

Cases, and observations on lithotomy : including hints for the more ready and safe performance of the operation ... : to which are added, observations on the chimney-sweeper's cancer, and other miscellaneous remarks / by W. Simmons.

Contributors

Simmons, W. 1762-1830.
Pearson, John, 1758-1826
Royal College of Surgeons of England

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Wm Pearson 1809
from the author
2.

CASES,
AND
OBSERVATIONS

ON
Lithotomy :

INCLUDING

HINTS

FOR THE MORE READY AND SAFE PERFORMANCE

OF THE

OPERATION.

(WITH AN ENGRAVING.)

TO WHICH ARE ADDED,

OBSERVATIONS

ON THE

CHIMNEY-SWEEPER'S CANCER,

AND OTHER

MISCELLANEOUS REMARKS.

BY

W. SIMMONS, SURGEON.

Manchester :

PRINTED BY S. RUSSELL,

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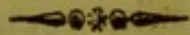
1809.



ARS LONGA—EXPERIENTIA DIFFICILIS.

Hippocrates Aphor. 1.

CASES,
AND
OBSERVATIONS, &c.



AS in an experimental science the only sure method of enquiry is by an immediate induction from facts, I shall endeavour to relate with perspicuity a few selected cases of lithotomy, on which I hope to found some useful practical remarks ; and also to establish a method of conducting the operation itself with more precision, speed, and safety, than heretofore.

Whether I have been successful, or not, I shall leave it to the experience of others to determine ; and I shall hasten to lay before them the grounds on which I have formed my opinion, without further preface, or apology.

Case 1.

FRANCIS DEVILLE, aged ten years, was admitted into the Infirmary, under my care, for the stone in the bladder. He was sent from Stockport, in Cheshire, where a surgeon had cut him five years before ; but the symptoms had again recurred, and were now very urgent. After the usual preparation therefore, on the 9th of December, 1806, I cut him for the second time. Nothing particular occurred in the former part of the operation, the membranous portion of the urethra having been exposed by the first incision, and penetrated by the second ; through this aperture the beak of the gorget was then introduced into the groove of the staff, and found a ready admission into the bladder. Nor did this part of the process occupy more than half a minute ; in the subsequent stage however many difficulties presented, and much delay was incurred ; for the stone, from being friable in its texture, crumbled between the blades of the forceps, and could not be wholly extracted

without the assistance of the scoop. But, in the necessary, and repeated introduction of the instruments, I was particularly cautious not to use any violence, and the whole was completed in about half an hour, with the loss of very little blood, nor was any vessel divided in the operation of sufficient magnitude to require a ligature.

Soon after he was put to bed an acute pain seized him in the region of the bladder, to which supervened tension, and tumefaction of the abdomen, which became exquisitely painful on pressure, and the pulse greatly accelerated. To combat these alarming symptoms the most powerful means of resolution were immediately employed; yet, notwithstanding the appearance of the ulcer was at no time unfavourable, they proved too violent to be resisted, and he expired in a convulsion, at the end of fifty hours from the time of the performance of the operation.

On opening the body after death the intestines were found a good deal inflated;

but although he had apparently sunk under symptoms of inflammation of the peritonæum, yet not a vestige of inflammation could be traced in any part of the abdominal cavity; not even on that portion of the peritonæum, which covered the fundus of the bladder. But the bladder itself was in a morbid state; in shape it was oblong, and reduced to the size of the thumb of a glove; and so thickened in its coats, as to excite rather the sensation of a solid piece of flesh, than of a hollow viscus. Its inner surface likewise was rugged and flosculent, in which were entangled particles of the calculous concretion not distinguishable at the time of the operation; so that, had he survived, these would probably have become the nucleus of a future stone, or stones.

Case 2.

ON the same day with the former, I performed the operation of lithotomy upon William Pollit, of Bolton, a boy nine years of age. By this operation a hard, smooth, oblong stone was extracted, that weighed half an ounce avoirdupois. Here too some delay was incurred by the stone's having been caught hold of in its long diameter, and from my inability to turn it while held in the forceps. It was let go therefore, again laid hold of in its narrowest direction, and then extracted with ease. This operation occupied the space of five minutes.

