the infirm may be elevated for the removal of linen, &c. with ease and comfort, without fear or bodily exertion. There was an intention to patent this Apparatus many years ago, but that was given up.

Fracture Cradle.

No. 1. Corners of an oblong square two feet six inches in length, of wooden bars three inches in breadth and two deep, put together by screw ends into a bar half a yard long, and of equal strength; into this are screwed two circular pillars (No. 3.) half a yard in alt. on which to place the extending screw frame (Pl. 1, fig. 2).

The other pillar at each corner must be similarly attached. No. 2, Corners of the upper square of the same extent and strength; at these corners apertures are made to receive the tops of the pillars when erect, as well as two to receive the screw ones at their station, and these points in the upper square may have temporary fastenings; the dotted lines on and below the upper square are to represent a cord, part of which is to pass to the extremity or foot end of the Machine, to be fastened to the ring on the frame of the screw; this line will be drawn back by a windlass, (No. 7) and a brach line is to be attached from each pulley in the sides of the square; these lines, each having its antagonist, are to be fastened to the supporting belts under the limb, as well as to the ring at the knee. When the windlass turns, take care that each line feels its action alike, both foot, knee, and the supporting belts under the limb.

Plate 1

Fig. 2

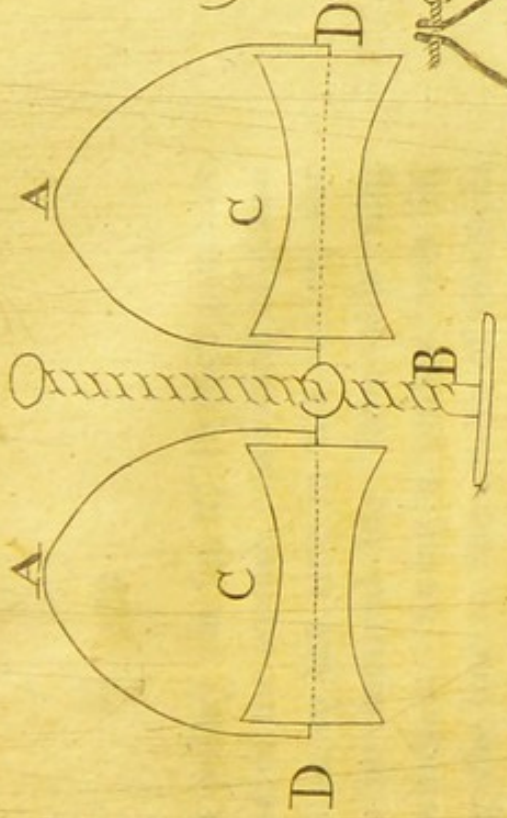


Fig. 4

Fig. 1

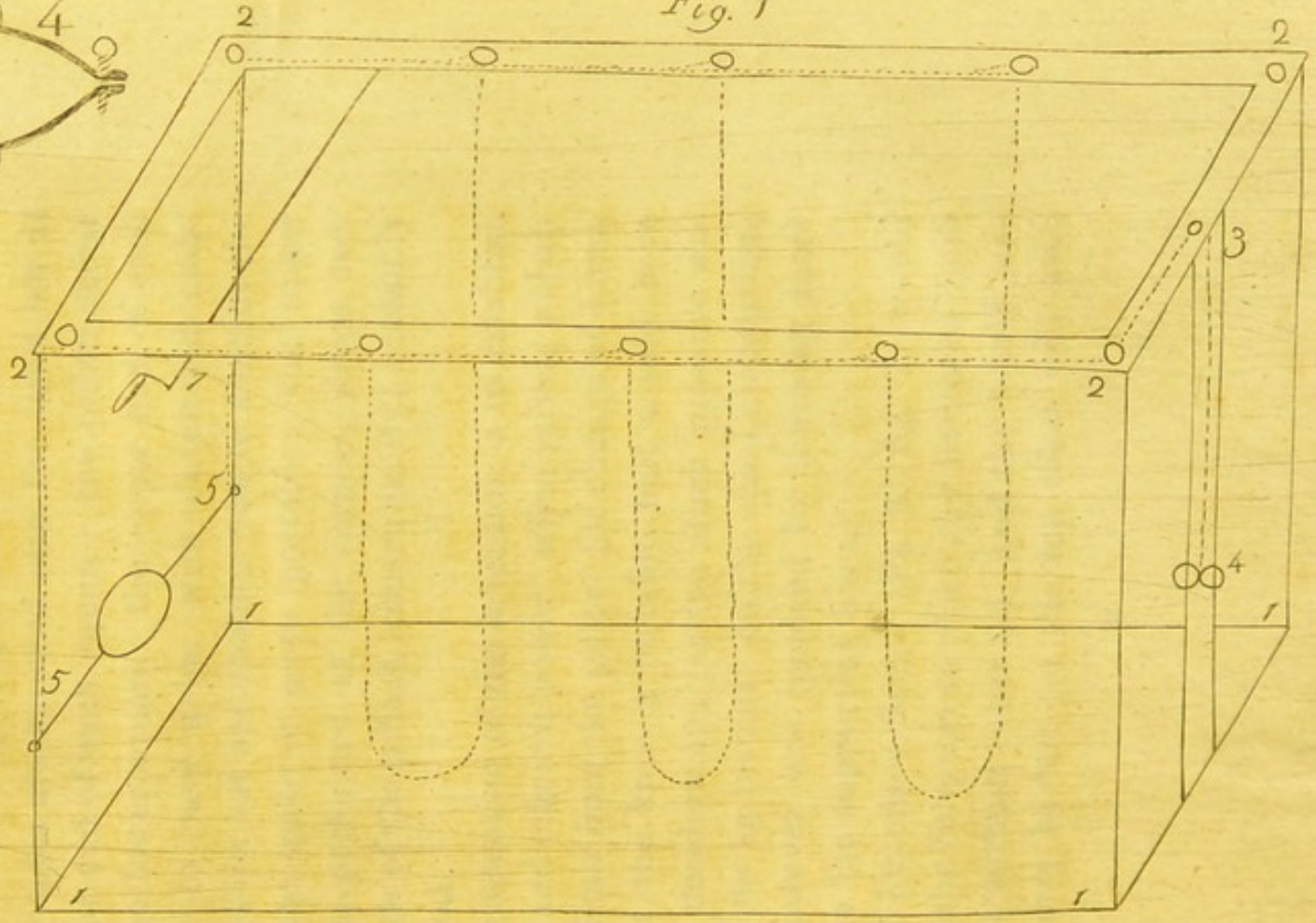
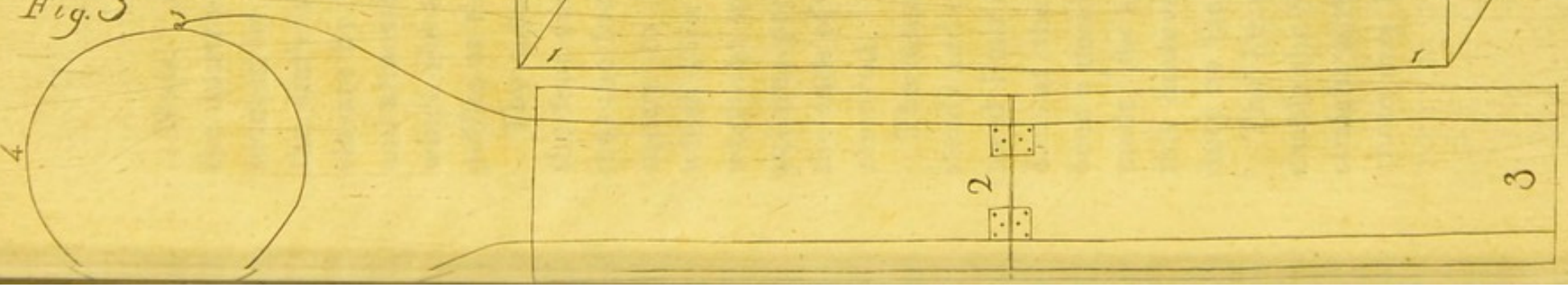


Fig. 3



No 5. A pulley (as fig. 2) to each pillar at the upper end of the square, and each of these secured by line to the ring in the centre, for the limb to be secured in; from this ring elevate by windlass, fixing a pulley over it, and attaching the line to the centre of the axle which the windlass turning, this will render the pullies at the upper square corners useless.

The sides are screwed into the cross bar at the foot end of each square; the pillars screw into the lower square; the upper end of each square to have a bar with dovetailed ends, which slips out and enables you to disjoint the whole to make it more portable; the upper square, perforated at the corners, drops over the ends of the pillars, consequently, is readily removed.

The intention of the invention is to establish steady and efficient power, when raising a shattered limb from the pillow for change of linen, &c. at the knee a metallic belt would have been a desideratum, as too much pressure was made, for an instant, on the venal circulation; this however was removed by throwing more duty on the supporting lines.

