

## ON THE ARTICULATIONS

by Hippocrates

translated by Francis Adams

### ON THE ARTICULATIONS.

I am acquainted with one form in which the shoulder-joint is dislocated, namely, that into the armpit; I have never seen it take place upward nor outward; and yet I do not positively affirm whether it might be dislocated in these directions or not, although I have something which I might say on this subject. But neither have I ever seen what I considered to be a dislocation forward. Physicians, indeed, fancy that dislocation is very apt to occur forward, and they are more particularly deceived in those persons who have the fleshy parts about the joint and arm much emaciated; for, in all such cases, the head of the arm appears to protrude forward. And I in one case of this kind having said that there was no dislocation, exposed myself to censure from certain physicians and common people on that account, for they fancied that I alone was ignorant of what everybody else was acquainted with, and I could not convince them but with difficulty, that the matter was so. But if one will strip the point of the shoulder of the fleshy parts, and where the muscle (deltoid?) extends, and also lay bare the tendon that goes from the armpit and clavicle to the breast (pectoral muscle?), the head of the humerus will appear to protrude strongly forward, although not dislocated, for the head of the humerus naturally inclines forward, but the rest of the bone is turned outward. The humerus is connected obliquely with the cavity of the scapula, when the arm is stretched along the sides; but when the whole arm is stretched forward, then the head of the humerus is in a line with the cavity of the humerus, and no longer appears to protrude forward. And with regard to the variety we are now treating of, I have never seen a case of dislocation forward; and yet I do not speak decidedly respecting it, whether such a dislocation may take place or not. When, then, a dislocation into the armpit takes place, seeing it is of frequent occurrence, many persons know how to reduce it, for it is an easy thing to teach all the methods by which physicians effect the reductions, and the best manner of applying them. The strongest of those methods should be used when the difficulty of reduction is particularly great. The strongest is the method to be last described.

2. Those who are subject to frequent dislocations at the shoulder-joint, are for the most part competent to effect the reduction themselves; for, having introduced the knuckles of the other hand into the armpit, they force the joint upward, and bring the elbow toward the breast. The physician might reduce it in the same manner, if having introduced his fingers into the armpit on the inside of the dislocated joint, he would force it from the ribs, pushing his own head against the acromion, in order to make counter-pressure, and with his knees applied to the patient's elbow pushing the arm to the sides.

It will be of advantage if the operator has strong hands, or the physician may do as directed with his head and hands, while another person brings the elbow toward the breast. Reduction of the shoulder may also be effected by carrying the fore-arm backward to the spine, and then with the one hand grasping it at the elbow, to bend the arm upward, and with the other to support it behind at the articulation. This mode of reduction, and the one formerly described, are not natural, and yet by rotating the bone of the joint, they force it to return.

3. Those who attempt to perform reduction with the heel, operate in a manner which is an approach to the natural. The patient must lie on the ground upon his back, while the person who is to effect the reduction is seated on the ground upon the side of the dislocation; then the operator, seizing with his hand the affected arm, is to pull it, while with his heel in the armpit he pushes in the contrary direction, the right heel being placed in the right armpit, and the left heel in the left armpit. But a round ball of a suitable size must be placed in the hollow of the armpit; the most convenient are very small and hard balls, formed from several pieces of leather sewed together. For without something of the kind the heel cannot reach to the head of the humerus, since, when the arm is stretched, the armpit becomes hollow, the tendons on both sides of the armpit making counter-contraction so as to oppose the reduction. But another person should be seated on the other side of the patient to hold the sound shoulder, so that the body may not be dragged along when the arm of the affected side is pulled; and then, when the ball is placed in the armpit, a supple piece of thong sufficiently broad is to be placed round it, and some person taking hold of its two ends is to seat himself above the patient's head to make counter-extension, while at the same time he pushes with his foot against the bone at the top of the shoulder. The ball should be placed as much on the inside as possible, upon the ribs, and not upon the head of the humerus.

4. There is another method of reduction performed by the shoulder of a person standing. The person operating in this way, who should be taller than the patient, is to take hold of his arm and place the sharp point of his own shoulder in the patient's armpit, and push it in so that it may lodge there, and having for his object that the patient may be suspended at his back by the armpit, he must raise himself higher on this shoulder than the other; and he must bring the arm of the suspended patient as quickly as possible to his own breast. In this position he should shake the patient when he raises him up, in order that the rest of the body may be a counterpoise to the arm which is thus held. But if the patient be very light, a light child should be suspended behind along with him. These methods of reduction are all of easy application in the palestra, as they can all be performed without instruments, but they also be used elsewhere.

5. Those who accomplish the reduction by forcibly bending it round a pestle, operate in a manner which is nearly natural. But the pestle

should be wrapped in a soft shawl (for thus it will be less slippery), and it should be forced between the ribs and the head of the humerus. And if the pestle be short, the patient should be seated upon something, that his arm can with difficulty pass above the pestle. But for the most part the pestle should be longer, so that the patient when standing may be almost suspended upon the piece of wood. And then the arm and forearm should be stretched along the pestle, whilst some person secures the opposite side of the body by throwing his arms round the neck, near the clavicle.

6. But the method with a ladder is another of the same kind, and still better, since by it the body can be more safely counterpoised on this side; and that, while in the method which the piece of wood resembling a pestle, there is danger of the body tumbling to either side. But some round thing should be tied upon the step of the ladder which may be fitted to the armpit, whereby the head of the bone may be forced into its natural place.

7. The following, however, is the strongest of all the methods of reduction. We must get a piece of wood, five, or at least four inches broad, two inches in thickness, or still thinner, and two cubits in length, or a little less; and its extremity at one end should be rounded, and made very narrow and very slender there, and it should have a slightly projecting edge (ambe) on its round extremity, not on the part that is to be applied to the side, but to the head of the humerus, so that it may be adjusted in the armpit at the sides under the head of the humerus; and a piece of soft shawl or cloth should be glued to the end of the piece of wood, so as to give the less pain upon pressure. Then having pushed the head of this piece of wood as far inward as possible between the ribs and the head of the humerus, the whole arm is to be stretched along this piece of wood, and is to be bound round at the arm, the fore-arm, and the wrist, so that it may be particularly well secured; but great pains should be taken that the extremity of this piece of wood should be introduced as far as possible into the armpit, and that it is carried past the head of the humerus. Then a cross-beam is to be securely fastened between two pillars, and afterward the arm with the piece of wood attached to it is to be brought over this cross-beam, so that the arm may be on the one side of it and the body on the other, and the cross-beam in the armpit; and then the arm with the piece of wood is to be forced down on the one side of the cross-beam, and the rest of the body on the other. The cross-beam is to be bound so high that the rest of the body may be raised upon tip-toes. This is by far the most powerful method of effecting reduction of the shoulder; for one thus operates with the lever upon the most correct principles, provided only the piece of wood be placed as much as possible within the head of the humerus, and thus also the counter-balancing weights will be most properly adjusted, and safely applied to the bone of the arm. Wherefore recent cases in this way may be reduced more quickly than could be believed, before even extension would appear to be applied; and this is the only mode

of reduction capable of replacing old dislocations, and this it will effect, unless flesh has already filled up the (glenoid) cavity, and the head of the humerus has formed a socket for itself in the place to which it has been displaced; and even in such an old case of dislocation, it appears to me that we could effect reduction (for what object would a lever power properly applied not it move?), but it would not remain in its place, but would be again displaced as formerly. The same thing may be effected by means of the ladder, by preparing it in the same manner. If the dislocation be recent, a large Thessalian chair may be sufficient to accomplish this purpose; the wood, however, should be dressed up as described before; but the patient should be seated sideways on the chair, and then the arm, with the piece of wood attached to it, is to be brought over the back of the chair, and force is to be applied to the arm, with the wood on the one side, and the body on the other side. The same means may be applied with a double door. One should always use what happens to be at hand.

8. Wherefore it should be known that one constitution differs much from another as to the facility with which dislocations in them may be reduced, and one articular cavity differs much from another, the one being so constructed that the bone readily leaps out and another less so; but the greatest difference regards the binding together of the parts by the nerves (ligaments?) which are slack in some and tight in others. For the humidity in the joints of men is connected with the state of the ligaments, when they are slack and yielding; for you may see many people who are so humid (flabby?) that when they choose they can disarticulate their joints without pain, and reduce them in like manner. The habit of the body also occasions a certain difference, for in those who are in a state of embonpoint and fleshy the joint is rarely dislocated, but is more difficult to reduce; but when they are more attenuated and leaner than usual, then they are subject to dislocations which are more easily reduced. And the following observation is a proof that matters are so; for in cattle the thighs are most apt to be dislocated at the hip-joint, when they are most particularly lean, which they are at the end of winter, at which time then they are particularly subject to dislocations (if I may be allowed to make such an observation while treating of a medical subject); and therefore Homer has well remarked, that of all beasts oxen suffer the most at that season, and especially those employed at the plow as being worked in the winter season. In them, therefore, dislocations happen most frequently, as being at that time most particularly reduced in flesh. And other cattle can crop the grass when it is short, but the ox cannot do so until it becomes long; for, in the others, the projection of the lip is slender, and so is the upper lip, but in the ox the projection of the lip is thick, and the upper jaw is thick and obtuse, and therefore they are incapable of seizing short herbs. But the solidungula as having prominent teeth in both their front jaws, can crop the grass and grasp it with their teeth while short, and delight more in short grass than in rank;

for, in general, short grass is better and more substantial than rank, as having not yet given out its fructification. Wherefore the poet has the following line:

As when to horned cattle dear the vernal season comes,\* because rank grass appears to be most sought after by them. But otherwise in the ox, this joint is slacker than in other animals, and, therefore, this animal drags his foot in walking more than any other, and especially when lank and old. For all these reasons the ox is most particularly subject to dislocations; and I have made the more observations respecting him, as they confirm all that was said before on this subject. With regard, then, to the matter on hand, I say that dislocations occur more readily, and are more speedily reduced in those who are lean than in those who are fleshy; and in those who are humid and lank there is less inflammation than in such as are dry and fleshy, and they are less compactly knit hereafter, and there is more mucosity than usual in cases not attended with inflammation, and hence the joints are more liable to luxations; for, in the main, the articulations are more subject to mucosities in those who are lean than in those who are fleshy; and the flesh of lean persons who have not been reduced by a proper course of discipline abounds more with mucosity than that of fat persons. But in those cases in which the mucosity is accompanied with inflammation, the inflammation binds (braces?) the joint, and hence those who have small collections of mucosities are not very subject to dislocations, which they would be if the mucosity had not been accompanied with more or less inflammation.

\*There is no such line in the works of Homer as they have come down to us.

9. In cases of dislocation those persons who are not attacked with inflammation of the surrounding parts, can use the shoulder immediately without pain, and do not think it necessary to take any precautions with themselves; it is therefore the business of the physician to warn them beforehand that dislocation is more likely to return in such cases than when the tendons have been inflamed. This remark applies to all the articulations, but particularly to those of the shoulder and knee, for these are the joints most subject to luxations. But those who have inflammation of the ligaments cannot use the shoulder, for the pain and the tension induced by the inflammation prevent them. Such cases are to be treated with cerate, compresses, and plenty of bandages; but a ball of soft clean wool is to be introduced into the armpit, to fill up the hollow of it, that it may be a support to the bandaging, and maintain the joint in situ. The arm, in general, should be inclined upward as much as possible, for thus it will be kept at the greatest possible distance from the place at which the head of the humerus escaped. And when you bandage the shoulder you must fasten the arms to the sides with a band, which is to be carried round the body. The shoulder should be rubbed gently and softly. The physician ought to be acquainted with many things, and among others with friction; for from the same name the

same results are not always obtained; for friction could brace a joint when unseasonably relaxed, and relax it when unseasonably hard; but we will define what we know respecting friction in another place. The shoulder, then, in such a state, should be rubbed with soft hands; and, moreover, in a gentle manner, and the joint should be moved about, but not roughly, so as to excite pain. Things get restored sometimes in a greater space of time, and sometimes in a smaller.

10. A dislocation may be recognized by the following symptoms:-Since the parts of a man's body are proportionate to one another, as the arms and the legs, the sound should always be compared with the unsound, and the unsound with the sound, not paying regard to the joints of other individuals (for one person's joints are more prominent than another's), but looking to those of the patient, to ascertain whether the sound joint be unlike the unsound. This is a proper rule, and yet it may lead to much error; and on this account it is not sufficient to know this art in theory, but also by actual practice; for many persons from pain, or from any other cause, when their joints are not dislocated, cannot put the parts into the same positions as the sound body can be put into; one ought therefore to know and be acquainted beforehand with such an attitude. But in a dislocated joint the head of the humerus appears lying much more in the armpit than it is in the sound joint; and also, above, at the top of the shoulder, the part appears hollow, and the acromion is prominent, owing to the bone of the joint having sunk into the part below; there is a source of error in this case also, as will be described afterward, for it deserves to be described; and also, the elbow of the dislocated arm is farther removed from the ribs than that of the other; but by using force it may be approximated, though with considerable pain; and also they cannot, with the elbow extended, raise the arm to the ear, as they can the sound arm, nor move it about as formerly in this direction and that. These, then, are the symptoms of dislocation at the shoulder. The methods of reduction and the treatment are as described.