In this case the symptoms of peritoneal inflammation supervened, but fortunately these yielded to the means employed; and he left the hospital perfectly recovered on the 19th of January, 1807.

In general, in my own practice, the symptoms after the operation of lithotomy have been so mild, as to give no

serious cause of alarm for the patient's safety. In the case of Deville, however, the morbid state of the bladder, the cavity of which was nearly obliterated, will account satisfactorily for the fatal termination. But, to what cause to ascribe the accession of such violent symptoms in the case of Pollit is less obvious; for nothing occurred during the operation that could in the smallest degree account for it; for the bladder was sound, and well distended with urine at the time of the operation, and the nates were sufficiently raised. And in order to success in every operation for the stone, the distension of the bladder, and the elevation of the nates, may be considered as material points of regard, within the control of the operator. Whether, in the latter instance, the season of the year had any influence in aggravating the symptoms, I am unable to determine; but that wounds heal better during the spring months is certain; and therefore where a choice could be made, I have usually preferred that season of the year to operate in. The extremes of heat,

and of cold, have indeed been deemed ineligible by most surgeons, although Le Dran, no mean authority in the profession, has, from the result of his own experience, endeavoured to over-rule any objection to the winter months, by proposing to attemper the severity of the cold by the emission of artificial heat into the apartment of the patient. And, were the coldness of the season the only impediment to recovery, this proposal is obvious, and convincing. But loaded as is the atmosphere over one of our large towns with smoke, and other impurities, owing principally to the prodigious consumption of fossil-coal, that season of the year, in which the density, and coldness of the atmosphere are most prevalent, is, with us at least, to be disapproved. For the ascent, and dissipation of these vapours, and exhalations, is thus hindered, or prevented; and their injurious effects are in consequence most severely felt by the sick.

To sustain this opinion of the prejudicial influence of smoke upon wounds, I could

adduce many facts ; but one striking instance, not wholly inapplicable to the subject of these observations, may perhaps suffice.

Case 3.

FIFTEEN years ago, I cut a boy for the stone, who, at the time of the operation, was eleven years of age, and had had the stone for nine years. The symptoms were so violent as not to admit of delay, which otherwise would have been desirable, on account of his recent escape from a severe attack of typhous fever, and of his still labouring under a white-swelling in the joint of the left knee, which had suppurated in several parts. By the operation, a mulberry stone of a considerable size was extracted ; soon after which he became easy ; nor did he suffer materially afterwards until all danger from the operation was apparently over. His appetite then began to fail him ; he became hot, and restless ; his pulse quick, and tongue foul ; and the wound,

then on the point of healing, assumed an unfavourable aspect, and shewed a disposition to spread. And, notwithstanding every care, and assistance from medicine, the symptoms progressively advanced, so as to render his recovery very doubtful. Consequently, led by my former experience of the benefits resulting to wounds from change of air, I was determined to try it in this case, and lodgings were accordingly provided at a little distance in the country. At the period of his removal the wound was much larger than it was at the time of the operation, and his debility was extreme. In this condition, however, he was conveyed upon a bed laid in the bottom of a coach, attended by the woman to whose cottage he was removing. And such were her fears for his safety, that, when she first saw him at the Infirmary, she repented of her agreement, and wished not to have taken him away. But, though at length induced to consent, her eyes were in consequence kept steadily fixed upon his countenance, as he was going; and, as soon as they had passed without the circle of the smoke, which

In performing this operation, the membranous portion of the urethra was penetrated with ease, and expedition ; but an obstacle opposed the introduction of the gorget, which proved to be the obtuse extremity of the stone*, now rendered visible, so that I attempted to turn out the whole with the index of my left hand. Foiled however in this attempt, it was next very carefully secured in the forceps ; but so firmly was it embraced by the bladder, that, notwithstanding every precaution, the extremity of it gave way. And, after this accident, I found some difficulty in overcoming the constriction, so as to introduce

* Dr. Greenfield, in speaking ' of the difficulties happening in this operation,' says, ' sometimes the stone so stops the passage that the conductor, or forceps, cannot enter without great difficulty, and therefore an expert lithotomist must not scruple to take out his instruments, and with the button, or his finger thrust back the stone into the bladder.' Treatise of the stone, and gravel. Chap. 15. p. 195. Anno 1710.