The Extensor Screw (Pl. 1, fig. 2) would enable the Surgeon to place any fractured limb straight without other aid, and the whole machine may be left (or the top taken off) with

the leg or thigh, to secure them from displacement, (this lower square would elevate the limb when lifted, see Pl. 3, fig. 2) if properly adapted on the bedstead, in the first place, by two rods fastened across the bed, and well fastened at each end of the machine, and as well secured to each side of the stead, the pelvis of the Patient undergoing similar restraint.*

This Screw may be applied to dislocations; it was used in Case 4, attached to the lower square, but the flexibility of the ribs, not then noticed, lessened its efficiency, tho' it partially tired the muscles, and the spiral screw superseded it, similarly and as efficiently as Dalrymple did Burrard at the bloody field of Vimeira.† It

* A metallic belt around the pelvis, so constructed that the two must move simultaneously, would be a complete restraint.

† Were we then fighting for loaves and fishes, or apeing an Aulic Council? It would not happen so now; would it Wellesley?

This Hero fought and conquer'd for the realm;
Still *civilly* conquers at the State's helm:
That great Tactician, Hill, that braver man,
Often nigh, shew'd how preserv'd he man;
Both in valour equal, in judgment sound,
Are plac'd to guide the whole in peace profound;
They glitter now, and long be they so found!
Great George a George* in Canning lost on earth,
He still has found two men of equal worth,
And may mighty measures magnify their worth!

* His royal Father's revered name will ever render it synonymous with virtuous treasure.

may be used with the Box Apparatus, (Pl. 1, fig. 3) in lieu of weight; it is not necessary to be more minute here.

The Artist will best adapt a windlass, (possibly an horizontal wheel would answer well); in the first one constructed the roller to receive the lines was more than an inch in diameter, and answered the end well. The bars at the upper end of the machine may be made dove-tailed joints of equal length with the lower end.

This Extensor Screw was constructed to be attached to the Fracture Cradle, and aid in raising the limb from the pillow. It may be applied in many Cases of dislocation, and with the ingenuity in mechanics, which every Surgeon ought to possess, it would answer probably all the purposes of these Cases. The common Tourniquet would be readily set to act here. I have elsewhere said it may be attached to the Dislocation Frame; you may have it in lieu of the weight over a pulley, and the handle may have length given to it to multiply power; another may prefer the ambi windlass.

The Officers who were detained here as Prisoners of war most handsomely reported the conduct of the Conquerors, especially regarding General Lord Hill, towards them, and their comrades in the Ranks, after battle. They did not applaud the civil Officers *here!* We know they had their parole on their own slender thread, and probably winced at their *deserts*.

Extensor Screw. Plate 1, Fig. 2.

A. Two rings to slide up the pillars. B. Handle and Screw, six inches long, with a moveable or swivel ring at its extremity. C. The Pullies. D. The Axle.

Dislocation Frame. Plate 1, Fig. 3.

This is intended as a substitute for other Apparatus, used in reducing dislocations of shoulder joints, or of the head of the upper bone of the arm, or the Humerus, or Os Brachii.*

No 4. A circular or oval ring to encircle the shoulder, to which by a loose rotable joint two curved bars (No. 1) are attached. These bars may be (moveably) secured to one end of a box, or a rod half the circle of the shoulder belt in length, with a screw in its centre, would be preferable to the bars. No 2 are hinges in the middle of the box. No. 3 is the other extremity of the box; to this a moveable pulley is attached. The ring, bars, and pulley, may be enclosed in the box, to have them portable, as well as any other paraphernalia the Operator may require.

This skeleton Sketch displays the Instrument in an expanded state; the circular part of the frame bars, &c. must be made of power equal

* The Reader will pardon the variation on this name to one bone, which others, like myself, have fallen into.

to the task required, and the curvature of the bars or semicircular rod should be measured so as to avoid pressure on the muscular parts of the arm, when extension is making. The weight, secured by a line to the elbow belt, must pass over a pulley at the extremity of the box (No. 3). If a metallic basket be used as the receiver of other weights, the force required by degrees may be properly adjusted to meet the desired end;* but mark, that time gives efficiency to weight, and feelings should regulate both. The metallic belts, or oval ring of the dislocation frame, may be covered with list and encased with leather, or a flannel roller may be used, as much as may be wanted to soften pressure, and adapt the belts to the size of the part it is intended to encircle; a moveable covering gives a better chance to keep the metal from contracting rust.

Place a ball of thread in the axilla, depress the elbow, so that the luxated os brachii shall have it as a fulcrum to elevate its head to the socket; the ball must press upon the head of bone, and prevent its being readily raised up, and frustrate such object; a ring may be so contrived, as to press on the os brachii at a small space from the head of it, and depression

* A windlass may be applied with equal efficiency with weight, but would require greater caution in graduating its action. I think Mr. Freke's Ambi possessed such power.

of the elbow might elevate, but I would prefer power to overcome the muscular resistance, to those means which unavoidably lacerate capsule, at least in Position 1. Vary this to any other (partial or entire) luxation, then this ball is altogether unavailing, as would be the ring, which I barely hint at to shew the bearings of any of such endeavours.*

PLATE 1, FIG. 4.

Elbow Belt is described under Method 5, and again at Plate 3, fig. 2.

PLATE 2, FIG. 1.

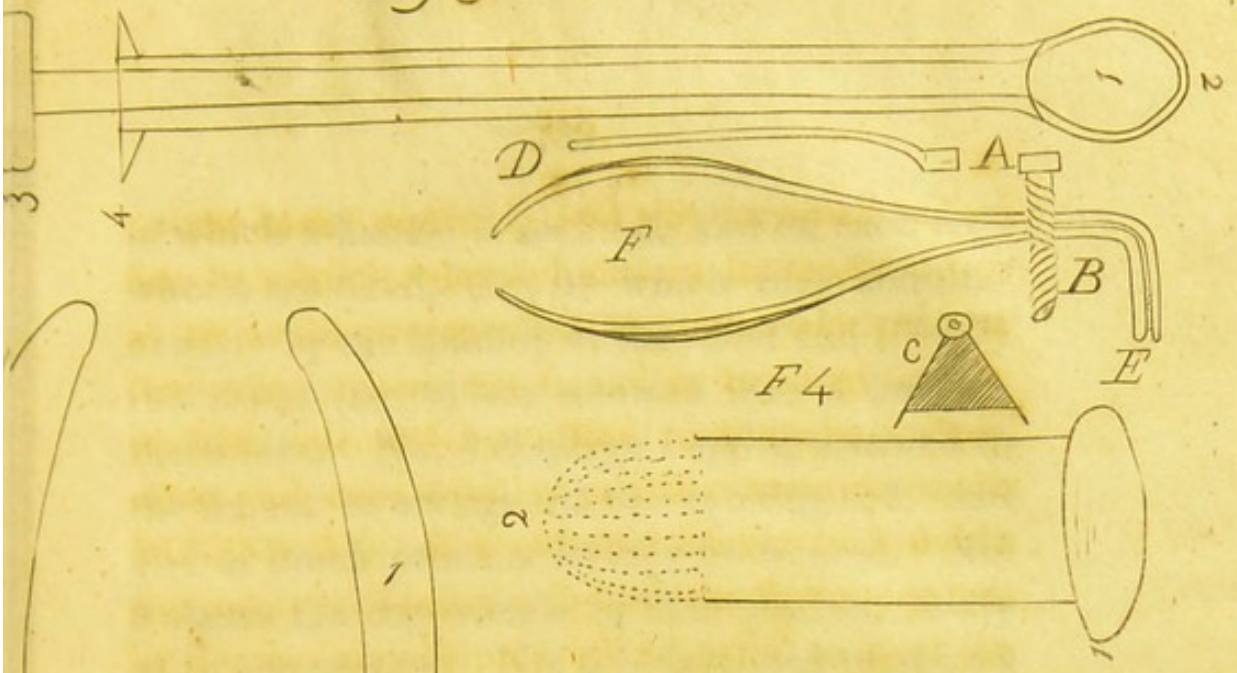
Cephaline Forceps. See below.