11. It deserves to be known how a shoulder which is subject to frequent dislocations should be treated. For many persons owing to this accident have been obliged to abandon gymnastic exercises, though otherwise well qualified for them; and from the same misfortune have become inept in warlike practices, and have thus perished. And this subject deserves to be noticed, because I have never known any physician treat the case properly; some abandon the attempt altogether, and others hold opinions and practice the very what is proper. For physicians have burned the shoulders subject to dislocation, at the top of the shoulder, at the anterior part where the head of the humerus protrudes, and a little behind the top of the shoulder; these burnings, if the dislocation of the arm were upward, or forward, or backward, would have been properly performed; but now, when the dislocation is downward, they rather promote than prevent dislocations, for they shut out the head of the humerus from the free space above. The cautery should be applied thus: taking

hold with the hands of the skin at the armpit, it is to be drawn into the line, in which the head of the humerus is dislocated; and then the skin thus drawn aside is to be burnt to the opposite side. The burnings should be performed with irons, which are not thick nor much rounded, but of an oblong form (for thus they pass the more readily through), and they are to be pushed forward with the hand; the cauteries should be red-hot, that they may pass through as quickly as possible; for such as are thick pass through slowly, and occasion eschars of a greater breadth than convenient, and there is danger that the cicatrices may break into one another; which, although nothing very bad, is most unseemly, or awkward. When you have burnt through, it will be sufficient, in most cases, to make eschars only in the lower part; but if there is no danger of the ulcers passing into one another, and there is a considerable piece of skin between them, a thin spatula is to be pushed through these holes which have been burned, while, at the same time, the skin is stretched, for otherwise the instrument could not pass through; but when you have passed it through you must let go the skin, and then between the two eschars you should form another eschar with a slender iron, and burn through until you come in contact with the spatula. The following directions enable you to determine how much of the skin of the armpit should be grasped; all men have glands in the armpit greater or smaller, and also in many other parts of the body. But I will treat in another work of the whole constitution of the glands, and explain what they are, what they signify, and what are their offices. The glands, then, are not to be taken hold of, nor the parts internal to the glands; for this would be attended with great danger, as they are adjacent to the most important nerves. But the greater part of the substances external to the glands are to be grasped, for there is no danger from them. And this, also, it is proper to know, that if you raise the arm much, you will not be able to grasp any quantity of skin worth mentioning, for it is all taken up with the stretching; and also the nerves, which by all means you must avoid wounding, become exposed and stretched in this position; but if you only raise the arm a little, you can grasp a large quantity of skin, and the nerves which you ought to guard against are left within, and at a distance from the operation. Should not, then, the utmost pains be taken in the whole practice of the art to find out the proper attitude in every case? So much regarding the armpit, and these contractions will be sufficient, provided the eschars be properly placed. Without the armpit there are only two places where one might place the eschars to obviate this affection; the one before and between the head of the humerus and the tendon at the armpit; and then the skin may be fairly burned through, but not to any great depth, for there is a large vein adjacent, and also nerves, neither of which must be touched with the heat. But externally, one may form another eschar considerably above the tendon at the armpit, but a little below the head of the humerus; and the skin must be burned fairly through, but it must not be made very deep, for fire is inimical to the nerves.

Through the whole treatment the sores are to be so treated, as to avoid all strong extension of the arm, and this is to be done moderately, and only as far as the dressing requires; for thus they will be less cooled (for it is of importance to cover up all sorts of burns if one would treat them mildly), and then the lips of them will be less turned aside; there will be less hemorrhage and fear of convulsions. But when the sores have become clean, and are going on to cicatrization, then by all means the arm is to be bound to the side night and day; and even when the ulcers are completely healed, the arm must still be bound to the side for a long time; for thus more especially will cicatrization take place, and the wide space into which the humerus used to escape will become contracted.

12. When attempts to reduce a dislocated shoulder have failed, if the patient be still growing, the bone of the affected arm will not increase like the sound one, for although it does increase in so far it becomes shorter than the other; and those persons called weasel-armed, become so from two accidents, either from having met with this dislocation in utero, or from another accident, which will be described afterward. But those who while they were children have had deep-seated suppurations about the head of the bone, all become weasel-armed; and this, it should be well known, will be the issue, whether the abscess be opened by an incision or cautery, or whether it break spontaneously. Those who are thus affected from birth are quite able to use the arm yet neither can they raise the arm to the ear, by extending the elbow, but they do this much less efficiently than with the sound arm. But in those who have had the shoulder dislocated after they were grown up, and when it has not been reduced, the top of the shoulder becomes much less fleshy, and the habit of body at that part is attenuated; but when they cease to have pain, whatever they attempt to perform by raising the elbow from the sides obliquely, they can no longer accomplish as formerly; but whatever acts are performed by carrying the arm around by the sides, either backward or forward, all those they can perform; for they can work with an auger or a saw, or with a hatchet, and can dig, by not raising the elbow too much, and do all other kinds of work which are done in similar attitudes.

13. In those cases where the acromion has been torn off, the bone which is thus separated appears prominent. The bone is the bond of connection between the clavicle and scapula, for in this respect the constitution of man is different from that of other animals; physicians are particularly liable to be deceived in this accident (for as the separated bone protrudes, the top of the shoulder appears low and hollow), so that they make preparations as if for dislocation of the shoulder; for I have known many physicians, otherwise not inexpert at the art, who have done much mischief by attempting to reduce such shoulders, thus supposing it a case of dislocation; and they did not desist until they gave over in mistake of supposing that they had reduced the shoulder. The treatment, in these cases, is similar to that which is applicable in others of a



like kind, namely, cerate, compresses, and suitable bandaging with linen cloths. The projecting part must be pushed down, and the greater number of compresses are to be placed on it, and most compression is to be applied at that part, and the arm being fastened to the side is to be kept elevated; for thus the parts which had been torn asunder are brought into closest proximity with one another. All this should be well known, and if you choose you may prognosticate safely that no impediment, small or great, will result from such an injury at the shoulder, only there will be a deformity in the place, for the bone cannot be properly restored to its natural situation, but there must necessarily be more or less tumefaction in the upper part. For neither can any other bone be made exactly as it was, which having become incorporated with another bone, and having grown to it as an apophysis, has been torn from its natural situation. If properly bandaged, the acromion becomes free of pain in a few days.

14. When a fractured clavicle is fairly broken across it is more easily treated, but when broken obliquely it is more difficult to manage. Matters are different in these cases from what one would have supposed; for a bone fairly broken across can be more easily restored to its natural state, and with proper care the upper part may be brought down by means of suitable position and proper bandaging, and even if not properly set, the projecting part of the bone is not very sharp. But in oblique fractures the case is similar to that of bones which have been torn away, as formerly described; for they do not admit of being restored to their place, and the prominence of the bone is very sharp. For the most part, then, it should be known, no harm results to the shoulder or to the rest of the body from fracture of the clavicle, unless it sphacelate, and this rarely happens. A deformity, however, may arise from fracture of the clavicle, and in these cases it is very great at first, but by and by it becomes less. A fractured clavicle, like all other spongy bones, gets speedily united; for all such bones form callus in a short time. When, then, a fracture has recently taken place, the patients attach much importance to it, as supposing the mischief greater than it really is, and the physicians bestow great pains in order that it may be properly bandaged; but in a little time the patients, having no pain, nor finding any impediment to their walking or eating, become negligent; and the physicians finding they cannot make the parts look well, take themselves off, and are not sorry at the neglect of the patients, and in the meantime the callus is quickly formed. The method of dressing which is most appropriate, is similar to that used in ordinary cases, consisting of cerate, compresses, and bandages; and it should be most especially known in this operation, that most compresses should be placed on the projecting bone, and that the greatest pressure should be made there. There are certain physicians who make a show of superior skill by binding a heavy piece of lead on the part in order to depress the projecting bone; but this mode of treatment does not apply to the clavicle, for it is impossible to depress the projecting part to any extent worth

mentioning. There are others who, knowing the fact that the bandages are apt to slip off, and that they do not keep the projecting parts in their place, apply compresses and bandages like the others, and then having girt the patient with a girdle, where it is usually applied with most effect, they make a heap of the compresses upon of the compresses upon the projecting bone when they apply them, and having fastened the head of the bandage to the girdle in front, they apply it so as to bring the turns of it into the line of the clavicle, carrying them to the back, and then bringing them around the girdle they carry them to the fore part and again backward. There are others who do not apply the bandage round the girdle, but carry the rounds of it by the perineum and anus, and along the spine, so as to compress the fracture. To an inexperienced person these methods will appear not far from natural, but when tried, they will be found of no service; for they do not remain firm any length of time, even if the patient keep his bed, although in this position they answer best; and yet even when lying in bed, should he bend his leg, or should his trunk be bent, all the will be displaced; and, moreover, the bandaging is inconvenient, in as much as the anus is comprehended by it, and many turns of the bandage are crowded there in a narrow space. And in the method with the girdle, the girdle cannot be so firmly girt around, but that the turns of the bandage force the girdle to ascend, and hence of necessity all the other bandages must be slackened. He would seem to me to come nearest his purpose, although after all he effects but little, who would take a few turns round the girdle, few turns round the girdle, but would use the bandage principally to secure the former bandaging; for in this manner the bandages would be most secure, and would mutually assist one another. Every thing now almost has been said which applies to fracture of the clavicle. But this also should be known, that in fractures of the clavicle, it is the part attached to the breast which is uppermost, and that the piece attached to the acromion is the lowermost. The cause of this is, that for the most part the breast can neither be depressed nor raised, there being but a slight movement of the joint at the breast, for the sternum is connected together on both sides with the spine. The clavicle admits of most motion at the joint of the shoulder, and this arises from its connection with the acromion. And, moreover, when broken, the part which is connected with the sternum flies upward, and is not easily forced downward; for it is naturally light, and there is more room for it above than below. But the shoulder, the arm, and the parts connected with them, are easily moved from the sides and breast, and, on that account, they admit of being considerably elevated and depressed. When, therefore, the clavicle is broken, the fragment attached to the shoulder inclines downward, for it inclines much more readily with the shoulder and arm downward than upward. Matters being as I have stated, they act imprudently who think to depress the projecting end of the bone. But it is clear that the under part ought to be brought to the upper, for the former is the movable part, and that which has been displaced from its natural position.

It is obvious, therefore, that there is no other way of applying force to it (for the bandages no more force it to than they force it from); but if one will push the arm when at the sides as much as possible upward, so that the shoulder may appear as sharp as possible, it is clear that in this way it will be adjusted to the fragment of the bone connected with the breast from which it was torn. If one then will apply a bandage, *secundum artem*, for the purpose of promoting a speedy cure, and will reckon everything else of no value, except the position as described, he will form a correct opinion of the case, and will effect a cure in the speediest and most appropriate manner. It is of great importance, however, that the patient should lie in a recumbent posture. Fourteen days will be sufficient if he keep quiet, and twenty at most.

15. But if the clavicle be fractured in the opposite manner (which does not readily happen), so that the fragment of bone connected with the breast is depressed, while the piece connected with the acromion is raised up and rides over other, this case does not require much management, for if the shoulder and arm be let go, the fragments of the bone will be adjusted to one another, and an ordinary bandage will suffice, and the callus will be formed in the course of a few days.

16. If the fracture be not thus, but if it incline either forward or backward, it may be restored to its natural position, by raising the shoulder with the arm as formerly described, and brought back to its natural place, when the cure will be speedily accomplished. Most of the varieties of displacement may be rectified by raising the arm upward. When the upper bone is displaced laterally or downward, it would favor the adaptation of the parts if the patient would lie on his back, and if some elevated substance were placed between the shoulder-blades, so that the breast may be depressed as much as possible upon the two sides; and if, while another person raised the arm extended along the sides, the physician, applying the palm of the one hand to the head of the bone, would push it away, and with the other would adjust the broken bones, he would thus reduce the parts most readily to their natural position. But, as formerly stated, the upper bone (sternal fragment?) is rarely depressed downward. In most cases, after the bandages have been applied, that position is beneficial in which the elbow is fixed to the same side, and the shoulder is kept elevated; but in certain cases, the shoulder is to be raised, as has been directed, and the elbow is to be brought forward to the breast, and the hand laid on the acromion of the sound side. If the patient has the resolution to lie in bed, something should be placed so as to support the shoulder, and keep it as much elevated as possible. But if he walk about, the arm should be slung in a shawl, which embraces the point of the elbow, and is passed round the neck.

17. When the elbow-joint is displaced or dislocated to the side or outward, while its sharp point (olecranon?) remains in the cavity of the humerus, extension is to be made in a straight line, and the projecting part is to be pushed backward and to the side.