The doctor appears to have had great experience as a lithotomist, having operated upon at least 280 patients, and in general with success.

a smaller pair of forceps, with which the stone was at length seized, and at the next effort completely extracted.

The space of time occupied by this operation was four minutes, the effusion of blood during it was inconsiderable, and the subsequent symptoms were mild. But, as the wound healed by granulation, his recovery was slow.

In this case, without any disease of the inner surface, or thickening of the coats of the bladder, the stone was as closely embraced by it, and, in proportion to its capacity, as strongly, as I had ever experienced in turning in the contracted uterus. It would seem too, that this contraction had been of some standing; for, on several parts of the surface, as will be seen in the engraving, the outer calculous crust is absent; a circumstance for which I am unable to account upon any other supposition. I shall now conclude with a few observations relative to the manner of conducting the operation itself.

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It is, I believe, pretty generally agreed among surgeons, that the opening into the urethra in the operation of lithotomy, should be made in the membranous portion; a point on which they insist, in order to avoid wounding the bulb, from which hemorrhage, and other unpleasant consequences, might ensue.

For the attainment of this object, however, the directions given by practical writers are not very precise; and perhaps less so than the subject itself is susceptible of.

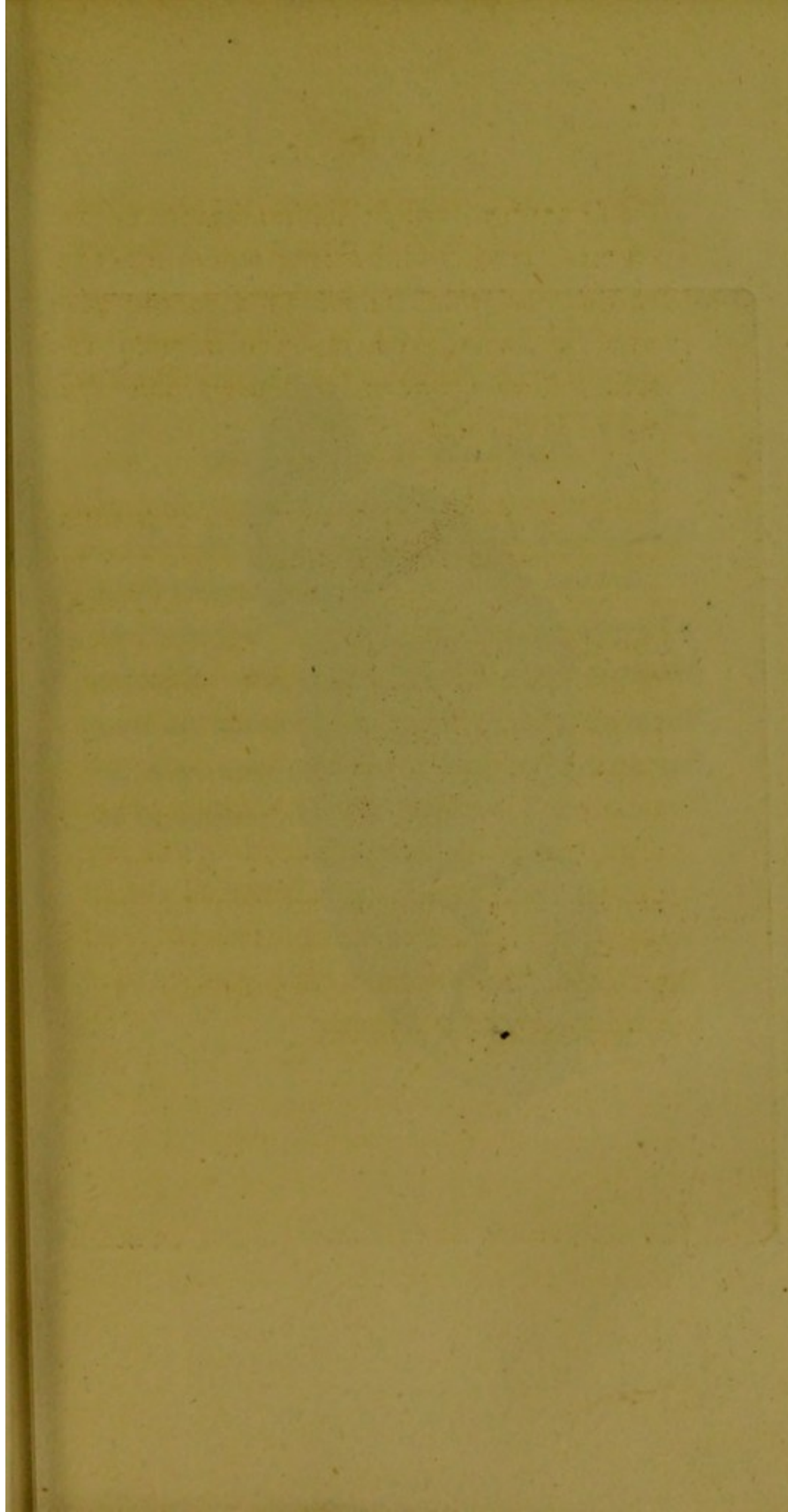
Sir James Earle, well aware of the necessity of facilitating that part of the operation which relates to the introduction of the beak of the gorget into the groove of the staff, through the divided portion of the urethra, has endeavoured to supply what he has considered the 'desideratum' for its due execution. This consists in an ingenious contrivance, which he has denominated a 'double staff,' the description, and representation of which will be found in his 'Appendix to a Treatise on the Operation