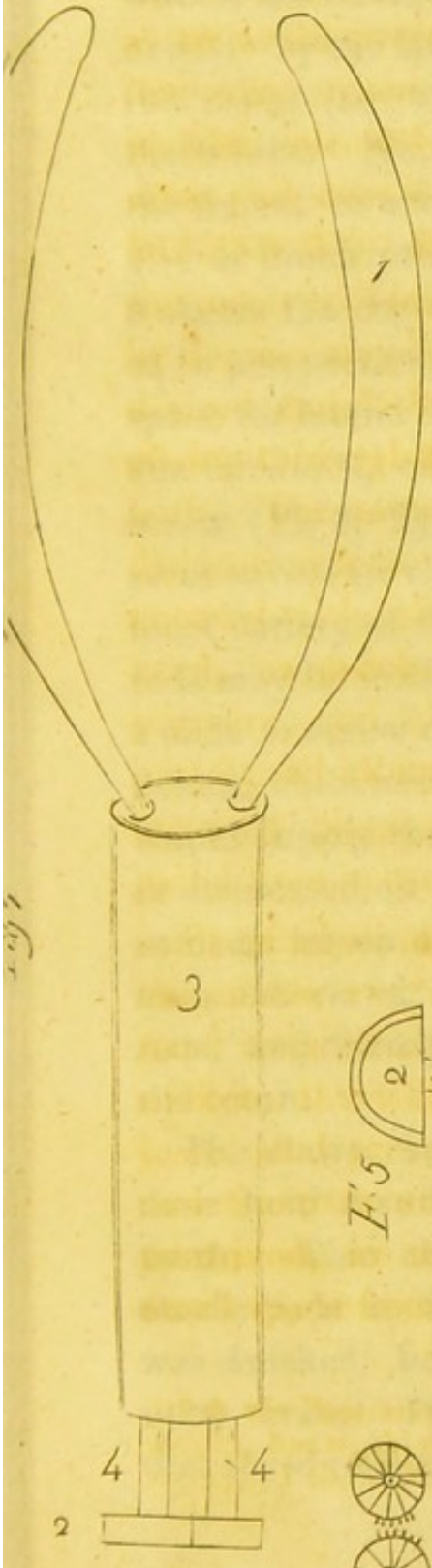
TOOTH ELEVATOR. PLATE 2, FIG. 2.

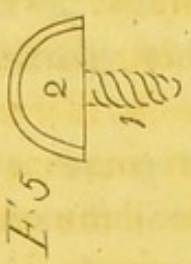
No. 1. Corners of an iron frame, the ends of which are left stronger than the sides, to allow perforations in them to receive the rotating rods; at the handle end they must pass through entirely, and at the other must have some little liberty laterally, to allow the rods to yield to the action of the spring; and the lower edge of this bar may be a crescnt or concave line, to allow the claws to fix low enough on the tooth. No. 2 are the rotating rods, on one

* This paragraph is to be read after Line 20, Note 19, and Line 18, Note 22.

Fig 3







F 5

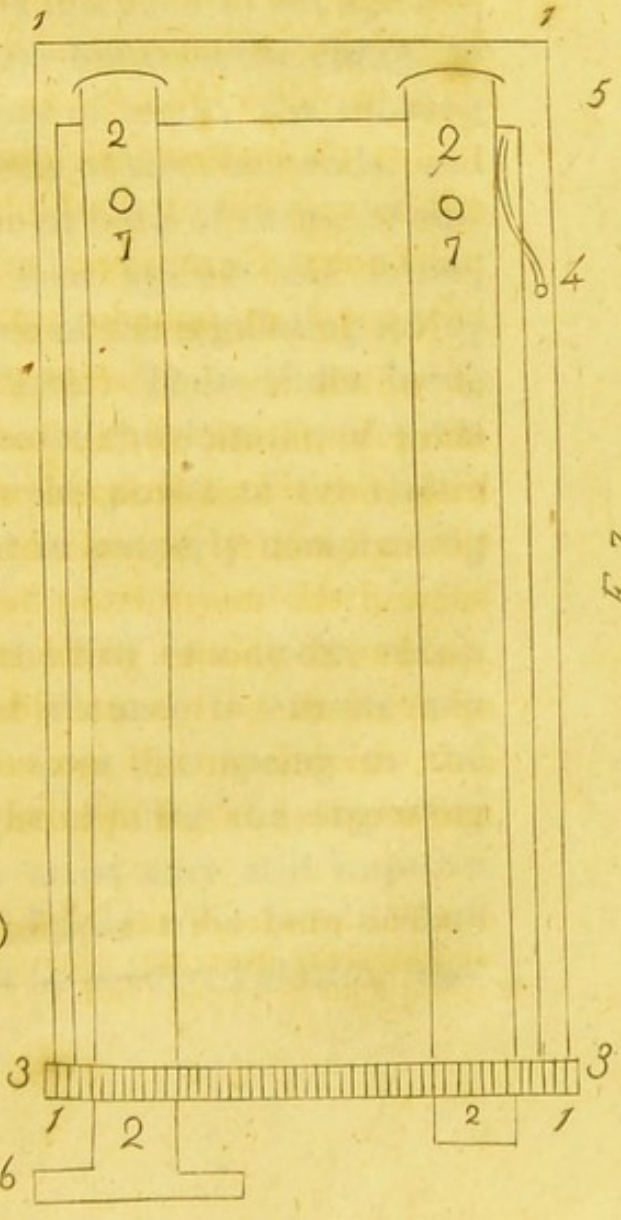
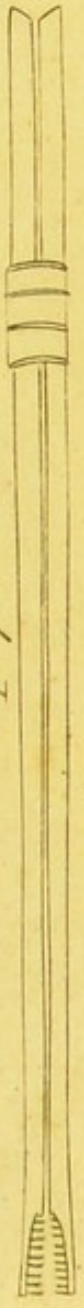
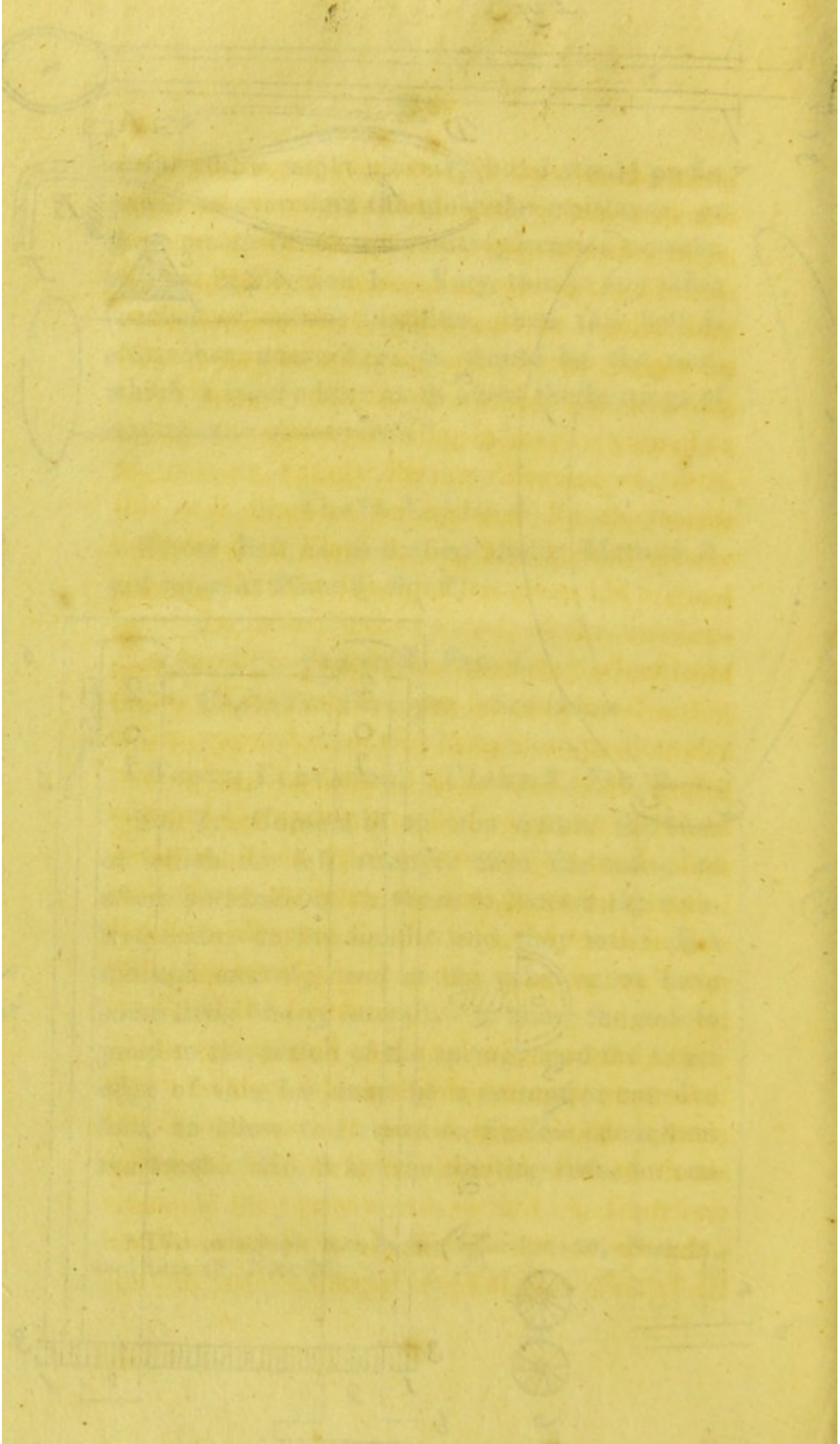


Fig 2



F 7



of which a handle is secured, and on each cog-wheels are fixed, (fig. 6) which turn simultaneously by the handle; at the other end (No. 7) the claws (fig. 5) are screwed into a hole in these rods. No. 4 displays a spring screwed to the frame, to act against one rotating rod, and give as much pressure as may be wanted. No. 3 shews the cog-wheels in their station, *badly* as to perspective. No. 5 is intended to shew a space for lateral motion of the rotating rods, on one outwards, on the other inwards, which the screw (Pl. 3. fig. 1) is intended to act against, so as to narrow the space between the claws, to meet variety of diameter of teeth; the rotating rods may be made elastic at the claw ends, and a slide to screw on one or both of them, of sufficient thickness to bear against the frame, would supply the place of the regulating spring as delineated on the Plate. These slides being turned, lessen or increase the distance of them from the claws, vary the power of the elastic rods, and thereby aid in properly compressing the tooth.