18. In complete dislocations toward either side, extension is to be made as in bandaging fracture of the arm; for thus the rounded part of the elbow will not form an obstacle to it. Dislocation, for the most part, takes place toward the sides (inwardly?). Reduction is to be effected by separating (the bones) as much as possible, so that the end (of the humerus) may not come in contact with the olecranon, and it is to be carried up, and turned round, and not forced in a straight line, and, at the same time, the opposite sides are to be pushed together, and propelled into their proper place. It will further assist if rotation of the fore-arm be made at the elbow, sometimes turning it into a supine position, and sometimes into a prone. The position for the treatment consists in keeping the hand a little higher than the elbow, and the arm at the sides; then it may either be suspended or laid at rest, for either position will answer; and nature and the usage of common means will accomplish the cure, if the callus does not form improperly: it is formed quickly. The treatment is to be conducted with bandages according to the rule for bandaging articulations, and the point of the elbow is to be included in the bandage.

19. Dislocations at the elbow give rise to the most serious consequences, such as fevers, pain, nausea, vomitings of pure bile, and more especially when the humerus is displaced backward from pressure on the nerve, which occasions numbness; next to it is the dislocation forward; the treatment is the same; reduction in dislocation backward is by extension and adaptation; the symptom of this variety-loss of the power of extension; of dislocation forward-loss of the power of flexion, and in this case reduction is to be accomplished by placing a hard ball (in the bend of the elbow), and bending the fore-arm about it, along with sudden extension.

20. Diastasis of the bones may be recognized by examining the part where the vein that runs along the arm divides.

21. In those cases callus is quickly formed. In congenital dislocations the bones below the seat of the injury are shorter than natural, and, mostly, those nearest to the place; namely, the bones of the fore-arm, next those of the hand; and, third, those of the fingers. The arm and shoulder are stronger, owing to the nourishment which they receive, and the other arm, from the additional work which it has to perform, is still more strong. Wasting of the flesh takes place on the inside if the dislocation be on the outside; or otherwise, on the side opposite the dislocation.

22. When the elbow is dislocated either inward or outward, extension is to be made with the fore-arm at a right angle to the arm; the arm, suspended by means of a shawl passed through the armpit, and a weight attached to the extremity of the elbow; or force may be applied with the hands; when the articular extremity has been cleared, the displaced parts are to be rectified with the palms of the hand, as in dislocations of the hands. It is to be bandaged, suspended in a sling, and placed while in this attitude.

23. Dislocations backward are to be rectified by the palms of the

hands, along with sudden extension; the two acts are to be performed together, as in other cases of the kind. But in dislocation forward the arm is to be bent around a ball of cloth of proper size, and at the same time replaced.

24. But if the displacement be on the other side, both these operations are to be performed in effecting the adjustment. For conducting the treatment, the position and bandaging are the same as in the other cases. But all these cases may be reduced by ordinary distention.

25. Of the methods of reduction, some operate by raising up the part, some by extension, and some by rotation: the last consists in rapidly turning the fore-arm to this side and that.

26. The joint of the hand is dislocated either inward or outward, most frequently inward. The symptoms are easily recognized: if inward, the patient cannot at all bend his fingers; and if outward, he cannot extend them. With regard to the reduction, -by placing the fingers above a table, extension and counter-extension are to be made by other persons, while with the palm or heel of the hand on the projecting bone one pushes forward, and another from behind on the other bone; some soft substance is to be applied to it, and the arm is to be turned to the prone position if the dislocation was forward, but to the supine, if backward. The treatment is to be conducted with bandages.

27. The whole hand is dislocated either inward or outward, or to this side or that, but more especially inward; and sometimes the epiphysis is displaced, and sometimes the other of these bones is separated. In these cases strong extension is to be applied, and pressure is to be made on the projecting bone, and counter-pressure on the opposite side, both at the same time, behind and at the side, with the hands upon a table, or with the heel. These accidents give rise to serious consequences and deformities; but in the course of time the part gets strong, and admits of being used. The cure is with bandages, which ought to embrace both the hand and fore-arm; and splints are to be applied as far as the fingers; and when they are used they should be more frequently unloosed than in fractures, and more copious affusions of water should be used.

28. In congenital dislocations (at the wrist) the hand becomes shortened, and the atrophy of the flesh occurs, for the most part, on the side opposite to the dislocation. In an adult the bones remain of their natural size.

29. Dislocation at the joint of a finger is easily recognized. Reduction is to be effected by making extension in a straight line, and applying pressure on the projecting bone, and counter-pressure on the opposite side of the other. The treatment is with bandages. When not reduced, callus is formed outside of the joint. When the dislocation takes place at birth, during adolescence the bones below the dislocation are shortened, and the flesh is wasted rather on the opposite than on the same side with the dislocation. When it occurs in an adult the bones remain of their proper size.

30. The jaw-bone, in few cases, is completely dislocated, for the zygomatic process formed from the upper jaw-bone (malar?) and the bone behind the ear (temporal?) shuts up the heads of the under jaw, being above the one (condyloid process?), and below the other (coronoid process?). Of these extremities of the lower jaw, the one, from its length, is not much exposed to accidents, while the other, the coronoid, is more prominent than the zygoma, and from both these heads nervous tendons arise, with which the muscles called temporal and masseter are connected; they have got these names from their actions and connections; for in eating, speaking, and the other functional uses of the mouth, the upper jaw is at rest, as being connected with the head by synarthrosis, and not by diarthrosis (enarthrosis?): but the lower jaw has motion, for it is connected with the upper jaw and the head by enarthrosis. Wherefore, in convulsions and tetanus, the first symptom manifested is rigidity of the lower jaw; and the reason why wounds in the temporal region are fatal and induce coma, will be stated in another place. These are the reasons why complete dislocation does not readily take place, and this is another reason, because there is seldom a necessity for swallowing so large pieces of food as would make a man gape more than he easily can, and dislocation could not take place in any other position than in great gaping, by which the jaw is displaced to either side. This circumstance, however, contributes to dislocation there; of nerves (ligaments?) and muscles around joints, or connected with joints, such as are frequently moved in using the member are the most yielding to extension, in the same manner as well-dressed hides yield the most. With regard, then, to the matter on hand, the jaw-bone is rarely dislocated, but is frequently slackened (partially displaced?) in gaping, in the same manner as many other derangements of muscles and tendons arise. Dislocation is particularly recognized by these symptoms: the lower jaw protrudes forward, there is displacement to the opposite side, the coronoid process appears more prominent than natural on the upper jaw, and the patient cannot shut his lower jaw but with difficulty. The mode of reduction which will apply in such cases is obvious: one person must secure the patient's head, and another, taking hold of the lower jaw with his fingers within and without at the chin, while the patient gapes as much as he can, first moves the lower jaw about for a time, pushing it to this side and that with the hand, and directing the patient himself to relax the jaw, to move it about, and yield as much as possible; then all of a sudden the operator must open the mouth, while he attends at the same time to three positions: for the lower jaw is to be moved from the place to which it is dislocated to its natural position; it is to be pushed backward, and along with these the jaws are to be brought together and kept shut. This is the method of reduction, and it cannot be performed in any other way. A short treatment suffices, a waxed compress is to be laid on, and bound with a loose bandage. It is safer to operate with the patient laid on his back, and his head supported on a leather cushion well filled, so that it may yield as little as

possible, but some person must hold the patient's head.

31. When the jaw is dislocated on both sides, the treatment is the same. The patients are less able to shut the mouth than in the former variety; and the jaw protrudes farther in this case, but is not distorted; the absence of distortion may be recognized by comparing the corresponding rows of the teeth in the upper and lower jaws. In such cases reduction should be performed as quickly as possible; the method of reduction has been described above. If not reduced, the patient's life will be in danger from continual fevers, coma attended with stupor (for these muscles, when disordered and stretched preternaturally, induce coma); and there is usually diarrhea attended with bilious, unmixed, and scanty dejections; and the vomitings, if any, consist of pure bile, and the patients commonly die on the tenth day.

32. In fracture of the lower jaw, when the bone is not fairly broken across, and is still partially retained, but displaced, it should be adjusted by introducing the fingers at the side of the tongue, and making suitable counter-pressure on the outside; and if the teeth at the wound be distorted and loosened, when the bone is adjusted, they should be connected together, not only two, but more of them, with a gold thread, if possible, but otherwise, with a linen thread, until the bone be consolidated, and then the part is to be dressed with cerate, a few compresses, and a few bandages, which should not be very tight, but rather loose. For it should be well known that in fracture of the jaw, dressing with bandages, if properly performed, is of little advantage, but occasions great mischief if improperly done. Frequent examinations should be made about the tongue, and prolonged pressure should be applied with the fingers, in order to rectify the displaced bone. It would be best if one could do so constantly, but that is impossible.

33. But if the bone be fairly broken across (this, however, rarely happens), it is to be set in the manner now described. When adjusted, the teeth are to be fastened together as formerly described, for this will contribute much toward keeping the parts at rest, especially if properly fastened, and the ends of the thread secured with knots. But it is not easy to describe exactly in writing the whole manipulation of the case; but the reader must figure the thing to himself from the description given. Then one must take a piece of Carthaginian leather; if the patient be a younger person, it will be sufficient to use the outer skin, but if an adult the whole thickness of the hide will be required; it is to be cut to the breadth of about three inches, or as much as will be required, and having smeared the jaw with a little gum (for thus it sticks more pleasantly), the end of the skin is to be fastened with the glue near the fractured part of the jaw, at the distance of an inch or a little more, from the wound. This piece is to be applied below the jaw; but the thong should have a cut in it, in the direction of the chin, so that it may go over the sharp point of the chin. Another piece of thong like this, or somewhat broader, is to be glued to the

upper part of the jaw, at about the same distance from the wound as the other thong; this thong should be so cut as to encircle the ear. The thongs should be sharp-pointed at the part where they unite, and in gluing them, the flesh of the thong should be turned to the patient's skin, for in this way it will be more tenacious; then we must stretch this thong, but still more so the one at the chin, in order to prevent the fragments of the jaw from riding over each other, and the thongs are to be fastened at the vertex, and then a bandage is to be bound round the forehead, and a proper apparatus is to be put over all, to prevent the bandages from being displaced. The patient should lie upon the sound side of the jaw, not resting upon the jaw, but upon the head. He is to be kept on a spare diet for ten days, and then nourished without delay. If there be no inflammation during the first days, the jaw is consolidated in twenty days; for callus quickly forms in this, as in all the other porous bones, provided there be no sphacelus (exfoliation?). But much remains to be said on the sphacelus of bones in another place. This method of distention with glued substances is mild, of easy application, and is useful for many dislocations in many parts of the body. Those physicians who have not judgment combined with their dexterity, expose themselves in fractures of the jaws, as in other cases, for they apply a variety of bandages to a fractured jaw-bone, sometimes properly, and sometimes improperly. For all such bandaging of a fractured jawbone has a tendency rather to derange the bones connected with the fracture, than to bring them into their natural position.

34. But if the lower jaw be disjoined at its symphysis in the chin (there is but one symphysis in the lower jaw, but there are several in the upper; but I am unwilling to digress from the subject, as these matters will have to be touched upon in other kinds of disease)-if, then, the symphysis be separated at the chin, it is the work which anybody can perform, to rectify it; for the part which protrudes is to be pushed inward by pressure with the fingers, and the part that inclines inward is to be forced outward by pushing with the fingers from within. It is after having applied extension to separate the fragments that this is to be done, for they will thus be more easily restored to their natural position, than if one should bring them together by using force. This is proper to be known as applying to all such cases. When you have set the parts, you must fasten the teeth on both sides to one another, as formerly directed. The treatment is to be accomplished with cerate, a few compresses, and bandages. This part, in particular, requires a short but complex (?) bandaging, for it is nearly cylindrical, though not exactly so; but the turn of the bandage is to be made, if the right jaw was dislocated, to the right hand (that is said to be to the right hand when the right hand conducts the bandaging); but if the other jaw be the seat of the dislocation, the bandaging is to be made in the other direction. And if matters be properly adjusted, and the patient keep quiet, there will be a speedy recovery, and the teeth will be uninjured; but if not, the recovery will be more protracted,



the teeth will be distorted, will give trouble, and become useless.

35. Of fractures of the nose there are more than one variety, but those who, without judgment, delight in fine bandagings, do much mischief, most especially in injuries about the nose. For this is the most complex of all the forms of bandaging, having most of the turns of the bandage called "ascia," and rhomboidal intervals and uncovered spaces of the skin. As has been said, those who practice manipulation without judgment are fond of meeting with a case of fractured nose, that they may apply the bandage. For a day or two, then, the physician glories in his performance, and the patient who has been bandaged is well pleased, but speedily the patient complains of the incumbrance of the bandage, and the physician is satisfied, because he has had an opportunity of showing his skill in applying a complex bandage to the nose. Such a bandaging does everything the very reverse of what is proper; for, in the first place, those who have their nose flattened by the fracture, will clearly have the part rendered still more flat, if pressure above be applied to it; and further, those cases in which the nose is distorted to either side, whether at the cartilage or higher up, will evidently derive no benefit from bandaging above it, but will rather be injured; for it will not admit of having compresses properly arranged on either side of the nose, and indeed, persons applying this bandage do not seek to do this.