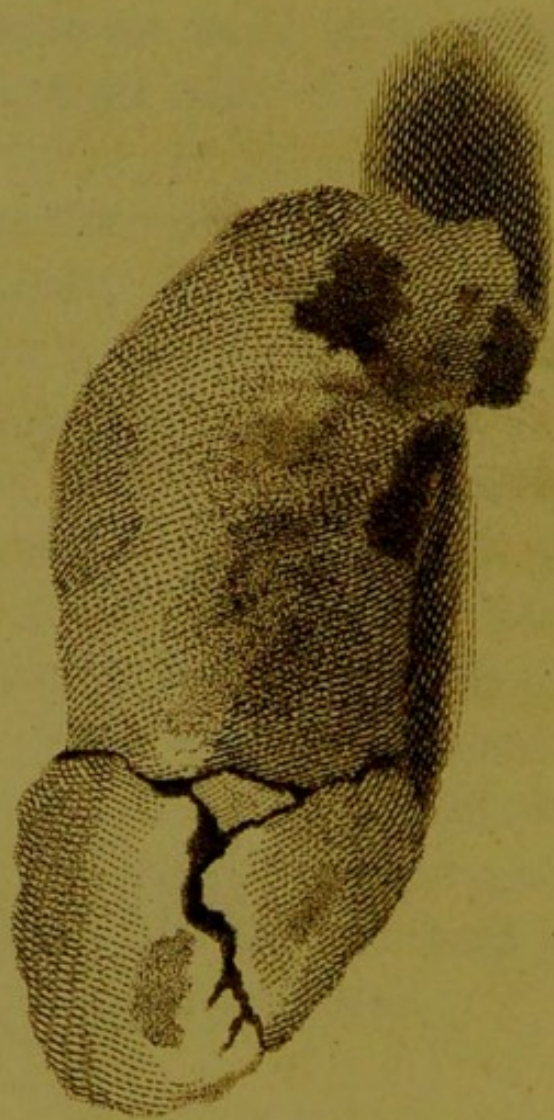
for the Stone,' published in the year 1796. That this instrument would answer the purpose proposed by its inventor, as well as any other that could be devised, I have little doubt; but when we consider that the dimensions of the parts concerned in the operation vary more, or less, in every case, much uncertainty must always obtain in the right adaptation of any mechanical contrivance.