The claws, being the half of a circle, retain their hold a sufficient distance to elevate any tooth. This change from the spring to the elastic rods is thought of after the engraving was finished, but an artist may still improve upon these. The Vulcanic tribe here declare that these rods cannot be rendered elastic, tho'

reduced to a smaller size; if that be the case, we must adhere to the lateral spring, and use ingenuity for an efficient construction of it. The distance of the rotating rods in the Plate is badly proportioned; this must be regulated by equalizing the wheels, and allowing space for the claws, and a tooth compressed between them: the claws screwing in may be turned so as to meet variety in the diameter of teeth, this will likewise be assisted by the screw delineated in Plate 3, fig. 1. It will clearly appear, that the Inventor has given his original (as well as after) plans on each of the mechanisms herein recorded; an artist may select from them. This Plate is given for the consideration of Surgeons, &c. of that class more particularly who act as Dentists. I have used the Elevator without the spring attached to extract decayed Molares, when there was scarcely a tenth of an inch above the gum for the claws to grapple, and have elevated the three-fanged tooth in this state, by merely raising and pressing well the handle of the Instrument.

The spring well executed will assuredly supply one defect which this Instrument possesses. In its first form it would well elevate a cork from a phial, but it would crack any tooth to atoms, if the pressure was carried on, therefore let the spring be made of sufficient power only, and few will be disappointed at the effect of it,

as the claws mutually act, they must each have sound tooth, or firm shell of it, to grapple, consequently it cannot be generally used, unless art should devise means to form counter resistance. It was constructed twenty years ago, under the idea of having obtained a direct Elevator.

Counter resistance being necessary for the claw to raise a tooth, an experiment would shew whether (one claw being removed, and a metallic half-inch ring, more or less, perforated to slide on the rotating rod) the pressure, thus afforded on the gum or contiguous teeth, would give that resistance required to aid the one claw in elevating a tooth; if the sound surface on the tooth's side was not too oblique, it probably would. I insert this for trial where opportunities are prevalent, and the best are in the Demonstrator's hands.

Since writing the above I have had a strong spring* forged, the ends of which clip around the rotating rods, but it will be better still for one end to be attached by a pin to the outside of the frame, and this pin to be screw-tapt in it, and made long enough to press against the rotating rod, which has the space for lateral

* This spring is dotted in Plate 3, merely to shew its site, as we are not expert in pencilling.

movement inward; the turning of this pin would contract the space between the claws, so as to meet diameter of tooth before alluded to. (Pl. 3, fig. 1)

A Forceps will take good hold of a tooth, will twist a single fang out, but not other; to assist at this I obtained a strong and long one, and gave it a short degree of curvature, and use it with the convex resting on the adjacent tooth; it was defective in execution sometimes, as the depression of the handle disengaged its grapple; this might be avoided by having the chaps fixed on a pivot. This is demonstration of principle, but it may be superseded by the next: it was in use prior to another's fulcrum.

I have likewise bethought of, and had executed, an addition to the crooked beak Forceps, which will supersede probably the one (and all others) recommended with a fulcrum. The plan is to have the rivet made, in diameter, large enough to allow a pin to be screw-tapt through its centre; the top of which pin to be square, on which to place a rotating handle: this screw gaining, on rotation, as much elevation nearly as the mechanism will admit of, and its lower end passing into a receiving thimble clip (silver for the whole is best) to rest on the adjacent tooth or gum. This clip must fit on by cushioning. The screw, when turned, will partially extricate, or extend, itself out of the

thimble, and thus becomes the elevator of the tooth, which is firmly grappled by the Operator, who at the instant turns the elevating screw. It is scarcely necessary to add, that a very short line of elevation renders the tooth an easy captive.

Bullet Forceps. Plate 2, Fig. 3.

Make a teaspoon with a round arm, one-third of an inch in diameter, about ten inches in length, and add a moveable handle, then form a canula to receive it, not quite so long, with a spoon end to fit on the other, when encased to appear as one spoon; to the other round extremity of this have a fixed handle. You then turn with this, holding the other fixed, the spoon end of the canula now describes a circle, or a segment of it, at its half, this spoon forms an antagonist chap to the fixed one; here it will assist to extract the body the other had been placed against, when enveloped in this, either in a wound, or other Vesica. I first thought of this mechanism as an Instrument likely to be more readily introduced in difficult Cases than several others hitherto invented, and too much in use, and beg to name it, for distinction's sake, the Cephaline Forceps. I was roused to introduce it here, on reading Mr. Lynn's Case in No. 2 of the *Medical Gazette*, with a description of his

lately invented Forceps for Lythotomy Cases: he may give this principle his future consideration, and whether it will not suit those Cases generally, be the form of pebble what it may.

We know that every Forceps (at least all that I have seen for occult purposes) has imperfections. The late steady, sober, and expert Surgeon, Sir C. Blicke, displayed to me several ingenious contrivances, for the discharge of professional duty; among them was a Forceps for extracting peas, or other foreign matter, from the ear, or other narrow passes of the human frame, and it might be called a Pencil Forceps (see Pl. 2, fig. 7). It consisted of two parallel rods, flat on one side, and, pressed together, formed a circular one about six inches in length; on these a ring slided, and you had to pass the end of one of them down the tube of the ear beyond the pea, then the other rod opposed to it; press their outer ends together, and put on the slide far enough to grapple the pea firm, and extract it. This ingenious, tho' simple, mechanism may be extended to greater purposes in other branches of Science.

When small calculi obstruct the outer tube, this would be readily applied, made slender in bulk, though possibly a canula large enough, or even a Catheter with an open end made elastic, would receive the substance in a more

easy and secure way: a Stillite may accompany its failure to crush it, this surely would be preferable to the knife.

The straight Catheter with a dilatable extremity, the wire having a rounded end, might be here employed, as the substance passes generally into the membraneous portion of the tube; if the Catheter tube be of an oval shape, the mere twisting of the wire or rod would give the dilatation required; on untwisting, when encircling the substance, it would gain a Forceps like grasp.

We may here gain Principle for general efforts in the construction of Instruments, not a complicated one, and not irrelevant to Forceps purposes.

Having, since starting this plan, met with Mr. Wies's method of dilating tubes, I resign the suggestion to his execution, and would gladly add any required assistance.

I cannot write Catheter without a recoil of thought to a singular *ex officio* occurrence. A consulted Surgeon was about to ascertain whether a Calculus was contained in a cyst which they usually form in. The irritation had drawn up the meatus under the arch; he felt somewhat puzzled, and whispered me, when the index placed his in possession, *under cover*, he then succeeded. A tender fair one said, "Dr. ——

did it directly." "How?" "By candle light," was replied. We could *then* only smile at the modesty* of a Peeping Tom.

The agitation of this Amazon may be best accounted for by measuring her exquisitely sensitive feelings. She supplied the gander with a *resting place*, whilst her *sister's* goose was hatching, from which a benefice, at a tripled triplex of a measurable planetary degree of space, to which time is a convert, emanated. Centripetal and centrifugal Law may be felt here presenting, but the strong Arm of Another might be rendered more subservient. Keep the key with ourselves, and decorosity slumbers.

CEPHALINE FORCEPS. PLATE 2, FIG. 1.

No. 1. The blades with their fenestræ, and the arms of them passing a canula to be turned by the handle (2); on these cog-wheels are fixed at the handle end of the canula, (or the wheels may be omitted, when two handles become necessary). No. 3, The canula in which the arms rotate. No. 4, Wheels with serrated or cog edges, to act as a lever against each other to turn the blades, (each possessing one wheel) when the handle is put in motion.

* "Pretiosus elops, nostris incognitus undis." *Ovid.*

A gift so precious known
Is yet but seldom found
On earth, or sea profound!