36. This bandaging would appear to me to answer best when the skin surrounding the bone is contused on its ridge near the middle, or if the bone itself have sustained some injury, but not a great one, in such cases, redundant callus forms in the nose, and the part becomes a little too prominent; and yet, even in these cases, the bandaging need not require much trouble, if, indeed, any bandage be applied at all; for it is enough if one lay a waxed compress on the contusion, and then apply the double-headed bandage, thus taking one turn with it. The best application to such accidents is a small cataplasm of wheaten flour, washed, and mixed up into a viscid mass. If the flour be made from good wheat, and if it be glutinous, it should be used alone for all such cases, but if it be not very glutinous, a little of the manna of frankincense, well pulverized, is to be moistened with water, and the flour is to be mixed up with it, or a very little gum may be mixed in like manner.

37. In those cases in which the fractured portions are depressed and flattened, if it is depressed in front at the cartilage, something may be introduced into the nostrils to rectify the parts. If not, all such deformities may be restored by introducing the fingers into the nostrils, if this can be managed, but if not, a thick spatula is to be introduced with the fingers, not to the fore part of the nose, but to the depressed portion, and the physician is to take hold of the nose externally on both sides, and at the same time raise it up. And if the fracture be much in the fore part one may introduce into the nostrils as already stated, either caddis scraped from a linen towel, or something such wrapped up in a piece of cloth, or rather

stitched in Carthaginian leather, and moulded into a shape suitable to the place into which it is to be introduced. But if the fracture be at a greater distance, it is not possible to introduce anything within, for if it was irksome to bear anything of the kind in the fore part, how is it not to be so when introduced farther in? At first, then, by rectifying the parts from within, and sparing no pains upon them from without, they are to be brought to their natural position, and set. A fractured nose may be readily restored to shape, especially on the day of the accident, or even a little later, but the physicians act irresolutely, and touch it more delicately at first than they should; for the fingers should be applied on both sides along the natural line of the nose, and it is to be pushed downward, and thus, with pressure from within, the displacement is to be rectified. But for these purposes no physician is equal to the index-fingers of the patient himself, if he will pay attention and has resolution, for they are the most natural means. Either of the fingers is to be placed firmly along the whole nose, and thus it is to be gently held, and steadily, if possible until it become firm, but if not, he himself is to hold it for as long a time as possible, or if he cannot, a child or woman should do it, for the hands ought to be soft. Thus may a fracture of the nose, attended with depression, and not with displacement to the side, but in a straight line, be most properly treated. I have never seen a case of fractured nose which could not be rectified when attempted, before callus is formed, provided the treatment be properly applied. But although men would give a great price to escape being deformed, yet at the same time they do not know how to take care, nor have resolution, if they do not experience pain, nor fear death, although the formation of callus in the nose speedily place, for the most part is consolidated in ten days, provided sphacelus do not take place.

38. When the fractured bone is displaced laterally, the treatment is the same, but it is obvious that the reduction is to be made, not by applying equal force on both sides, but by pushing the displaced portion into its natural position, and pressing on it from without, and introducing something into the nostrils, and boldly rectifying the fragments which incline inward, until the whole be properly adjusted, well knowing that if you do not restore the parts at once, it is impossible but that the nose must be distorted. But when you restore the parts to their natural position, either the patient himself, or some other person, is to apply one finger or more to the part which protrudes, and keep it in position until the fracture be consolidated; but the little finger is, from time to time, to be pushed into the nostril, to rectify the parts which incline inward. When any inflammation supervenes, dough must be used, but attention must still be equally paid to the application of the fingers, although the dough be on the part. But if the fracture be in the cartilage, with lateral displacement, the end of the nose must necessarily be distorted. In such cases some of the aforementioned means of reduction, or whatever suits, is to be introduced into the nostril;

but there are many convenient things to be found which have no smell, and are appropriate in other respects; thus, on one occasion, I introduced a slice of sheep's lung, as it happened to be at hand; for sponges, if introduced, imbibe humidities. Then the outer skin of Carthaginian leather it to be taken, and a piece of the size of the thumb, or what will answer, is to be cut off and glued to the outside of the nostril which is turned aside, and then this piece of thong is to be stretched to the proper degree, or rather a little more than what will be sufficient to make the nose straight and regular. Then (for the thong must be long) it is to be brought below the ear and round the head, and the end of the thong may either be glued to the forehead, or a still longer one may be carried all round the head, and secured. This is a natural mode of setting the nose, is of easy application, and is calculated to enable the counter-extension on the nose to be made greater or less, as you may incline. In a case where the fractured nose is turned to the side, the treatment is to be conducted otherwise, as already described; and in most of them the thong ought to be glued to the end of the nose, in order to make extension in the opposite direction.

39. When the fracture is complicated with a wound, one need not be troubled on that account, but pitch-cerate or any of the applications for fresh wounds is to be applied to the sores; for, in general, they admit of easy cure, even when there is reason to apprehend that pieces of bone will come out. The parts, at first, are to be adjusted fearlessly, taking care that nothing is omitted, and, subsequently, they are also to be adjusted with the fingers; more softly, indeed, but still it must be done; and of all parts of the body the nose is modeled with the greatest ease. And there is nothing to prevent us from having recourse to the practice of gluing on the thongs, and drawing the nose to the opposite side, even if there be a wound or the parts be inflamed, for these thongs give no pain.

40. In fractures of the ear all sorts of bandages do harm. For one would not think of applying it quite loose, and if applied more tightly, it only does the more harm, for even the sound ear, when confined with a bandage, becomes painful, throbs, and gets into a febrile state. With regard to cataplasms, the heaviest, on the whole, are the worst; but almost all kinds are bad, form abscesses, occasion an increase of humors, and afterward troublesome suppurations; and a fractured ear stands in less need of such applications than any other part; the most ready, if required, is the paste of meal, but neither should it have weight. It should touch as little as possible; for it is a good sometimes to apply nothing at all, both to the ear and to many other cases. Attention must be paid to the patient's position during sleep. And the body must be reduced, more especially if there be danger lest the ear suppurate; it will also be better to open the bowels, and if the patient can be readily made to vomit, this may be accomplished by means of the syrmaism. If the part come to suppuration, it should not be hastily

opened; for often when matter appears to be formed it is absorbed again, even when no cataplasm is applied. But if forced to open it, the part will get soonest well if transfixed with a cautery, and yet it should be well understood that the ear gets maimed, and is less than the other if burned through. If not burned through, an incision, and not a very small one, should be made on the upper side; for the pus is found to be surrounded with a thicker covering than one would have supposed; and it may be said, in general, that all parts of a mucous nature and which form mucus, as being all viscid, when touched, slip from below the fingers to either side; and on that account the physician, in such cases, finds that he has to pass his instrument through a thicker substance than he supposed; and in certain ganglionic cases, when the skin is flabby and mucous, many physicians open them, expecting to find a collection in them; here the physician forms a wrong judgment, but by such a procedure no great harm results to the patient from having had the part opened. But with regard to watery parts, and such as are filled with mucus, and which are situated in regions where every one of the parts, if opened, will occasion death or some other injury, these will be treated of in another work. When, therefore, incision is made in the ear, all sorts of cataplasms and pledges should be avoided, and it is to be treated either with applications for recent wounds, or anything else which is neither heavy nor will occasion pain, for if the cartilage be laid bare and abscesses form, the case will be troublesome; this happens from such modes of treatment. In all aggravated cases, the most effectual remedy is the transfixing of the part with a hot iron.

41. The vertebrae of the spine when contracted into a hump behind from disease, for the most part cannot be remedied, more especially when the gibbosity is above the attachment of the diaphragm to the spine. Certain of those below the diaphragm are carried off by varices in the legs, more especially by such as occur in the vein at the ham; and in those cases where the gibbosities are removed, the varices take place also in the groin; and some have been carried off by a dysentery when it becomes chronic. And when the gibbosity occurs in youth before the body has attained its full growth, in these cases the body does not usually grow along the spine, but the legs and the arms are fully developed, whilst the parts (about the back) are arrested in their development. And in those cases where the gibbosity is above the diaphragm, the ribs do not usually expand properly in width, but forward, and the chest becomes sharp-pointed and not broad, and they become affected with difficulty of breathing and hoarseness; for the cavities which inspire and expire the breath do not attain their proper capacity. And they are under the necessity of keeping the neck bent forward at the great vertebra, in order that their head may not hang downward; this, therefore, occasions great contraction of the pharynx by its inclination inward; for, even in those who are erect in stature, dyspnoea is induced by this bone inclining inward, until it be restored to its place. From this frame of body, such persons appear to have appear

to have more prominent necks than persons in good health, and they generally have hard and unconcocted tubercles in the lungs, for the gibbosity and the distension are produced mostly by such tubercles, with which the neighboring nerves communicate. When the gibbosity is below the diaphragm, in some of these cases nephritic diseases and affections of the bladder supervene, but abscesses of a chronic nature, and difficult to cure, occur in the loins and groins, and neither of these carries off the gibbosity; and in these cases the hips are more emaciated than when the gibbosity is seated higher up; but the whole spine is more elongated in them than in those who have the gibbosity seated higher up, the hair of the pubes and chin is of slower growth and less developed, and they are less capable of generation than those who have the gibbosity higher up. When the gibbosity seizes persons who have already attained their full growth, it usually occasions a crisis of the then existing disease, but in the course of time some of them attack, as in the case of younger persons, to a greater or less degree; but, not withstanding, for the most part, all these diseases are less malignant. And yet many have borne the affection well, and have enjoyed good health until old age, more especially those persons whose body is inclined to be plump and fat; and a few of them have lived to beyond sixty years of age, but the most of them are more short-lived. In some cases the curvature of the spine is lateral, that is to say, either to the one side or the other; the most of such cases are connected with tubercles (abscesses?) within the spine; and in some, the positions in which they have been accustomed to lie cooperate with the disease. But these will be treated of among the chronic affections of the lungs; for these the most suitable prognostics of what will happen in these cases are given.

42. When the spine protrudes backward, in consequence of a fall, it seldom happens that one succeeds in straightening it. Wherefore succussion on a ladder has never straightened anybody, as far as I know, but it is principally practiced by those physicians who seek to astonish the mob-for to such persons these things appear wonderful, for example, if they see a man suspended or thrown down, or the like; and they always extol such practices, and never give themselves any concern whatever may result from the experiment, whether bad or good. But the physicians who follow such practices, as far as I have known them, are all stupid. The device, however, is an old one, and I give great praise to him who first invented this, and any other mechanical contrivance which is according to nature. For neither would I despair, but that if succussion were properly gone about, the spine, in certain cases, might be thereby rectified. But, indeed, for my own part, I have been ashamed to treat all such cases in this way, because such modes of procedure are generally practiced by charlatans.

43 Those cases in which the gibbosity is near the neck, are less likely to be benefited by these succussions with the head downward, for the weight of the head, and tops of the shoulders, when allowed to

hang down, is but small; and such cases are more likely to be made straight by succussion applied with the feet hanging down, since the inclination downward is greater in this way. When the hump is lower down, it is more likely in this case that succussion with the head downward should do good. If one, then, should think of trying succussion, it may be applied in the following manner:-The ladder is to be padded with leather lined cushions, laid across, and well secured to one another, to a somewhat greater extent, both in length and breadth, than the space which the man's body will occupy; he is then to be laid on the ladder upon his back, and the feet, at the ankles, are to be fastened, at no great distance from one another, to the ladder, with some firm but soft band; and he is further to be secured, in like manner, both above and below the knee, and also at the nates; and at the groins and chest loose shawls are to be put round in such a fashion as not to interfere with the effect of the succussion; and his arms are to be fastened along his sides to his own body, and not to the ladder. When you have arranged these matters thus, you must hoist up the ladder, either to a high tower or to the gable-end of a house; but the place where you make the succussion should be firm, and those who perform the extension should be well instructed, so that they may let go their hold equally to the same extent, and suddenly, and that the ladder may neither tumble to the ground on either side, nor they themselves fall forward. But, if the ladder be let go from a tower, or the mast of a ship, fastened into the ground with its cordage, it will be better, so that the ropes run upon a pulley or axle-tree. But it is disagreeable even to enlarge upon these matters; and yet, by the contrivances now described, the proper succussion may be made.

44. But if the hump be situated very high up, and if succussion be by all means to be used, it will be better to do it with the feet downward, as has been said, for the force downward will be the greater in this case. The patient is to be well fastened to the ladder by cords at the breast, at the neck by means of a very loose shawl so as merely to keep the part properly on the ladder, and the head is to be fastened to the ladder at the forehead, the arms are to be stretched along and attached to the patient's body, and not to the ladder, and the rest of the body is not to be bound, except so as to keep it in place by means of a loose shawl wrapped round it and the ladder; attention, moreover, should be paid that these ligatures do not interfere with the force of the succussion, and the legs are not to be fastened to the ladder, but should be placed near one another, so as to be in line with the spine. These matters should be thus arranged, if recourse is to be had at all to succussion on a ladder; for it is disgraceful in every art, and more especially in medicine, after much trouble, much display, and much talk, to do no good after all.