In taking a nearer view of the relative situation of these parts, it will be seen, that in the erect position of the body, the membranous portion of the urethra lies under the centre of the arch of the pubis, at a little distance below the symphysis; having the bulb situated at its anterior, and the prostate gland at its posterior extremity. Making allowance therefore, for any alteration of the parts from the natural position; occasioned either by the posture of the patient during the operation, or by the projection of the staff in perinæo; and aiming at the urethra on a line with the inner surface of the symphysis pubis; that part of the membranous portion

of the urethra, which lies contiguous to the prostate gland, will be penetrated: and the incision may then be enlarged in the customary manner, so as to give an easy admission to the beak of the gorget into the groove of the staff.

Since this view of the subject presented itself to my mind, and which I first put in practice in the case of Deville, and of Pollit, I have become possessed of a degree of confidence, and of comfort, while performing the operation of lithotomy, to which I was before a stranger. For the most part, the membranous portion of the urethra has been nearly, if not entirely, exposed by the first incision; and, where no accident has intervened, the stone has been extracted, and the whole of the business completed, with a corresponding expedition.






Shark Sculpin

Explanation of the Plate.

To the left will be observed the fragments cemented together, into which that extremity of the stone had been broken by the first attempt to extract it: and, to the right, the deeply shadowed parts are intended to denote the points, on which the outer calculous crust, which covered the rest of the surface, is absent.



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OBSERVATIONS

ON THE

CHIMNEY-SWEEPER'S CANCER.

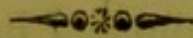
CHIMIAE SINGULARIUM
OBSERVATIONES

‘ QUI FORTE FORTUNA CURAT, FORTE FORTUNA
NECAT.’ — *Sylvius.*

CHIMIAE SINGULARIUM
OBSERVATIONES

(22)
ON THE

CHIMNEY-SWEEPER'S CANCER.



THE disease which is the subject of the following observations, is one that is incident to a particular class of men, whose occupation is filthy, and disgusting. Yet, hard as is their lot in life while in health, it is doubly so to be exposed to the ravages of such a malady ; by which, without skilful treatment in the early stage, they are doomed to terminate their existence in pain, and in misery.

Mr. Pott is, I believe, the only author who has treated on this disease ; and his observations upon it are neither numerous, nor important ; for, after having recommended excision at an early period ; if, without suc-

cess, he consigns the patient to opium, and to death.

In the advanced, or incurable stage of this complaint, I have lately tried another remedy, and with so much better success than with opium, in mitigating the pain, that, on that account, I have been induced to make it public. One solitary case, however, is not sufficient to ascertain the merits of any remedy ; but, as in a kindred affection, the arsenicated kali had manifested no inconsiderable ANODYNE property, I have concluded, that the degree of its utility in the disease in question, ought not to be suppressed.

Case.

JOSEPH WOODHOUSE, a chimney-sweeper, aged twenty-five years, came under my care, as a home-patient of the Infirmary, on the 25th of September, 1807 : at this time, he had been married for several years, and had become the father of two children.

I found him confined to his bed, and labouring under an extensive ulceration on the right side of the scrotum, and an enlargement of the inguinal glands on the same side. By his own report, this complaint had begun, on the lower, and anterior part of the scrotum, in the shape of a tubercle, or wart, not larger than the head of a small pin; and, suspecting it to be of a malignant nature, he had pinched off the head of it with his own nails.