This Instrument is intended to be introduced on the sacral curve, and each blade to recede to its antagonist line (or fourth of a circle) by turning the handle, or if two handles, to turn both either separately or together. The fenestræ may be made with their external lines in their closed state somewhat more rounded than they usually are, to induce them to pass without molesting the parts they act against. The plan of that ingenious Artist, Mr. Wies, for varying the curve, may be added here, and to any of these various forceps chaps (except the Pencil) a joint may likewise be appended here similar to the joint of a lever, and I conceive this would be advantageous in its accomodating to the irregular circle it is necessarily employed in.

In many instances Practitioners are embarassed at the locking of the Instrument, under that impression I bethought of this plan, and till now have not delineated it, though I have mentioned it more than once. In forty years' practice, which on calculation produced probably about sixteen hundred Cases, only three presented,* which required this species of interference, and none suffered, that I am conscious of, from the want of it. It is too well known that in other hands a different result is produceable. Is there one score of

* This is my apology for being so tardy at introducing it for trial, more than any fear of its failure.

Cases passes without calling in aid the iron rod of a Brute, who could not use the one we are contemplating? The lever and scoop were the *Mark's* tools for marking.

Time, the Chieftain of events, developes strange occurrences. Parturition producing diseased hip joint clashes against Physiology and Pathology; but it is no uncommon thing that men of uncommon discrimination foster something physically uncommon.

Though it may be a rare Case, the Psoas muscles, passing through the pelvis, during parturient sufferings become injured by pressure, and this is succeeded by permanent or temporary crippledom. The conjuring tribe do sometimes construe this into hip joint disease.

We have a memorable instance or specimen of one of this descript, which perfectly recovered, and the fair sufferer afterwards (unheeded) passed a repetition of the natural process, which animates the globe's superficies.

Bullet Forceps. Plate 2, Fig. 3.

No. 1, Two extremities of a spoon. No. 2, The outer spoon enveloping the other through a canula of this. Nos. 3, 4, Handles to each spoon.

A full description of the applicability of this is given before.

ELEVATOR. PL. 4.

FIG. 1.

THE DRAWING (FIG. 1) REPRESENTS A FORCEPS 5½ INCHES IN LENGTH TO THE RIVET (1), AND 1½ INCH TO END OF CHAPS. THE RIVET (1) PERFORATED TO RECEIVE A PIN, ON WHICH TURNS A RIGHT-HAND SCREW TO FIT THE TAP IN THE RIVET. AT ITS TOP (B) A CAPSTAN IS PLACED IN A SQUARE HOLE. AT THE LOWER END OF THE PIN THE THREAD TURNS TO THE LEFT, AND ENTERS A LEFT TAP IN CENTER THIMBLE (C) VIO. FIG. 2. — THIS THIMBLE IS LINED WITH ELASTIC GUM IN CUSHION. — D SHEWS THE CHAPS OF FORCEPS GRAPLING A TOOTH (H). — THE FORK (L) TO REMOVE FRAGMENTS OF TOOTH ET CA

NOTE. WHEN THE CAPSTAN TURNS THE PIN TO THE RIGHT, THE LOWER END IS RAISED OUT OF THE THIMBLE. THE ELEVATION IS DOUBLED BY THIS COMPLEXITY OF SCREW; AND A SHORTER TURN OF THE CAPSTAN IS REQUIRED.

FIG: 1.

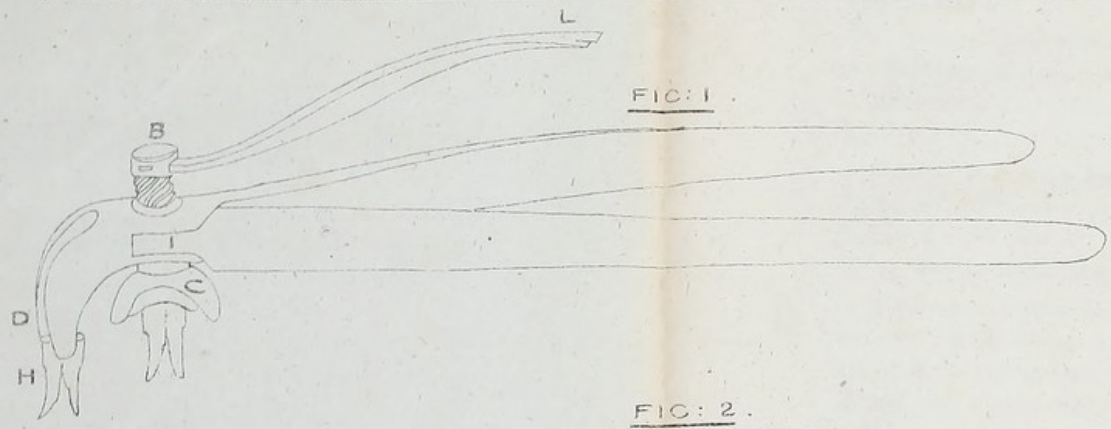


FIG: 2.

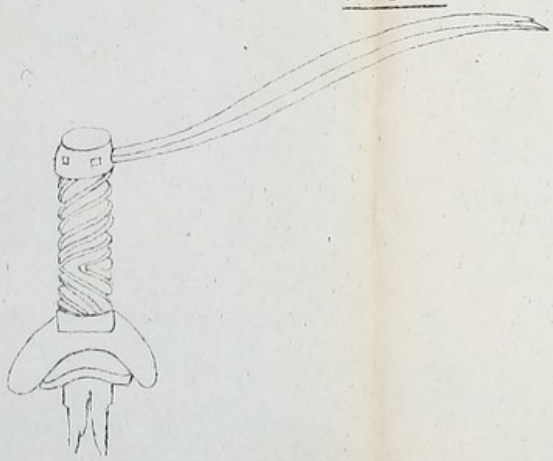


FIG: 2.

REPRESENTS THE SCREW-PIN OUT OF THE RIVET WITH THE CAPSTAN BAR ATTACHED AND THE CUSHION RESTING ON A TOOTH. FROM BOTTOM OF CUSHION TO TOP OF CAPSTAN HEAD IS ONE INCH WHEN THE SCREW IS AT IT'S GREATEST REQUIRED ELEVATION: BUT MAY BE REDUCED.

ITED BY R. ROBERTS OSWESTRY.

DRAWN ON STONE AND PRINTED BY PORTER OSWESTRY. 1830

A Lythotomy Forceps is to be constructed on the principle of the above, but of whatever size or scope the Surgeon would find necessary. A Plate of it cannot be given more descriptive than the Bullet and Cephaline Forceps delineated and described, unless the *substance* were at hand to form the lines by.

Cribelline Canula. Plate 2, Fig. 4.

This is intended to pass within another when the Stillete is withdrawn, to keep off membraneous or other hindrances to the flow of Fluid. The Plate is sufficient guide to its construction. The Stillete Canula may be made so, but that would have disadvantages sometimes.

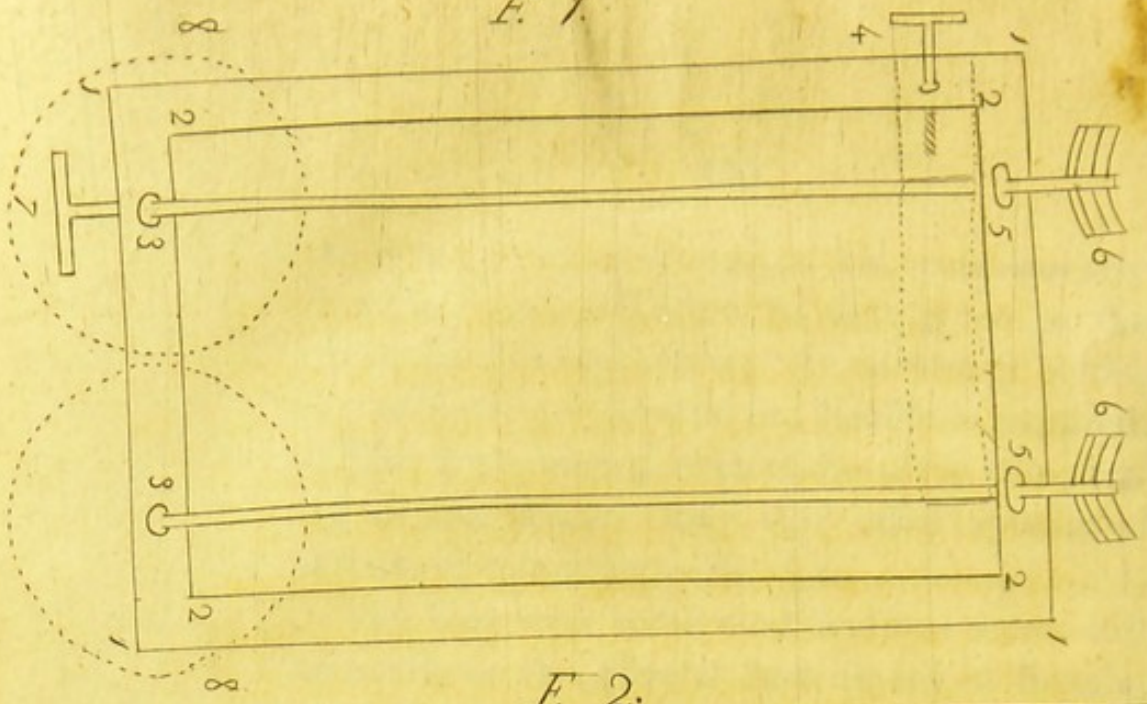
Elevating Forceps. Plate 2, Fig. 8.