45. In the first place, the structure of the spine known, for this knowledge is requisite in many diseases. Wherefore, on the side turned to the belly (the anterior?) the vertebrae are in a regular line,

and are united together by a pulpy and nervous band of connection, originating from the cartilages, and extending to the spinal marrow. There are certain other nervous cords which decussate, are attached (to the vertebrae?), and are extended from both sides of them. But we will describe in another work the connections of the veins and arteries, their numbers, their qualities, their origin, their functional offices in particular parts, in what sort of sheaths the spinal marrow is inclosed, where they arise, where they terminate, how they communicate, and what their uses. On the opposite side (behind?) the vertebrae are connected together by a ginglymoid articulation. Common cords (nerves?) are extended to all parts, both those within and without. There is an osseous process from the posterior part of all and each of the vertebra, whether greater or smaller; and upon these processes there are cartilaginous epiphyses, and from them arise nervous productions (ligaments?), akin to the external nerves (tonoi). The ribs are united to them, having their heads inclined rather to the inside than the out, and every one of them is articulated with the vertebrae; and the ribs in man are very curved, and, as it were, arched. The space between the ribs and the processes of the vertebrae is filled on both sides by muscles, which arise from the neck and extend to the loins (?). The spine, longitudinally, is a straight line slightly curved; from the os sacrum to the great vertebra which is connected with the articulation of the femur, the spine inclines backward, for the bladder, the organs of generation, and the loose portion of the rectum, are situated there. From this, to the attachment of the diaphragm, the spine inclines inward, and this portion alone, from the internal parts, gives origin to muscles, which are called psoae. From this to the great vertebra (seventh cervical?) which is above the tops of the shoulders, it is convex behind lengthways; but it is more in appearance than it really is, for the spinous processes are highest in the middle, and less so above and below. The region of the neck is convex before.

46. In cases of displacement backward along the vertebrae, it does not often happen, in fact, it is very rare, that one or more vertebrae are torn from one another and displaced. For such injuries do not readily occur, as the spine could not easily be displaced backward but by a severe injury on the fore part through the belly (which would prove fatal), or if a person falling from a height should pitch on the nates, or shoulders (and even in this case he would die, but not immediately); and it also would not readily happen that such a displacement could take place forward, unless some very heavy weight should fall upon it behind; for each of the posterior spinal processes is so constructed, that it would sooner be broken than undergo any great inclination forward from a force which would have to overcome the ligaments and the articulations mutually connecting them. And the spinal marrow would suffer, if from the displacement of a vertebra it were to be bent even to a small extent; for the displaced vertebra would compress the spinal marrow, if it did not break it; and if compressed and strangled, it would induce insensibility of many

great and important parts, so that the physician need not give himself any concern about rectifying the displacement of the vertebra, accompanied, as it is, by many other ill consequences of a serious nature. It is evident, then, that such a case could not be reduced either by succussion or by any other method, unless one were to cut open the patient, and then, having introduced the hand into one of the great cavities, were to push outward from within, which one might do on the dead body, but not at all on the living. Wherefore, then, do I write all this? Because certain persons fancy that they have cured patients in whom the vertebra had undergone complete dislocation forward. Some, indeed, suppose that this is the easiest of all these dislocations to be recovered from, and that such cases do not stand in need of reduction, but get well spontaneously. Many are ignorant, and profit by their ignorance, for they obtain credit from those about them. These are deceived in this way, for they suppose the spinous processes to be the vertebrae themselves, because every one of them appears round to the touch, not knowing that these bones are processes from the vertebrae, as formerly stated; but the vertebrae are at a considerable distance before them; for of all animals, man, in proportion to his bulk, has the belly (internal cavity?) the narrowest from behind to before, especially at the breast. When, therefore, any of these processes are severely fractured, whether one or more, the part there appears lower than on either side, and for that reason they are deceived, supposing that the vertebrae are displaced inward. And the patient contribute also to deceive them; for if they attempt to put themselves into a bent position, they are pained, from the skin being stretched at the seat of the injury, and at the same time the fragments of the bones wound the skin still more; but if they bend forward, they feel easier, for the skin at the wound is thus relaxed, and the bones are less disposed to hurt them; and if touched, they shrink and bend forward, and the part which is touched appears empty and soft. All the circumstances now mentioned contribute to deceive the physician. Such patients speedily get well without any bad effects, for callus readily forms in all such bones as are porous.

47. There are many varieties of curvature of the spine even in persons who are in good health; for it takes place from natural conformation and from habit, and the spine is liable to be bent from old age, and from pains. Gibbosities (or projections backward) from falls generally take place when one pitches on the nates, or falls on the shoulders. In this case some one of the vertebrae must necessarily appear higher than natural, and those on either side to a less degree; but yet no one generally has started out of the line of the others, but every one has yielded a little, so that a considerable extent of them is curved. On this account the spinal marrow easily bears such distortions, because they are of a circular shape, and not angular. The apparatus for the reduction in this case must be managed in the following manner: a strong and broad board, having an oblong furrow in it, is to be fastened in the ground, or, in place of the board, we may scoop out an oblong furrow in the wall, about a



cubit above the floor, or at any suitable height, and then something like an oaken bench, of a quadrangular shape, is to be laid along (the wall?) at a distance from the wall, which will admit of persons to pass round if necessary, and the bench is to be covered with robes, or anything else which is soft, but does not yield much; and the patient is to be stoved with vapor, if necessary, or bathed with much hot water, and then he is to be stretched along the board on his face, with his arms laid along and bound to his body; the middle, then, of a thong which is soft, sufficiently broad and long, and composed of two cross straps of leather, is to be twice carried along the middle of the patient's breast, as near the armpits as possible, then what is over of the thongs at the armpits is to be carried round the shoulders, and afterward the ends of the thong are to be fastened to a piece of wood resembling a pestle; they are to be adapted to the length of the bench laid below the patient, and so that the pestle-like piece of wood resting against this bench may make extension. Another such band is to be applied above the knees and the ankles, and the ends of the thongs fastened to a similar piece of wood; and another thong, broad, soft, and strong, in the form of a swathe, having breadth and length sufficient, is to be bound tightly round the loins, as near the hips as possible; and then what remains of this swathelike thong, with the ends of the thongs, must be fastened to the piece of wood placed at the patient's feet, and extension in this fashion is to be made upward and downward, equally and at the same time, in a straight line. For extension thus made could do no harm, if properly performed, unless one sought to do mischief purposely. But the physicians, or some person who is strong, and not uninstructed, should apply the palm of one hand to the hump, and then, having laid the other hand upon the former, he should make pressure, attending whether this force should be applied directly downward, or toward the head, or toward the hips. This method of applying force is particularly safe; and it is also safe for a person to sit upon the hump while extension is made, and raising himself up, to let himself fall again upon the patient. And there is nothing to prevent a person from placing a foot on the hump, and supporting his weight on it, and making gentle pressure; one of the men who is practiced in the palestra would be a proper person for doing this in a suitable manner. But the most powerful of the mechanical means is this: if the hole in the wall, or in the piece of wood fastened into the ground, be made as much below the man's back as may be judged proper, and if a board, made of limetree, or any other wood, and not too narrow, be put into the hole, then a rag, folded several times or a small leather cushion, should be laid on the hump; nothing large, however, should be laid on the back, but just as much as may prevent the board from giving unnecessary pain by its hardness; but the hump should be as much as possible on a line with the hole made in the wall, so that the board introduced into it may make pressure more especially at that especially at that spot. When matters are thus adjusted, one person, or two if necessary, must press

down the end of the board, whilst others at the same time make extension and counter-extension as along the body, as formerly described. Extension may also be made with axles, which may either be fastened in the ground beside the bench, or the post of the axles may be attached to the bench itself, if you will make them perpendicular and overtopping (the bench?) a little at both ends, or at either end of the bench. These powers are easily regulated, so as to be made stronger or weaker, and they are of such force, that if one were to have recourse to them for a mischievous purpose, and not as a remedy, they would operate strongly in this way also; for by making merely extension and counter-extension longitudinally, without any additional force, one might make sufficient extension; and if, without making extension at all, one were only to press down properly with the board, sufficient force might be applied in this way. Such powers, then, are excellent which admit of being so regulated, that they can be made weaker and stronger as required. And the forces are applied in the natural way; for the pressure above forces the displaced parts into their place. Natural extension restores parts which have come too near one another to their natural position. I, then, am acquainted with no powers which are better or more appropriate than these; for extension along the spine downward has no proper hold at the bone called the os sacrum; and extension upward, along the neck and head, has indeed a hold; but extension thus made is unseemly to behold, and, besides, if increased, may occasion much mischief otherwise. I once made trial of the following plan. Having placed the patient on his back, I put below the hump a bladder, not inflated, and afterward introduced air into the bladder by means of a brass pipe connected with it. But the experiment did not succeed; for, when the man was fairly extended, the bladder yielded, and the air could not be forced into it; and, besides, the hump of the patient was apt to slip off the distended bladder when they were pressed together. But when I did not extend the man strongly, the bladder was swelled up by the air, and the man became more bent forward than proper. I have written this expressly; for it is a valuable piece of knowledge to learn what things have been tried and have proved ineffectual, and wherefore they did not succeed.

48. In curvatures forward of the vertebrae from a fall, or from some heavy body falling upon them, in general no one of them is displaced far beyond the others, but if one or more be so displaced, the case proves fatal; but, notwithstanding, as formerly stated, the displacement is circular, and not angular. In such cases, then, the urine and faeces are more apt to be retained than in displacement outward, the feet and the whole inferior extremities are colder, and the symptoms are more fatal than in the former case; and if they do survive, they are more subject to retention of the urine, and to loss of strength, and to torpor in their legs. But if the displacement be in the upper part, they experience loss of strength and torpor of the whole body. I know no mechanical contrivance by which such a displacement could be reduced, unless that one might be benefited by

succussion on a bladder, or any other similar plan of treatment, such as extension, as formerly described. I am not aware of any mode of pressure which might be applied along with the extension, like that of the board in displacement backward; for how could one apply pressure from before through the belly? (internal cavity?) The thing is impossible. But neither coughing nor sneezing has any power so as to cooperate with the extension, nor would the injection of air into the bowels have any effect. And to apply large cupping instruments with the view of drawing back the vertebrae which have protruded forward, shows a great error of judgment; for they rather propel than attract, and those who apply them are not aware even of this fact, for the greater will be the inclination forward the greater the instrument applied, the skin being forcibly drawn into the cupping-instrument. I could tell of other modes of succussion than those formerly described, which one might fancy would be more applicable in such an affection; but I have no great confidence in them, and therefore I do not describe them. On the main, it should be known, respecting the accidents which I have briefly described, that displacements forward are of a fatal and injurious nature; but that displacements backward, for the most part, do not prove fatal, nor occasion retention of urine nor torpor of the limbs, for they do not stretch the ducts leading toward the intestines, nor occasion obstruction of the same; but displacements forward produce both these bad effects, and many others in addition. And truly they are more apt to lose the power of their legs and arms, to have torpor of the body, and retention of urine, who experience no displacement either forward or backward, but merely a violent concussion along the spine, while those who have displacement backward are least subject to these symptoms.

49. And one might observe many other instances in medicine, of considerable injuries not proving serious, but producing a crisis in some affection, while less considerable injuries prove more serious, give rise to chronic diseases, and extend their effects to the whole system. Now something similar may happen in fracture of the ribs; for in fracture of one or more ribs, in general, if the fractured bones are not driven inward, nor are laid bare, fever rarely supervenes, neither does it often happen that there is haemoptysis, empyema, and suppurating sores, which require treatment with pledgets, nor necrosis of the bones; and in these cases the ordinary regimen is sufficient. For, unless they be seized with continual fever, a strict diet does more harm than good, by inducing inanition, and increasing the pain, fever, and cough; for moderate fullness of the intestines has a tendency to replace the ribs, while evacuation leads to suspension of the ribs, and suspension induces pain. Ordinary bandaging, externally, is sufficient in such cases; the bandages should be applied moderately tight, along with cerate and compresses, or a pad of wool may be applied. The rib is consolidated in twenty days, for callus soon forms in such bones.