For many months afterwards, it had given him no uneasiness; but, a short time previously to Christmas, 1806, it had become troublesome, both from its bulk, and from the singularity of its shape, which resembled the spur of a cock, was rather better than an inch in length, and curved at the extremity; from which, by its rubbing against his small-clothes, he was greatly incommoded in walking. On this account, therefore, for it was not then painful, he had sought assistance early in the year 1807, and had placed himself under the care of an empiric.

The mode of treatment adopted by this pretender, was, to snip off a part of the wart with a pair of scissars; and then endeavour to eradicate the remainder by the reiterated application of caustic.

The liquid caustic employed for this purpose, has been denominated KEEN; which is a provincial term, by which the empirical caustic remedy is not unaptly denominated.

The disease was so far, however, from being subdued by this procedure; that, on the contrary, it continued to spread in the course of absorption.

In the month of June following, the inguinal glands, then considerably enlarged, were also subjected to the *keening* process; which had the effect of converting them likewise into a painful state of ulceration. Two or three days a week, he was carried in a cart, to the distance of a mile and a half, to be dressed by the empiric; and, when no longer able to support the expence

of these visits, he applied to the Infirmary for assistance.

In so advanced a stage of the disease, the alleviation of the pain could alone be thought of; and, for this purpose, he was directed to take one grain of solid opium for a dose, and to repeat it, as often as the severity of the pain demanded it: and, to keep the parts clean and cool, he was recommended to use the saturnine lotion.

For some time, he took from six to eight grains of opium a day; but, even in these doses, it lost its effect by continuance. From my experience in common cancerous affections, of its property as an ANODYNE, I was therefore induced to give a trial to the arsenical solution in this case; and, beginning with a small dose, he was ordered to take five drops it, two or three times a day.

At my next visit, I was told, that, in about an hour after he had taken the first dose, the pain left him, and did not return

for several hours afterwards. It was, therefore, prescribed to him to repeat the drops at stated intervals of time ; an arrangement by which, except when he had inadvertently delayed the dose beyond the time appointed, any subsequent recurrence of the pain was prevented altogether. Nevertheless, although the pain had ceased, yet the ulceration continued to spread ; so that the integument, in the direction of the ilium, was successively destroyed ; leaving the inguinal glands naked and exposed. As he had derived so much benefit from this remedy, hopeless as was the case, I was disposed to increase the activity of the plan ; and, with this view, the infusion of cicuta was substituted, as a wash, for the saturnine lotion. And, as he had complained of want of sleep in the night, the one grain of opium, which was all he now took of it, was ordered to be increased to two grains every night.

December 2. At my visit to-day, I found that he had lost a good deal of blood last night, from a vessel in the groin ; and that

his pulse beat 130 strokes in a minute. Speaking of the arsenical preparation, he said, ' those drops are good.'

December 9. This morning, not noticing the intermediate visits, the pulse had increased in celerity, was feeble, and fluttering ; and the inguinal gland most prominent in the cluster, from being of a florid red, had assumed a dusky hue. When asked, at this visit, to describe the pain, which he had suffered, before he took the drops ; he replied, that, with a few short remissions, it was ' as bad as a woman in labour.'

At this time, too, the manner in which the ulceration had spread, was more particularly noted ; which was first by the destruction of the cellular membrane ; and then the skin, thus undermined, and deprived of support, sunk in, and sloughed away.

December 12. Pulse 140 : the ulceration is still extending ; and the aspect of the ulcer is more pale : a cough and dyspnœa

are likewise troublesome. Some pectoral, and diuretic medicines, were ordered ; but he appeared to be so much exhausted, that it was judged prudent to reduce the opium to a single grain at night.

December 13. Since the 10th, the surface of the ulcer had become dry, from the ceasing of the discharge : the cough and dyspnœa were distressing ; he was also restless, and languid.

December 14. This morning he died.