A, shews a square end to head the screw, which is to pass through a broad rivet of the forceps joint; this head is to receive the lever handle, D. B represents the spiral line of the screw *reversed*, so that on turning the head this disengages itself from the thimble C, on which it is placed prior to the Instrument being used. F shews the shape of the forceps arms.

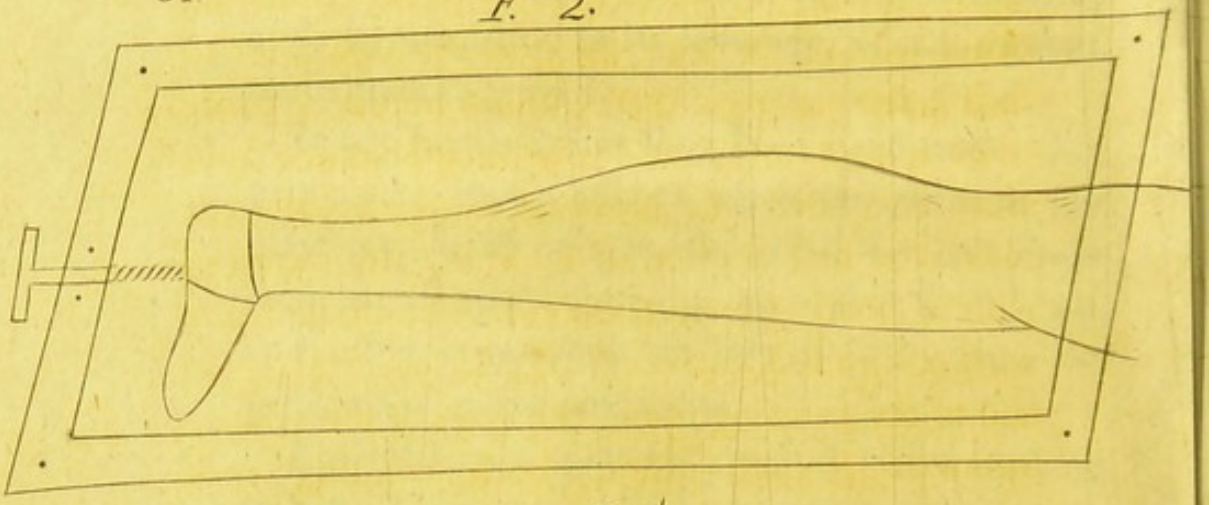
Suppose then that you wish to raise a tooth; by turning the head of the screw you raise the Forceps, and the tooth accompanies it, if well grappled, and the thimble pressing upon the adjoining teeth or gum becomes the fulcrum;

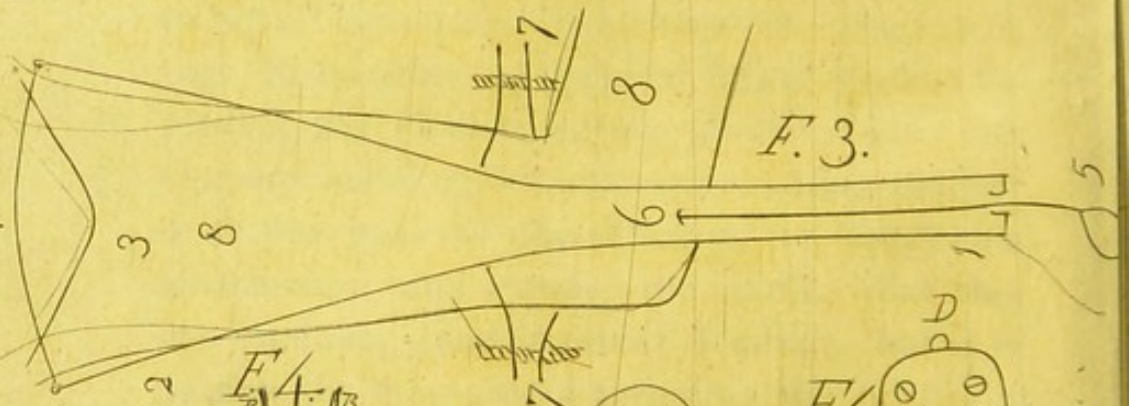
Plate 3

F. 1.



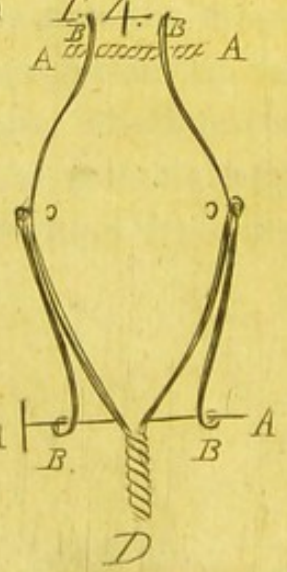
F. 2.



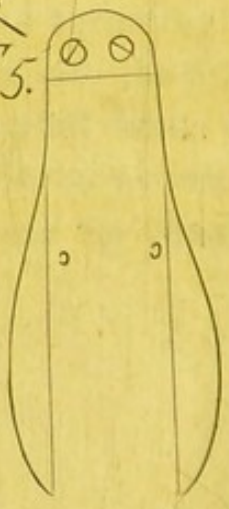


F. 3.

F. 4.

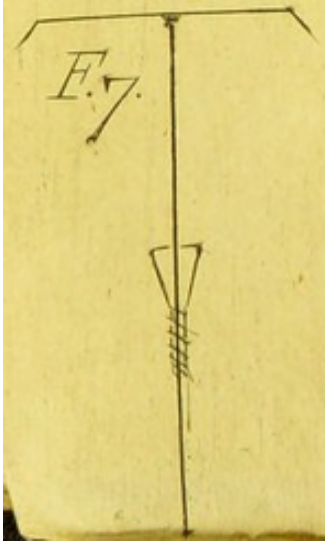


F. 5.



F. 6.

F. 7.



Tooth Elevator. Plate 3, Fig. 1.

No. 1, External corners of the frame. 2, Internal ditto. 3, Rotating rods passing through the frame, with cog-wheels fixed on each, (a bad perspective). 4, Pin screwed into the frame, to press against one rod, to narrow the distance from claw to claw; this pin perforates both one end of the spring and the frame, and then presses on the rod. 5, Perforations for other end of the rods to pass through prior to fixing the claws on them; these holes are made oblong, to admit the rods to vary distance from claw to claw. 6, Claws, screwed into the rods, the half section of a circle, the round of which, bearing upon the tooth, should be made with a serrated surface.* 7, Handle to fix on one of the rotating rods; the cogs of the wheels intersecting each other, both rotating rods turn simultaneously, and grasp the tooth for elevation.

Fig. 2,

Shews the limb on the lower square of the Fracture Cradle (Pl. 1, fig. 1). The dots at the corners, and at the screw, are for pillars, to which the knee and foot are fastened during the formation of the Callus.

* When you have a sloping surface to one side of a tooth, apply the point of the claw close to the socket after detaching the gum.

FIG. 3.

(Dislocation Frame, as Pl. 1, fig. 1)

Nos. 1, 2, Intended to represent the extensor frame line; they here only mark one side of it. 3 shews the acromion, around which the belt (fig. 4) is placed, and 8, 8, is the outline of the arm. 4 is a mere line of this belt, to represent the encircling of the acromion. 5 is the weight basket, suspended over a pulley at the extremity of the frame, 1. 6, The aperture shewing the extending line coming from the belt around the elbow. 7, The Elbow Belt constructed as fig. 4.

FIG. 4.

Two semilunar rods with screw pins passing through (A, A) each end; these are intended to adapt the belt to various sized limbs.* B shews the passage of screw. C, The hinge on the semilunar rods. D, a screw end of a rod, which forms the hinges; on this you place a rod with a pulley at one end, of such length as will bear out space enough for extension.

* FRACTURED CLAVICLE.

Two of these Belts (detaching the screw at the hinge) would controul the fracture of this bone, better than the usual figure of 8 bandage. Apply one around each shoulder, and secure their mutual resistance to the advance of the fractured branch by proper straps "fore and aft," as well as around the body; they would not vary position, or excoriate, when well cased with Flannel, &c. The Girl's School Backboard would apply in this accident.

Tooth Elevator.

Explanation.