50. But when there is contusion of the flesh about the ribs,

either from a blow, or a fall, or a bruise, or any like cause, there is often copious vomiting of blood, for there are canals stretched along the vacuity of each rib (intercostal space?), and nerves proceeding from the most important parts of the body have their origin there. Many of these, therefore, are troubled with coughs, tubercles, empyema, external suppurations, and sphacelus of the ribs. And even when no such symptoms supervene from contusion of the skin about the ribs, still in such cases there is, generally, more combined pain than in fractures of the ribs, and relapses of pain in the seat of the injury are more apt to occur. Wherefore some physicians pay much less attention to such injuries, than where the rib is fractured, whereas, if they were wise, they would treat such cases with far greater care than the other; for it is proper that the diet should be restricted, that the patients should remain at rest as much as possible, and abstain from venery, from fat articles of food, from such as excite cough, and from everything strong; they should be bled in the arm, speak as little as possible, should have the contused part bound round with folded compresses, plenty of bandages, broader than the contusion, and which should be smeared with cerate; in applying the bandages, broad and soft shawls should be used, and they should be put on moderately firm, so that the patient will say that they are neither too tight nor loose, and the bandaging should commence at the seat of the injury, and be made more particularly tight there, and the bandaging should be conducted as is done with a double-headed roller, so that the skin about the ribs may not be ruffled, but may lie smooth, and the bandaging should be renewed every day, or every alternate day. It is better also to open the bowels with some gentle medicine, so as just to produce an evacuation of the food, and the diet is to be restricted for ten days, and then the body is to be recruited and filled up; while you are upon the reducing system, the bandaging should be tighter, but when you are making him up again, it must be looser; and, if he spit blood from the commencement, the treatment and bandaging should be continued for forty days; but if there be no haemoptysis, treatment for twenty days will generally be sufficient; but the length of time must be regulated by the magnitude of the injury. When such contusions are neglected, if no greater mischief result there from, at all events the bruised part has its flesh more pulpy than it had formerly. When, therefore, any such thing is left behind, and is not properly dissipated by the treatment, it will be worse if the mucosity be lodged near the bone, for the flesh no longer adheres to the bone as formerly, the bone becomes diseased, and chronic sloughings of the bone in many cases arise from such causes. But if the mischief be not upon the bone, but it is the flesh itself which is pulpy, relapses and pains will return from time to time, if there happen to be any disorder in the body; wherefore proper bandaging, and for a considerable time, must be had recourse to, until the extravasated blood forming in the bruise be dried up and absorbed, and the part be made up with sound flesh, and the flesh adhere to the bone. The

best cure is the cautery in those cases which, from neglect, have become chronic, and the place turns painful, and the flesh is pulpy. And when the flesh itself is pulpy, the burning should be carried as far as the bone, but the bone itself should not be heated; but if it be in the intercostal space, you need not make the burning so superficial, only you must take care not to burn quite through. But if the contusion appear to be at the bone, if it be still recent, and the bone has not yet become necrosed, if it be very small, it is to be burned as has been described; but if the rising along the bone be oblong, several eschars are to be burned over it. Necrosis of the rib will be described along with the treatment of suppurating sores.

51. There are four modes of dislocation at the hip-joint: of which modes, dislocation inward takes place most frequently, outward, the most frequently of all the other modes; and it sometimes takes place backward and forward, but seldom. When, therefore, dislocation takes place inward, the leg appears longer than natural, when compared with the other leg, for two reasons truly; for the bone which articulates with the hip-joint is carried from above down to the ischium where it rises up to the pubes, upon it, then, the head of the femur rests, and the neck of the femur is lodged in the cotyloid foramen (foramen thyroideum?). The buttock appears hollow externally, from the head of the thighbone having shifted inward, and the extremity of the femur at the knee is turned outward, and the leg and foot in like manner. The foot then being turned outward, physicians, from ignorance, bring the sound leg to it and not it to the sound leg; on this account, the injured limb appears to be much longer than the sound one, and in many other cases similar circumstances lead to error in judgment. Neither does the limb at the groin admit of flexion as in the sound limb, and the head of the bone is felt at the perineum too prominent. These, then, are the symptoms attending dislocation of the thigh inward.

52. When, then, a dislocation has not been reduced, but has been misunderstood or neglected, the leg, in walking, is rolled about as is the case with oxen, and the weight of the body is mostly supported on the sound leg, and the limb at the flank, and the joint where the dislocation has occurred is necessarily hollow and bent, while on the sound side the buttock is necessarily rounded. For if one should walk with the foot of the sound leg turned outward, the weight of the body would be thrown upon the injured limb, but the injured limb could not carry it, for how could it? One, then, is forced in walking to turn the leg inward, and not outward, for thus the sound leg best supports its own half of the body, and also that of the injured side. But being hollow at the flank and the hip-joint, they appear small in stature, and are forced to rest on a staff at the side of the sound leg. For they require the support of a staff there, since the nates inclines to this side, and the weight of the body is carried to it. They are forced also to stoop, for they are obliged to rest the hand on the side of the thigh against the affected limb; for the limb which is injured cannot support the body in changing the legs,

unless it be held when it is applied to the ground. They who have got an unreduced dislocation inward are forced to put themselves into these attitudes, and this from no premeditation on their part how they should assume the easiest position, but the impediment itself teaches them to choose that which is most conformable to their present circumstances. For persons who have a sore on the foot, or leg, and cannot rest upon the limb, all, even children, walk in this way; for they turn the injured limb outward in walking, and they derive two advantages therefrom, to supply two wants; the weight of the body is not equally thrown upon the limb turned outward, as upon the one turned inward, for neither is the weight in a line with it, but is much more thrown upon the one under the body; for the weight is in a straight line with it, both in walking and in the shifting of the legs. In this position one can most quickly turn the sound limb under the body, by walking with the unsound limb outward, and the sound inward. In the case we are now treating of, it is well that the body finds out the attitudes which are the easiest for itself. Those persons, then, who have not attained their growth at the time when they met with a dislocation which is not reduced, become maimed in the thigh, the leg, and the foot, for neither do the bones grow properly, but become shortened, and especially the bone of the thigh; and the whole limb is emaciated, loses its muscularity, and becomes enervated and thinner, both from the impediment at the joint, and because the patient cannot use the limb, as it does not lie in its natural position, for a certain amount of exercise will relieve excessive enervation, and it will remedy in so far the deficiency of growth in length. Those persons, then, are most maimed who have experienced the dislocation in utero, next those who have met with it in infancy, and least of all, those who are full grown. The mode of walking adopted by adults has been already described; but those who are children when this accident befalls them, generally lose the erect position of the body, and crawl about miserably on the sound leg, supporting themselves with the hand of the sound side resting on the ground. Some, also, who had attained manhood before they met with this accident, have also lost the faculty of walking erect. Those who were children when they met with the accident, and have been properly instructed, stand erect upon the sound leg, but carry about a staff, which they apply under the armpit of the sound side, and some use a staff in both arms; the unsound limb they bear up, and the smaller the unsound limb, the greater facility have they in walking, and their sound leg is no less strong than when both are sound. The fleshy parts of the limb are enervated in all such cases, but those who have dislocation inward are more subject to this loss of strength than, for the most part, those who have it outward.

53. Some tell a story how the Amazonian women dislocate the joints of their male children while mere infants, some at the knee, and others at the hip-joint, that they may be maimed, and that the male sex may not conspire against the female, and that they use them as artisans to perform any sedentary work, such as that of a shoemaker or

brazier. Whether these things be true or not I do not know, but this I know, that matters would be such as is represented, provided their children, while infants, were to have their joints dislocated. The consequences of dislocation inward at the hip-joint are much greater than of dislocation outward at the hip-joint, but at the knee, although there be some difference, it is less; but the mode of either impediment is peculiar, their legs are more bandied when the dislocation is outward, but those who have dislocation inward stand erect on their feet with less freedom. In like manner, when the dislocation is at the anklejoint, if outward they become vari (their toes are turned inward?), but they can stand; but if the dislocation be inward they become valgi (their toes are turned outward?), but they have less freedom of standing. The proportional growth of their bones is as follows: in those cases in which the bone of the leg is dislocated, the bones of the feet grow very little, as being very near the injury, but the bones of the leg increase in size, and with very little defect, but the fleshy parts (muscles?) are wasted. But when the ankle-joint is in its natural state, but the knee is dislocated, in these cases the bones of the leg do not grow in like manner, but become shortened, as being nearest the seat of the injury, and the bones of the feet also are atrophied, but not in the same proportion; because, as was said a little while ago, the ankle-joint is safe, and if they could use it, as in the case of club-foot, the bones of the foot would be still less atrophied. When the dislocation takes place at the hip-joint, the bone of the thigh, in this case, does not generally grow in like manner, as being the one nearest the seat of the injury, but becomes shorter than the sound one; but the growth of the bones of the leg is not arrested in like manner; nor of those of the feet, for this reason, that there is no displacement between the bones of the thigh and leg, nor between those of the leg and foot; in those cases, however, the fleshy parts of the whole limb are atrophied; but if they could make use of the limb, the growth of the bones would be still more developed, as formerly stated, only the thigh, although its flesh would be much less wasted, would still be by no means so fleshy as the sound limb. The following observations are a proof of this: those persons who are weasel-armed (galiancones) from birth, owing to dislocation of the humerus, or when the accident has happened to them before they have attained their full growth, such persons have the bone of the arm shortened, but those of the fore-arm and hand are little inferior in size to the sound, for the reasons which have been stated, because the humerus is the bone nearest to the joint affected, and, on that account, it is shorter than natural; but the fore-arm is not equally affected by the accident, because the joint at which the bones of the arm and forearm are articulated remains in its natural condition, and the hand is still further distant than the fore-arm from the seat of the injury. Such are the reasons why certain of the bones in this case increase in growth, and certain do not. The laborious office of the hand contributes much to the development of

the flesh in the fore-arm and hand, for whatever work is done by the hand, these weasel-armed persons strive to do no less effectually with the other hand than with the sound; for the arms do not support the weight of the body like the legs, and the work performed by them is light. From exercise, then, the fleshy parts on the hand and fore-arm are not atrophied in weasel-armed persons, and by these means the arm, too, gains flesh. But in dislocation inward at the hip-joint, whether from birth or from childhood, the fleshy parts, on that account, are much more atrophied than those of the hand, because the patients cannot exercise the leg. Another proof will be given in the observations which will be presently stated, that these things are such as I things are such as I have represented.

54. When the head of the femur is dislocated outward, the limb in these cases, when compared with the other, appears shortened, and this is natural, for the head of the femur no longer rests on a bone as in dislocation inward, but along the side of a bone which naturally inclines to the side, and it is lodged in flesh of a pulpy and yielding nature, and on that account it appears more shortened. Inwardly, the thigh about the perineum appears more hollow and flabby, but externally the buttock is more rounded, from the head of the thigh having slipped outward, but the nates appear to be raised up, owing to the flesh there having yielded to the head of the thigh-bone; but the extremity of the thigh-bone, at the knee, appears to be turned inward, and the leg and foot in like manner, neither does it admit of flexion like the sound limb. These, then, are the symptoms of dislocation outward.

55. When such a dislocation is not reduced in adults, the whole limb appears to be shortened, and in walking they cannot reach the ground with the heel, but they walk with the ball of the foot on the ground, and the points of their toes incline a little inward. But the injured limb, in this case, can support the body much better than in dislocation inward, both because the head of the femur and the neck of its articular extremity, being naturally oblique, have formed a bed under a considerable portion of the hip, and because the extremity of the foot is not forcibly turned outward, but is nearly in a line with the body, and is even inclined more inwardly. When, then, the articular extremity of the femur has worn out a socket for itself in the flesh where it was lodged, and the flesh is lubricated, it ceases to be painful in the course of time, and when it becomes free from pain, they can walk without a staff, if so inclined, and they can support the body on the injured limb. From usage then, in such cases, the fleshy parts are less enervated than in those which have been mentioned a little before, still, however, they lose their strength more or less; but in general there is more enervation when the dislocation is inward than when it is outward. Some of them, then, cannot wear their shoes, owing to the unbending state of their leg, and some of them can. But when this dislocation takes place in utero, and when the dislocation having occurred at any time before manhood, from violence, has not been replaced, or when from disease



the articular extremity has started from its socket, and is displaced (for many such cases occur, and from some of them, if the femur become necrosed, obstinate suppurations requiring the use of tents are formed, and in certain of them the bone is laid bare), whether the bone become necrosed or not, the bone of the thigh is much shortened, and does not usually grow like the sound one, the bones, too, of the leg, become shorter than those of the other, but in a small degree, for the same reasons that were formerly stated; such persons can walk, some of them in the same fashion as adults having an unreduced dislocation, and some of them walk with the whole foot on the ground, but limp in walking, being obliged to do so by the shortness of the limb. Such is the result, even though they be carefully and properly trained in the attitudes before they have strength for walking, and in like manner also, after they have acquired the necessary strength; but those persons require the most care who were very young when they met with the accident, for, if neglected while children, the limb becomes entirely useless and atrophied. The fleshy parts of the entire limb are more wasted than those of the sound limb, but this is much less apt to happen in their case than in dislocation inward, owing to usage and exercise, as they are speedily able to make use of the limb, as was stated a little before with regard to the weasel-armed (galiancones).

56. There are persons who, from birth or from disease, have dislocations outward of both the thighs; in them, then, the bones are affected in like manner, but the fleshy parts in their case lose their strength less; the legs, too, are plump and fleshy, except that there is some little deficiency at the inside, and they are plump because they have the equal use of both their legs, for in walking they totter equally to this side that. Their nates appear very prominent, from the displacement of the bones of the joint. But if in their case the bones do not sphacelate (become carious?) and if they do not become bent above the hip-joint, if nothing of this kind happen to them, they become otherwise sufficiently healthy, but the growth of all the rest of the body, with the exception of the head, is arrested.

57. In dislocations of the head of the femur backward, which rarely occur, the patient cannot extend the leg, either at the dislocated joint, or at the ham, to any extent, and of all the dislocations, this is the variety in which the patients have the least power of making extension at the groin and the ham. But, moreover, this also should be known (for it is a valuable piece of knowledge, and of much importance, and yet most yet most people are ignorant of it), that persons in health cannot extend the joint at the ham, if they do not extend the joint at the groin at the same time, unless they raise the foot very high, for in this way they could do it; neither also could they bend the joint at the ham, but with much greater difficulty, if they do not bend the joint at the groin at the same time. There are many other things in the body which have similar connections, both with regard to the contractions of nerves

(ligaments?), and the positions of muscles, and many of them more worthy of being known than is generally supposed, and with regard to the nature of the intestine and that of the whole internal cavity, and with regard to the displacements and contractions of the uterus; but all these things will be treated of elsewhere, in a work akin to the present one. But with regard to the matter on hand, they cannot make extension, as has been already stated; and the limb appears shortened, for two reasons-first, because it cannot be extended, and also because the bone has slipped into the flesh of the nates; for the head and neck of the femur, in this dislocation, are carried downward from their natural situation, to the outside of the nates. But yet they can bend the limb, unless prevented by pain, and the leg and foot appear pretty straight, and not much inclined toward either side, but at the groin the flesh, when felt, appears looser, from the bone of the joint having slipped to the other side, but at the nates the head of the femur may be felt to be more prominent than natural. Such are the symptoms accompanying dislocation of the thigh backward.