The cancer of the scrotum, a disease to which chimney-sweepers are peculiarly incident, it may be reasonably presumed, has its origin in the lodgment of soot in the folds, or puckerings of the skin of that part. It begins in the form of a small wart, or tubercle, and is then without pain ; and at this period, the disease may be cured by excision. But, if it be suffered to go on to the ulcerated stage, and the system to become contaminated by the absorption of the morbid poison, not only is the disease in-

curable, but the pain of it is excruciating. In these several respects, the resemblance of this to common cancer is observable, however dissimilar they may be in the progress of the ulceration. For, in the chimney-sweeper's cancer, the loss of substance is merely superficial; and, as above stated, the cellular membrane suffers first in order, and then the superincumbent skin; leaving the ulcerated surface beneath, smooth and even. Neither is the discharge acrimonious; but, on the contrary, of a purulent nature; so that the uninterrupted progress of the ulceration, and the symptoms of irritation, are dependent on some other cause.

In the year 1798, I published a few observations on the subject of cancer; and in a case of genuine cancer of the mamma, then under treatment, the ANODYNE property of arsenic in that disease, was particularly insisted upon. The formula employed, was that of the late Dr. Fowler; and is known by the title of the *Mineral solution*. The termination in that case, as

might be expected, was unfavourable ; but my patient was relieved from pain by it ; and she sunk finally under symptoms of irritation.

Since this case occurred to me, I have availed myself of every fair opportunity, and have consequently exhibited arsenic pretty extensively in cancer ; but the result has been variable, and uncertain ; for, while in some instances, the acrimony of the discharge has been obtunded, and the pain alleviated ; in others, even small doses have disagreed with the stomach, and altogether prohibited its continuance. But, it may be useful to remark, that in those cases, in which it is of service, its good effects are early conspicuous ; and it will be borne, too, in pretty considerable doses ; a property in which it agrees with many other active remedies.

In this case of chimney-sweeper's cancer, the relief from pain was indeed more speedy than I had before observed in any case ; but it is not improbable, from the smallness of

the dose here exhibited, though my experience is yet inadequate to determine the point, that the *anodyne* property of the solution is more powerfully exerted in this *variety* of cancer, than in that of the common kind.

In that species of mortification of the toes and feet, described by the late Mr. Pott, opium is the sole remedy; the bark, the sure refuge of the practitioner in external gangrene, having here been found to fail. As the characteristic symptom of that disease is the severity of the pain, might not the arsenical preparation be given in this malady also, in conjunction with the opium, or substituted for it? I think it at least worthy of a trial; and, in theory, it is not unpromising of success.

In chronic rheumatism, likewise, the arsenical solution has lately been employed with great benefit. And, fourteen years ago, I put a stop to the progress of the disease, in a case of acute rheumatism; by exhibiting it, during the remissions, in such

doses as are usually adequate to the cure of an intermittent. Before this attack, my patient had had several seizures, at different times, of the acute rheumatism ; but he remained ever after free from any rheumatic complaint, although he survived this illness for many years. But this intimation is rather foreign to my present purpose.

Inveterate Ulcer on the alæ nasi.

By the above title, I mean that species of ulceration, that is met with on the alæ of the nose, in persons who have passed the middle age ; and which occurs more frequently in women, than in men. Of the peculiar character of this disorder, I am ignorant ; but it is usually attended with thickened, and inverted edges ; the surface is unequal ; the granulations are pale, and diminutive ; the discharge is thin, and ichorous ; and the pain at times very acute. That it is not cancerous, I am inclined to believe ; because, I have not observed any affection of the contiguous lymphatic glands.

It has been long ago observed, that the successful method of cure, will shew the nature of the disease ; but, it is also very certain, that a disease may be cured, without its real nature being at all understood. For how else is it possible to explain the fact, which we see happening every day, of diseases being cured by those who are not only ignorant of the nature of diseases in general, but of the laws of the constitution in health ? Nor have the opinions of practitioners themselves, been entirely settled on some diseases ; although, it is probable, that the identity of the diseases in question, had always remained the same. So that, however useful it may be, in tracing the distinctions, and in ascertaining the shades of discrimination, in the features of a disease, and thus giving greater precision ; still, we can only rely in practice, upon the result of applications, made to the living system itself.