Fig 1. – 1 Corners of metalic frame 2 inches long. The inside, from 9 to be a cone; so that on screwing up the Ball (4) the rotating rods approximate. The breadth to be 1¼ inches. The frame may be of any strength (say a fifth of an inch in diameter). – 2 2 ends of rotating rods: the circles (7) to slide on Square at 6, & fixed by a nut screw. – 3. – Cog wheels. – When the handle (8) is turned to the right, the ends (8) inclosing a Tooth firmly, elevate it. – 5 represents a spring screwed upon the Frame, & the other end clipping the right rotating rod. A space is left at insertion of this rod in the spring end to allow lateral motion outwards; and a similar space is given at the opposite corner, to allow lateral motion inwards. – (8) The handle fixed upon the right rotating rod, inclosed in the operators' grasp. – – The spring (5) may be omitted, if the rods can be made elastic, and their power gradiated, by advancing the Balls (4) Each rod must then have the spiral line for a Ball to be fixed on.

Fig 2 (May be made of various sizes for any breadth of Tooth.

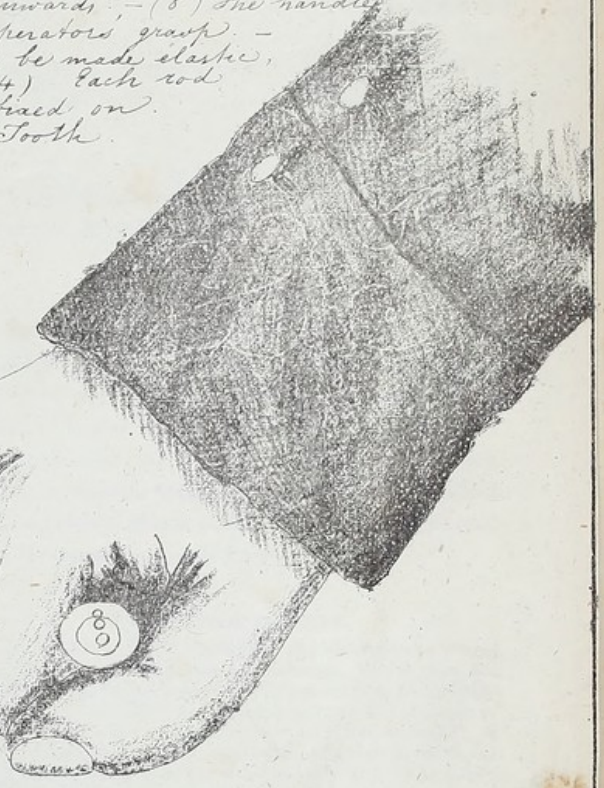


Fig 1.

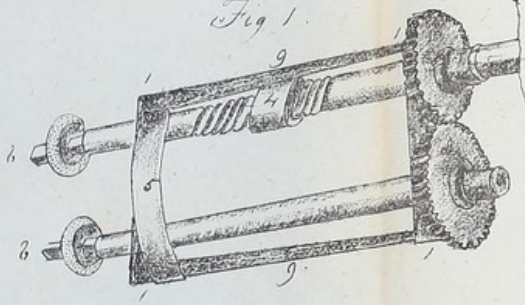


Fig 2.

FIG. 5.

A Trough to fit on the lower jaw within the mouth.

FIG. 6.

A similar one for the outside, with screw holes to each, thus to unite the troughs at the chin. The curvature is not well displayed; these may be made of silver, especially fig. 5, and a contrivance is readily done by an Artist, to place them in such shape as not to oppress the lip. A sliding joint may be given, so that the frame may adapt to various sized maxillæ at their symphises. See page 54.

FIG. 7,

Shews a rod of the letter T shape, with a joint and curved extremities on the short line: on the middle of the long line is a screw, on which to place fig. 6; this rod is intended to be passed into the mouth, its short line clipping around the rami of the jaw, and fig. 6 externally presses on them; the elevation of the long line of rod depresses the short one, and raises the chin, so as to effect the reduction of luxation of this joint.

The Author to Himself.

Finish, an unfinished fabric now!
Nor let the Stoic wonder at your show;
Let Science view it, and each Artist scan
The major efforts of the minor man;
Leave Perfection sit upon the rising means,
If yet you think there still remains
The means within your present self
To modify the art, or mend the shelf:
That apart, leave all to sterner trial,
For which start the sage, to brisk his dial.*

* Will the D——l step to it?

Addenda.

(To be read under Catling Operation, page 64.*)*

KIRKLAND'S Inquiry, vol. 2, page 564. "In performing amputation above the ancle, I have run a Cataline through the leg close to the bone, and at one stroke made a flap sufficient for the purpose of meeting the skin which covered the *tibia*, so as to form a straight line across the stump, after the bone is sawed through, and the vessels tied." Dr. S. Johnson calls it Catling, others omit the last letter: I was inclined to suppose (perhaps like this Writer) that it took its name from Catiline in Roman History,* in days when savage tyranny was not superseded by wholesome and equitable laws, and Christian faith.

(Page 63.*)*

Quart. Rev. vol. 3, p. 363. "M. Dupuytren is the most eminent Surgeon in France, perhaps on the Continent; his practice is bold, in many

* Voltaire, vol. 18.

instances rash and unreasonable; his practical opinions are generally announced with a peculiar air of confidence, which contributes to make them more impressive; hence, with the unthinking and illiterate, they are received as oracles, and regarded as being altogether unparalelled both in originality and excellence.

In this part of the world, however, it would be a mere waste of words to dispute either the one or the other: but from the examples transferred to these Pages from communications by the Professor himself to Dr. Ratier, it must be manifest, even to the "barbarians of Britain," that old Dioscorides, who wrote and practised only eighteen hundred years since, was perfectly "au fait*" with many of the *new discoveries*, which M. Dupuytren blushes not to promulgate as his own, with a magnificence of gravity that is truly ludicrous."

Would he not be an appropriate associate to a *charity* Junto, by the secession of a single file?

(Page 77, line 25.)

Monsieur's buccinatorial percussion (p. 98, l. 19) might possibly avail here, if applied above the joint.

* Familiar.

(Page **87**, *line* **5**.*)*

Quart. Rev. vol. **3**, p. **170**. "We believe that nothing but the solid acquirement of knowledge at the bed-side of sickness will ever *establish* a Physician's or a Surgeon's reputation;" not by drivelling away time in the flower garden. What have botanical acquirements to do with the general medical Practitioner? And why do the "unlearned" Courts adopt such rules? These rob the Student of that treasure, which he would otherwise acquire at clinical or other pursuits.

(Page **108**, *line* **21**.*)*

I must confess myself sceptical in regard to the so much scribed success of Dr. James Currie, and his adherents, in the application of cold liquids to the superficies of the human frame in disease *(putrid or other)*. On most occasions, when meeting with *mystic* and other Guides, for the last twenty years and upwards, I made enquiry: "*You must watch the very instant almost, or you do mischief.*" This and the irreconcilable principle deterred me in the use of them.

We administer Diaphoretics, and check their power of determining to the surface, by the phantom that preyed on the nerve of its Founder, to his life's premature end.

Another of the modern efforts was the inhaling of Vitriolic Æther vapour in affections of the chest. Dr. Haygarth, when speaking of its use, and interrogated, admitted, that it had been used, and condemned as producing Hæmoptoe:—on primâ facie evidence a probable result!

(Page **110.***)*

Quart. Rev. vol. 4, p. 197. Fever. "Of a hundred and sixty admissions into Laennec's wards during the quarter, eighty-three were acute diseases, and sixty-seven chronic; the mortality was twenty-nine, or rather less than a fifth part. Of twenty-three Cases of severe Fever there were only two deaths, though the treatment was Hippocratic, or *expectante*. The head was the organ that suffered most in this quarter. Laennec did not confine the fever Patients to so rigid a diet, or rather abstinence, as is generally done in such cases. He thinks, that abstemiousness, too long protracted, injures the tone of the stomach, and is one great cause of the inconvenience felt by convalescents when they begin to take nourishing diet. M. Laennec rarely applied leeches, and only when there was acute local pain, or appearance of congestion about the head. He seldom applied blisters, or other counter irritants, and rarely prescribed

purgatives, unless there was obstinate constipation. He ordered laxative lavements from time to time. The mortality was certainly very small, especially when it is stated, that of the two who died, one laboured under a tuberculous excavation of the lungs, previously to the accession of Fever. The crises of Fever have been pretty generally observed by Laennec at the septenary periods; a circumstance attributable to the very little interruption that was offered to the workings of Nature. The report shews that Fevers will be cured by very little—indeed, by no medicine, contrary to what is the case, where there are phlegmatiœ of the internal organs;—accompaniments, but not essential parts of Fever."