58. When this dislocation occurs in an adult, and is not reduced, he can walk, indeed, after a time, and when the pain has abated, and when he has been accustomed to rotate the articular bone in the flesh; he finds it necessary, however, to make strong flexion at the groin in walking, for two reasons, both because the limb, for the causes already stated, becomes much shorter, and he is far from touching the ground with his heel, and he can barely reach it with the ball of his foot, and not even thus, unless he bend himself at the groins, and also bend with the other leg at the ham. And in this case, he is under the necessity of supporting the upper part of the thigh with his hand at each step: this also contributes, in a certain degree, to make him bend the body at the groins; for, during the shifting of the feet in walking, the body cannot be supported on the unsound limb, unless it be pressed to the ground by the hand,-the end of the femur not being placed properly under the body, but having slipped backward to the nates; and if he should try to rest the weight of his body for a little, upon the foot, without any other support, he would fall backward, for there would be a great inclination in this direction, from the hips having protruded backward far beyond the line of the foot, and the spine inclining toward the hips. Such persons can walk, indeed, without a staff, if so accustomed, for because the sole of the foot is in its old line, and is not inclined outward, they do not require anything to balance them. Such, however, as, instead of grasping the thigh, prefer resting their weight upon a staff introduced into the armpit of the affected side, these, if they use a longer staff, will walk, indeed, more erect, but will not be able to reach the ground with the foot, or if they wish to rest upon the foot, they must take a shorter staff, and will require to bend the body at the groins. The wasting of the fleshy parts is analogous to what happens in the cases formerly described, for the wasting is greatest in those cases in which the patients keep the limb up, and do not exercise it, whilst those who

practice walking, have the least atrophy. The sound leg, however, is not benefited, but is rather rendered more deformed, if the injured limb be applied to the ground, for it is forced to cooperate with the other, being protruded at the hip, and bent at the ham. But if the patient does not use the injured limb by applying it to the ground, but carries it up, and rests upon a staff, the sound leg thereby gains strength, for it is employed in its natural position, and further, the exercise gives it strength. But it may be said, these things are foreign to medicine; for what is the use of enlarging upon cases which are already past remedy? This is far from being the case, for it belongs to the knowledge of medicine to be acquainted also with these, and they cannot possibly be separated from one another; for to such as are curable, means are to be used to prevent them from becoming incurable, studying how they may best be prevented from getting into an incurable state. And incurable cases should be known, that they may not be aggravated by useless applications, and splendid and creditable prognostics are made by knowing where, how, and when every case will terminate, and whether it will be converted into a curable or an incurable disease. When then, from birth, or during one's youth, this dislocation backward occurs, and is not reduced, whether it be connected with violence or disease (for many such dislocations occur in diseases, but the nature of the diseases in which dislocations take place, will be described afterward); if, then, the dislocated limb be not reduced, the bone of the thigh becomes shortened, the whole limb is impaired, is arrested in its growth, and loses its flesh from want of use; the articulation at the ham is also impaired, for the nerves (ligaments?) become stretched, from cases formerly stated, wherefore those who have this dislocation, cannot make extension at the knee-joint. In a word, all parts of the body which were made for active use, if moderately used and exercised at the labor to which they are habituated, become healthy, increase in bulk, and bear their age well, but when not used, and when left without exercise, they become diseased, their growth is arrested, and they soon become old. Among these parts the joints and nerves (ligaments?), if not used, are not the least liable to be so affected; they are impaired, then, for the reasons we have stated, more in this variety of dislocation than in the others, for the whole limb is wasted, both in its bones and in its fleshy parts. Such persons, then, when they attain their full growth, keep the limb raised and flexed, rest the weight of the body on the other leg, and support themselves with a staff, some with one, and others with two.

59. In dislocations of the head of the thigh-bone forward (they are of rare occurrence), the patients cannot extend the leg completely, but least of all can they bend it at the groin; they are pained, also, if forced to bend the limb at the ham. The length of the leg, if compared at the heel, is the same as that of the other; but the extremity of the foot inclines less to project forward. But the whole limb has its natural direction, and inclines neither to this side nor to that. These cases are particularly attended with severe

pain, and they are more apt to be accompanied with retention of urine at first than any of the other dislocations; for the head of the thigh-bone is lodged very near to important nerves. And the region of the groin appears swelled out and stretched, while that of the nates is more wrinkled and flabby. The symptoms now stated are those which attend this dislocation of the thigh-bone.

60. When persons have attained their full growth before meeting with this dislocation, and when it has not been reduced, upon the subsidence of the pain, and when the bone of the joint has been accustomed to be rotated in the place where it is lodged, these persons can walk almost erect without a staff, and with the injured leg almost quite straight, as it does not admit of easy flexion at the groin and the ham; owing, then, to this want of flexion at the groin, they keep the limb more straight in walking than they do the sound one. And sometimes they drag the foot along the ground, as not being able to bend the upper part of the limb, and they walk with the whole foot on the ground; for in walking they rest no less on the heel than on the fore part of the foot; and if they could take great steps, they would rest entirely on the heel in walking; for persons whose limbs are sound, the greater the steps they take in walking, rest so much the more on the heel, while they are putting down the one foot and raising the opposite. In this form of dislocation, persons rest their weight more on the heel than on the anterior part of the foot, for the fore part of the foot cannot be bent forward equally well when the rest of the limb is extended as when it is in a state of flexion; neither, again, can the foot be arched to the same degree the limb is bent as when it is extended. The natural state of matters is such as has been now described; and in an unreduced dislocation, persons walk in the manner described, for the reasons which have been stated. The limb, moreover, is less fleshy than the other, at the nates, the calf of the leg, and the whole of its posterior part. When this dislocation occurs in infancy, and is not reduced, or when it is congenital, in these cases the bone of the thigh is more atrophied than those of the leg and foot; but the atrophy of the thigh-bone is least of all in this form of dislocation. The fleshy parts, however, are everywhere attenuated, more especially behind, as has been stated above. If properly trained, such persons, when they grow up, can use the limb, which is only a little shorter than the other, and yet they support themselves on a staff at the affected side. For, not being able to use properly the ball of the foot without the heel, nor to put it down as some can in the other varieties of dislocation (the cause of which has been just now stated), on this account they require a staff. But those who are neglected, and are not in the practice of putting their foot to the ground, but keep the limb up, have the bones more atrophied than those who use the limb; and, at the articulations, the limb is more maimed in the direct line than in the other forms of dislocation.

61. In a word, luxations and subluxations take place in different degrees, being sometimes greater and sometimes less; and those cases

in which the bone has slipped or been displaced to a much greater extent, are in general more difficult to rectify than otherwise; and if not reduced, such cases have greater and more striking impairment and lesion of the bones, fleshy parts, and attitudes; but when the bone has slipped, or been displaced to a less extent, it is easier to reduce such cases than the other; and if the attempts at reduction have failed, or have been neglected, the impairment in such cases is less, and proves less injurious than in the cases just mentioned. The other joints present great differences as to the extent of the displacements which they are subject to. But the heads of the femur and humerus are very similar to one another as to their dislocations. For the heads of the bones are rounded and smooth, and the sockets which receive the heads are also circular, and adapted to the heads; they do not admit then of being dislocated in any intermediate degree, but, notwithstanding, from their rounded shape, the bones slip either outward or inward. In the case we are now treating of, then, there is either a complete dislocation or none at all, and yet these bones admit of being displaced to a greater or less extent; and the thigh is more subject to these differences than the arm.

62. Wherefore, then, some of these congenital displacements, if to a small extent, may be reduced to their natural condition, and especially those at the ankle-joint. Most cases of congenital club-foot are remediable, unless the declination be very great, or when the affection occurs at an advanced period of youth. The best plan, then, is to treat such cases at as early a period as possible, before the deficiency of the bones of the foot is very great, and before there is any great wasting of the flesh of the leg. There is more than one variety of club-foot, the most of them being not complete dislocations, but impairments connected with the habitual maintenance of the limb in a certain position. In conducting the treatment, attention must be paid to the following points: to push back and rectify the bone of the leg at the ankle from without inward, and to make counter-pressure on the bone of the heel in an outward direction, so as to bring it into line, in order that the displaced bones may meet at the middle and side of the foot; and the mass of the toes, with the great toe, are to be inclined inward, and retained so; and the parts are to be secured, with cerate containing a full proportion of resin, with compresses, and soft bandages insufficient quantity, but not applied too tight; and the turns of the bandages should be in the same direction as the rectifying of the foot with the hand, so that the foot may appear to incline a little outward. And a sole made of leather not very hard, or of lead, is to be bound on, and it is not to be applied to the skin but when you are about to make the last turns of the bandages. And when it is all bandaged, you must attach the end of one of the bandages that are used to the bandages applied to the inferior part of the foot on the line of the little toe; and then this bandage is to be rolled upward in what is considered to be a sufficient degree, to above the calf of the

leg, so that it may remain firm when thus arranged. In a word, as if moulding a wax model, you must bring to their natural position the parts which were abnormally displaced and contracted together, so rectifying them with your hands, and with the bandaging in like manner, as to bring them into their position, not by force, but gently; and the bandages are to be stitched so as to suit the position in which the limb is to be placed, for different modes of the deformity require different positions. And a small shoe made of lead is to be bound on externally to the bandaging, having the same shape as the Chian slippers had. But there is no necessity for it if the parts be properly adjusted with the hands, properly secured with the bandages, and properly disposed of afterward. This, then, is the mode of cure, and it neither requires cutting, burning, nor any other complex means, for such cases yield sooner to treatment than one would believe. However, they are to be fairly mastered only by time, and not until the body has grown up in the natural shape; when recourse is had to a shoe, the most suitable are the buskins, which derive their name from being used in traveling through mud; for this sort of shoe does not yield to the foot, but the foot yields to it. A shoe shaped like the Cretan is also suitable.

63. In cases of complete dislocation at the ankle-joint, complicated with an external wound, whether the displacement be inward or outward, you are not to reduce the parts, but let any other physician reduce them if he choose. For this you should know for certain, that the patient will die if the parts are allowed to remain reduced, and that he will not survive more than a few days, for few of them pass the seventh day, being cut off by convulsions, and sometimes the leg and foot are seized with gangrene. It should be well known that such will be the results; and it does not appear to me that hellebore will do any good, though administered the same day, and the draught repeated, and yet it is the most likely means, if any such there be; but I am of opinion that not even it will be of service. But if not reduced, nor any attempts at first made to reduce them, most of such cases recover. The leg and foot are to be arranged as the patient wishes, only they must not be put in a dependent position, nor moved about; and they are to be treated with pitched cerate, a few compresses dipped in wine, and not very cold, for cold in such cases induces convulsions; the leaves also of beet, or of colt's foot, of any such, when boiled in dark-colored austere wine, form a suitable application to the wound and the surrounding parts; and the wound may further be anointed with cerate in a tepid state. But if it be the winter season, the part is to be covered with unscoured wool, which is to be sprinkled from above with tepid wine and oil, but on no account is either bandage or compress to be applied; for this should be known most especially, that whatever compresses, or is heavy, does mischief in such cases. And certain of the dressings used to recent wounds are suitable in such cases; and wool may be laid upon the sore, and sprinkled with wine, and allowed to remain for a considerable time; but those dressings for recent wounds which only

last for a few days, and into which resin enters as an ingredient, do not agree with them; for the cleansing of the sores is a slow process, and the sore has a copious discharge for a long time. Certain of these cases it may be advantageous to bandage. It ought also to be well understood, that the patient must necessarily be much maimed and deformed, for the foot is retracted outward, and the bones which have been displaced outward protrude: these bones, in fact, not being generally laid bare, unless to a small extent; neither do they exfoliate, but they heal by thin and feeble cicatrices, provided the patient keeps quiet for a length of time; but otherwise there is danger that a small ulcer may remain incurable. And yet in the case we are treating of, those who are thus treated are saved; whereas, when the parts are reduced and allowed to remain in place, the patients die.

64. The same rule applies to dislocations at the wrist, attended with a wound and projection of the bone, whether the bones of the arm be displaced inward or outward. For this should be well understood, that the patient will die in the course of a few days, by the same mode of death as formerly described, if the bone be reduced, and allowed to remain so. But in those cases in which they are not reduced, nor any attempt made to reduce them, the patients, for the most part, recover; and the same mode of treatment as has been described will be applicable; but the deformity and impediment of the limb must necessarily be great, and the fingers of the hand will be weak and useless; for if the bones have slipped inward, they cannot bend the fingers, or if outward, they cannot extend them.