In the treatment of ulcers on the legs, we frequently succeed in abating the pain, and forwarding the cicatrization, by destroying the morbid surface with stimulating,

or escharotic dressings: and, in the one under consideration, I have adopted a similar mode of practice, with success. By touching the ulcerated surface with the *argentum nitratum*, every second, or third day, the aspect of the ulcer will be improved, its boundary gradually contracted, and a cure obtained, in cases that were before unpromising of a favourable issue to the complaint.

A species of ulcer, akin to this affection of the *alæ nasi*, sometimes fixes upon the cheek, and is also very obstinate to treat. I have seen it only in females, about the middle age. In one case, of long standing, and supposed to be of a cancerous nature, for which I was consulted in the autumn of 1805, I advised the reiterated application of the lunar caustic, as above; and the ulcer was healed very speedily. And, although it has, several times since, threatened to return, hitherto it has been arrested in its progress, and again healed, by the renewal of the caustic.

OBSERVATIONS

ON

SUPPOSED DISLOCATIONS.

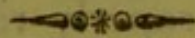
ADVERTISEMENT.

I have been induced to republish the following observations, because they relate to a subject of very frequent occurrence in the practice of the surgeon. Their verity, has been confirmed by the experience of others, as well as by my own. I am solicitous, therefore, to give them all the publicity in my power; in order to rescue the unfortunate of this description, from the hands of ignorance, and of injurious violence; to which, previously, they had been so often consigned.

Manchester, March 1808.

ON

SUPPOSED DISLOCATIONS.



I HAVE long entertained an opinion, that it would be advantageous to extend the limb, after the dislocation, or severe contusion of a joint, where it does not, within a seasonable time, become again subservient to the purposes of volition. The secondary consequence, as in every other contusion, is inflammation; which seldom advances so high as to terminate otherwise than by resolution. But, during the inflammatory stage, membranous adhesions may, and probably do, form within the joint, or exterior to the capsular ligament, or both; or the muscles and tendons passing over the joint, or near it, become fixed by what has been called the adhesive in-

flammation ; any of which impediments would hinder, and several of them combined, effectually prevent the recovery of the motion. This disability, is pronounced by the people, called bone-setters, to be still a dislocation ; although, in many such instances, there can be no doubt, the parts had been very properly reduced. Be that as it may, they all uniformly resort to extension ; and, it must be confessed, with a success which has often put even experienced surgeons to the blush.—Shall we, then, ascribe their better success to superior skill ? That, I think, may be safely answered in the negative ; and, yet, the instances are too numerous to be entirely accidental. How, then, shall we account for it ? By making a full extension, the newly formed membranes are ruptured, and the whole is at once set free. Precisely the same effect is produced by artificial motion, and by frictions, which are the means usually employed by the regular practitioner ; and these, if duly persisted in, are, in general, adequate to the removal of the less obstinate cause.

Finally, I have several times put this opinion to the test of experiment ; the first instance of which, I shall now have permission to relate.

A man who had dislocated his shoulder, and had had it reduced by a celebrated bone-setter, came under my care at the Infirmary, as an out-patient, for the very disability which I have described. The accident had happened six weeks before ; consequently, it had arrived at the very period when the regular surgeon is often deserted, and for the very same reason. This, therefore, was a case in point ; and, accordingly, I made the necessary extension, until the joint gave a *crack* : immediately the poor fellow expressed himself relieved, and could perform the usual motions. The relief was permanent.

But, notwithstanding this account of success, I ought not to conceal the very terrible consequences, which I have known to ensue, from the misapplication of force to joints distorted by scrofula, or other morbid

enlargement. Owing to this gross, and unpardonable ignorance, I have been obliged to amputate many a limb, which might probably have been saved by timely, and judicious treatment. An error so fatal, however, is not likely to be committed by the experienced surgeon; who will know how to avail himself of the above suggestion, and also to distinguish between cases which bear even a near affinity.

THE END.