Waving attention to the previous pulmonic disease, in one case, we have here nearly one-twelfth part, under the treatment of Fever, in the climate of France, (Paris) of fatal cases. In my Hospital, extremes of age, and grades of varied disease previously, would have been producible, yet I am confident there is little exaggeration in the report. Some years ago we *did* run over seventy cases at one time, without having one fatal one to record; and I could retrace my private steps by a Day Book, were it in honest hands, which would warrant the conclusion given. Remember that *guidal* cases are not enumerated here.

(Page **110**, *line* **9.)**

Probably we have not any disease in the human frame, so illustratively analogous to what arises in febrile Phlogosis, as what passes in the gums and fauces when in an inflamed state: the olfactories know nothing more repellent; even the effluvia of small pox, considered, surpasses this not: therefore we cannot wonder at the surmises, that the general state of the circulating fluids were in the same depraved state. Yet can we now reconcile the adoption of such theory? We daily see the disease in the gums, and the subsidence of it carries off fetor.

Aneurismal Ligature.

Take a thread, half-a-yard in length, and pass it around a rod, and tie it; at crossing let one end be three inches long, the other reflected (doubled) to the length of this, its longer end remaining loose: then tie the reflected and the single end in a double loop, as in the common way of knotting. When you draw at each, or the short single end of the thread, the entire knot disengages, and you can withdraw the whole from around the rod. This may become useful as a ligature for deep-seated vessels.

Another Ligature.

Pass your thread around the artery you wish to secure, then pass a leathern or metallic tube along the thread, by inclosing each end in the tube, and pressing it up till it rests against the artery; in this state let it remain till you wish to withdraw it. This Principle would apply to Polypi, or *other parts* in which it is desirable to produce disorganization. In this method, it is almost unnecessary to add, you have at command, to tighten it by the fastening at the external end of the tube, or to withdraw it by cutting off one of the ends of the thread, and pulling at the other, removing the tube in the first place, so as to leave the thread at liberty.

(Page **127**, *line* **4.)**

Abercrombie's cold affusion, as a repellent in Arachnitis, startled my apprehensions much, and I should have adopted this mode of subduing arterial action, had it been presented to me; but what can subvert practical proof, which he so repeatedly gives?

(Page **142.)**

The part of the screw passing into the thimble turns to the right, the upper one to the left; ergo, as it is turned to the left, the lower one elongates the screw.

(Page **143**, *line* 28.*)*

In many instances the common forceps crushes the stone to many pieces, some of which may remain as *nuclei* for future concretions: under this principle, such accident might easily be avoided,—can scarcely occur.

(At Stillete, *Page* **145**.*)*

As a Trochar, withdrawing its *point* till it rests on the calculus.

ERRATA.

At Pages 8, 31, 40, 45, 56, read Note 23.—P. 9, 11, for N. 24, read P. 94.—P. 11, N. 27.—P. 13, N. 24.—P. 15, Method 1, add P. 21, l. 13.—Case 1, N. 26.—C. 2, N. 6.—P. 20, N. 20.—P. 33, l. 2, read P. 35, l. 17.—P. 49, N. 22.—P. 65, N. 31.—P. 92, N. 24.—P. 99, l. 6, for *no* read *as*, erasing *but*.—P. 105, for *quod* read *ut*.—*Atcheive*, *mischeif*, *theif*, *beleive*, are oversights orthographic.

INDEX TO TREATISE.

INDEX TO APPENDIX.

* Thus having stated what has occurred to my view, allow me to ask whether the following be a frequent occurrence. That enlightened Editor, and experienced Practitioner, Dr. J. J. presents as the more liberal, and most likely, person to answer on the point.

Does the presence of inquinal Hernia, or any, beget another on the opposite side, in consequence of the remedials for the first, and without any other provocative, such as exertion, &c.? The inexperienced might answer this rationally!

☞ This is omitted at Page 66, Note 18.

* I regret not having applied for permission to insert the whole of the Lecture in this Treatise.

Finish to "Honestas," at page 121.

That inscrutable chain of earthly ways
Makes vice the foil to shew thy brighter rays;
Or why is mortal man thus false to thee,
That reason wings away from thy decree?
In every station in this life's range,
Whether in wealth or in power, we change
Thy sweeter controul, thy genial joy,
For pelf, or pleasure's assign'd decoy,
Roving, till conscience embattled seems,
And then, tho' late, it better man redeems.

EPILOGUE.

[*The Stranger may form a better-tempered conclusion on the Anomaly introduced in a Treatise on Dislocation, &c. by patiently reading the subjoined and its* SEQUELÆ.]

Though perplex'd by long service, by dire desertion,*
A faithful old Servant makes this formid exertion;
The paths he has trod on are not quite out of sight,
Nor is he become non-fitted for fight;
Harmonic as ever, and desirous to prove
His services active, his mind fraught with love;
That man is not firm, his heart is unmann'd,
Who tamely submits to be burnt in the hand;
Yet tamely we bear sometimes much rebuff,
Though the missile who wafts it is made of vile stuff;
These pages bear witness, these streets sound the knell,
The Golgotha shews oft the green fruit of the bell:
The victims of self-teaching learners are great,
So are they found in the Villain's by-seat;
Thus reason subdued, or left on the ramble,
Is like a tame poult, easy held by a bramble;
'Tis thus, in man's purlieu, or environ'd cell,
The victims of fancy, or fashion, often dwell;
Consigned to such fate though thousands oft are,
Intuitive reason may still alter the fare,
But yet, 'tis of labour the fearfullest task,
To brush off the Cheat's, or Charlatan's, mask!

The tongue of Calumny, oft invisible, and seldom to be caught, is unwarrantably protected and screened from view *here*. Equity might have shewn calumnies, as base as villainy or ingratitude could make them, had a Case been prosecuted. Would it not stagger even Deserters to read them? These reflections are mostly provincially attaching, yet may be a mirror to the thoughtless or slandering tribes of *any land;* may prove a source of moral justice,

* Much of it *infamous;* let the Culprit enquire why!

and self-interest, even to the Imperium Imperiorum,—*Veluti in Speculo!*

Thus daring to advance this publicly, it may be asked, how dares he cast the stone? After serving seven apprenticeships of time to Business, not indentured by grateful reward, (nor as one fabricated to meet a Lord Chancellor's eye) to dare a Community, shews imperious vanity, or conscious courage. My father paved the way practically to virtue, and his sons-in-law, and son, have dared to follow; my prayer is that others* may yet tread in their forefather's steps. I feel with Ovid:

Nam genus, et proavos, et quæ non fecimus ipsi,
Vix ea nostra voco.

Those gems are his which were so fairly won,
They may alike be found in his step-son;
Yet let no mortal claim them as a boon,
They belong not to man as an heir-loom.

Mr. Roberts, of Loppington, who possessed the confidence of Landlord and Tenant generally, especially in the Northern Hemisphere of Salop, was honoured greatly by having presented the first Brief to a great Law Lord,

* Let a *Youth* learn this Song!

"The *Farm* I now hold on your *Honour's* estate
Is the same which my *good Father* till'd.
He dying bequeath'd to his Son a good name,
Which unsullied descended to me;
As a relic I'll hold it, untarnish'd by shame,
And it still from a *lark* shall be free."

Lark is a term for modern matchless *Science!* substituted here, and by the young dogs of this age, for *Spot*, Crime, or prankish Revels.

when on the Circuit as a Barrister at Salop, and was proverbially strict in his duties in the practice of the Law, as well as in his civic habits. To be further informed in regard to one relative and step-son, (the late L. Jones) the Reader is referred to a Tablet, set up to his memory by the Hon. T. Kenyon, in the Church here, with the following inscription:

M D C C C X I I.

In Memory
of LEWIS JONES, Esq.
for 14 years Town Clerk of Oswestry.
He died June 5th, in the 56th year of his age.

This Tablet
was erected by the Corporation of this Town,
in token of their affectionate Remembrance of a man,
who was remarkable for his knowledge of the Laws of his Country,
and for his readiness in imparting that knowledge,
with a view to prevent litigation among his neighbours.

A specimen of Integrity rare among the tribes of Law, specially depicted here for the fungus scented part of them, as a *quid?*

"I vow to God, you must be very cautious how these Deeds are worded; these Families have been quarrelling for years at Law, and if not careful now, you will fix them so." I heard a Father tell his step-son this, and it leads me to decide that he was an Australian Swan* of that day, and deserved his honest name.

* When Juvenal wrote, these black Birds must have been (like the country they inhabit) little, or not at all, known.

his happened six and forty years ago, when
reat and good man died, some of whose
ıte was either exchanged or sold to the
on Property by that inimitably active, and
Agent, the late Mr. John Probert. This
ınother *faithful record*, and was intended,
ı much of the Contents of this Book, as
Appendix to the *unrivalled* "History of
vestry."

F *initæ sunt*, these pages blunt;
I *mpotentes sint*, to those who hunt;
N *il prodest*, with exertion sleeping;
I *s sapiat*, who lives on thinking;
S *i stultus sit*, it will be blinking.

T. Edwards, Printer, Oswestry.