65. When the os tibiae, having made a wound at the knee, has protruded through the skin, whether the dislocation be outward or inward, in such a case, if the bone be reduced, death will be even more speedy than in the other cases, although speedy also in them. But the only hope of recovery is if you treat them without reduction. These cases are more dangerous than the others, as being so much higher up, as being so much stronger joints, and displaced from bones which are so much stronger. But if the os femoris form a wound at the knee, and slip through it, provided it be reduced and left so, it will occasion a still more violent and speedy death than in the cases formerly described; but if not reduced, it will be much more dangerous than those cases mentioned before, and yet this is the only hope of recovery.

66. The same rule applies to the elbow-joint, and with regard to the bones of the fore-arm and arm. For when these bones protrude through a wound which they have made in the skin, all cases in which they are reduced prove fatal; but if not reduced, there is a chance of recovery; but to those that survive there is certain impediment. And if in any instance the bones of the upper articulations (shoulder-joint?), should be dislocated, and project through a wound which they have made in the skin, these, if reduced, are followed by more speedy death; and if not reduced, they are more dangerous than the others. But the mode of treatment which appears to me most

suitable has been already described.

67. When the joints of the toes or hands are dislocated, and the bones protrude through a wound which they have made, and when there is no fracture of the bone, but merely displacement of the joint, in these cases, if the reduction be made and allowed to remain, there is some danger of spasms (tetanus?) if not properly treated, and yet it may be worth while to reduce them, having warned the patient beforehand that much caution and care will be required. The easiest, the most efficient method, and the one most conformable to art, is that by the lever, as formerly described when treating of bones which have been fractured and protruded; then the patient must be as quiet as possible, lie in a recumbent position, and observe a restricted regimen. And it will be better also that he should get some gentle emetics. The sore is to be treated with dressings for fresh wounds, which permit of allusions, or with the leaves of camomile, or with the applications for fractured bones of the head, but nothing very cold must be applied. The first (most distant?) joints are least dangerous, but those still higher, are more so. Reduction should be made the same day, or the next, but by no means on the third or fourth, for it is on the fourth day that exacerbations especially attack. In those cases, then, where immediate reduction cannot be accomplished, we must wait until after the aforesaid days; for whatever you reduce within ten days, may be expected to induce spasm. But if the spasm supervene on its being reduced, the joint should be quickly displaced, and bathed frequently with warm water, and the whole body should be kept in a warm, soft, and easy condition, and more especially about the joints, for the whole body should rather be in a bent than in an extended state. Moreover, it is to be expected, that the articular extremities of the bones of the fingers will for this generally happens, if even the least degree of inflammation take place, so that if it were not that the physician would be exposed to censure, owing to the ignorance of the common people, no reduction should be made at all. The reduction of the bones of joints which have protruded through the skin, is attended with the dangers which have been described.

68. When the articular bones of the fingers are fairly chopped off, these cases are mostly unattended with danger, unless deliquium come on in consequence of the injury, and ordinary treatment will be sufficient to such sores. But when resection is made, not at the articulations, but at some other point in the bones, these cases also are free from danger, and are still more easily cured than the others; and the fractured bones of the fingers which protrude otherwise than at the joint admit of reduction without danger. Complete resections of bones at the joints, whether the foot, the hand, the leg, the ankle, the forearm, the wrist, for the most part, are not unattended with danger, unless one be cut off at once by deliquium animi, or if continual fever supervene on the fourth day.

69. With regard to the sphacelus of fleshy parts, it takes place in wounds where there are large blood-vessels, which have been



strongly compressed, and in fractures of bones which have been bound too tight, and in other cases of immoderate constriction, when the parts which have been strangulated generally drop off; and the most of such patients recover, even when a portion of the thigh comes away, or of the arm, both bones and flesh, but less so in this case; and when the fore-arm and leg drop off, the patients readily recover. In cases then, of fracture of the bones, when strangulation and blackening of the parts take place at first, the separation of the dead and living parts quickly occurs, and the parts speedily drop off, as the bones have already given way; but when the blackening (mortification) takes place while the bones are entire, the fleshy parts, in this case, also quickly die, but the bones are slow in separating at the boundary of the blackening, and where the bones are laid bare. Those parts of the body which are below the boundaries of the blackening are to be removed at the joint, as soon as they are fairly dead and have lost their sensibility; care being taken not to wound any living part; for if the part which is cut off give pain, and if it prove not to be quite dead, there is great danger lest the patient may swoon away from the pain, and such swoonings often are immediately fatal. I have known the thigh-bones, when denuded in this manner, drop off on the eightieth day; but in the case of this patient, the parts below were separated at the knee on the twentieth day, and, as I thought, too early, for it appeared to me that this should be done more guardedly. In a case which I had of such blackening in the leg, the bones of the leg, as far as they were denuded, separated at its middle on the sixtieth day. But the separation of denuded bones is quicker or slower, according to the mode of treatment; something, too, depends upon whether the compression be stronger or weaker, and whether the nerves, flesh, arteries, and veins are quicker or slower in becoming blackened and in dying; since, when the parts are not strongly compressed, the separation is more superficial, and does not go the length of laying the bones bare, and in some cases it is still more superficial, so as not even to expose the nerves. For the reasons now stated, it is impossible to define accurately the time at which each of these cases will terminate. The treatment of such cases, however, is to be readily undertaken, for they are more formidable to look at than to treat; and a mild treatment is sufficient in all such cases, for they come to a crisis of themselves; only the diet must be attended to, so that it may be as little calculated to create fever as possible, and the body is to be placed in the proper positions: these are, neither raised very high up, nor inclined much downward, but rather upward, until the separation be completed; for at that time there is most danger of hemorrhage; on this account, wounds should not be laid in a declining position, but the contrary. But after a while, and when the sores have become clean, the same positions will no longer be appropriate; but a straight position, and one inclining downward, may be proper; and in the course of time, in some of these cases, abscesses form, and require bandages. One may also expect

that such patients will be attacked with dysentery; for dysentery usually supervenes in cases of mortification and of hemorrhage from wounds; it comes on generally when the blackening and hemorrhage have arrived at a crisis, and is profuse and intense, but does not

last many days; neither is it of a fatal nature, for such patients do not usually lose their appetite, nor is it proper to put them on a restricted diet.

70. Dislocation inward at the hip-joint is to be reduced in the following manner: (it is a good, proper, and natural mode of reduction, and has something of display in it, if any one takes delight in such ostentatious modes of procedure). The patient is to be suspended by the feet from a cross-beam with a strong, soft, and broad cord; the feet are to be about four inches or less from one another; and a broad and soft leather collar connected with the cross-beam is to be put on above the knees; and the affected leg should be so extended as to moved be two inches longer than the other; the head should be about two cubits from the ground, or a little more or less; and the arms should be stretched along the sides, and bound with something soft; all these preparations should be made while he is lying on his back, so that he may be suspended for as short a time as possible. But when the patient is suspended, a person properly instructed and not weak, having introduced his arm between his thighs, is to place his fore-arm between the perineum and the dislocated head of the os femoris; and then, having joined the other hand to the one thus passed through the thighs, he is to stand by the side of the suspended patient, and suddenly suspend and swing himself in the air as perpendicularly as possible. This method comprises all the conditions which are natural; for the body being suspended by its weight, produces extension, and the person suspended from him, along with the extension, forces the head of the thigh-bone to rise up above the acetabulum; and at the same time he uses the bone of the fore-arm as a lever, and forces the os femoris to slip into its old seat. The cords should be properly prepared, and care should be taken that the person suspended along with the patient have a sufficiently strong hold.

71. Wherefore, as formerly stated, men's constitutions differ much from one another as to the facility or difficulty with which dislocations are reduced; and the cause of this was also stated formerly in treating of the shoulder. In some the thigh is reduced with no preparation, with slight extension, directed by the hands, and with slight movement; and in some the reduction is effected by bending the limb at the joint, and making rotation. But much more frequently it does not yield to any ordinary apparatus, and therefore one should be acquainted with the most powerful means which can be applied in each case, and use whatever maybe judged most proper under all circumstances. The modes of extension have been described in the former parts of the work, so that one may make use of whatever may happen to be at hand. For, extension and counter-extension are to be made in the direction of the limb and the body; and if this be

properly effected, the head of the thigh-bone will be raised above its ancient seat; and if thus raised, it will not be easy to prevent it from settling in its place, so that any ordinary impulse with the lever and adjustment will be quite sufficient; but some apply insufficient extension, and hence the reduction gives much trouble. The bands then should be fastened, not only at the foot, but also above the knee, so that the force of the extension may not be expended on the knee-joint more than upon the hip-joint. The extension in the direction of the foot is to be thus contrived. But the counter-extension is not only to be managed by means of something carried round the chest and armpits, but also by a long, double, strong, and supple thong applied to the perineum, and carried behind along the spine, and in front along the collar-bone and fixed to the point from which counter-extension is made; and then force is to be so applied, by means of this extension and counter-extension, that the thong at the perineum may not pass over the head of the thigh-bone, but between it and the perineum; and during the extension one should strike the head of the femur with the fist, so as to drive it outward. And when the patient is raised up by the stretching, you should pass a hand through (between the legs?) and grasp it with the other hand, so as at the same time to make extension, and force the dislocated limb outward; while some other person sitting by the knee quietly directs it inward.

72. It has been formerly stated by us that it will be of importance for any person who practices medicine in a populous city to get prepared a quadrangular board, about six cubits or a little more in length, and about two cubits in breadth; a fathom will be sufficient thickness for it; and then along it from the one end to the other, an excavation must be made, so that the working of the levers may not be higher than is proper; then at both sides we are to raise short, strong, and strongly-fixed posts, having axles; and in the middle of the bench five or six long grooves are to be scooped out about four inches distant from one another, three inches will be a sufficient breadth for them, and the depth in like manner; and although the number of grooves I have mentioned will be sufficient, there is nothing to prevent their being made all over the bench. And the bench should have in its middle a pretty deep hole, of a square shape, and of about three inches in size; and into this hole, when judged necessary, is to be adjusted a corresponding piece of wood, rounded above, which, at the proper time, is to be adjusted between the perineum and the head of the thigh-bone. This upright piece of wood prevents the body from yielding to the force dragging downward by the feet; for sometimes this piece of wood serves the purpose of counter-extension upward; and sometimes, too, when extension and counter-extension are made, this piece of wood, if susceptible of some motion to this side or that, will serve the purpose of a lever for pushing the head of the thigh-bone outward. It is on this account that several grooves are scooped out on the bench, so that this piece of wood, being erected at the one which answers, may act as a lever,

either on the sides of the articular heads of bones, or may make pressure direct on the heads along with the extension, according as it may suit to push inward or outward with the lever; and the lever may be either of a round or broad form, as may be judged proper; for sometimes the one form and sometimes the other suits with the articulation. This mode of applying the lever along with extension is applicable in the reduction of all dislocations of the thigh. In the case now on hand, a round lever is proper; but in dislocations outward a flat lever will be the suitable one. By means of such machines and of such powers, it appears to me that we need never fail in reducing any dislocation at a joint.

73. And one might find out other modes of reduction for this joint. If the large bench were to have raised on it two posts about a foot (in diameter?), and of a suitable height, on each side near its middle, and if a transverse piece of wood like the step of a ladder, were inserted in the posts, then if the sound leg were carried through between the posts, and the injured limb were brought over the transverse piece of wood, which should be exactly adapted in height to the joint which is dislocated (and it is an easy matter so to adjust it, for the step of the ladder should be made a little higher than required, and a convenient robe, folded several times, is to be laid below the patient's body), then a piece of wood, of suitable breadth and length, is to be laid below the limb, and it should reach from the ankle to beyond the head of the thigh-bone, and should be bound moderately tight to the limb. Then the limb being extended, either by means of the pestle-like piece of wood (formerly described), or by any of the other methods of extension, the limb which is carried over the step with the piece of wood attached to it, is to be forced downward, while somebody grasps the patient above the hip-joint. In this manner the extension will carry the head of the thighbone above the acetabulum, while the lever power that is exercised will push the head of the thigh-bone into its natural seat. All the above-mentioned powers are strong, and more than sufficient to rectify the accident, if properly and skillfully applied. For, as formerly stated, in most cases reduction may be effected by much weaker extension, and an inferior apparatus.

74. If the head of the bone slip outward, extension and counter-extension must be made as described, or in a similar manner. But along with the extension a broad lever is to be used to force the bone from without inward, the lever being placed at the nates or a little farther up, and some person is to steady the patient's body, so that it may not yield, either by grasping him at the buttocks with his hands, or this may be effected by means of another similar lever, adjusted to one of the grooves, while the patient has something laid below him, and he is secured, and the dislocated thigh is to be turned gently from within outward at the knee. Suspension will not answer in this form of dislocation, for, in this instance, the arm of the person suspended from him, would push the head of the thigh-bone from the acetabulum. But one might use the piece of wood placed

below him as a lever, in such a manner as might suit with this mode of dislocation; it must work from without. But what use is there for more words? For if the extension be well and properly done, and if the lever be properly used, what dislocation of the joint could occur, that might not be thus reduced?

75. In dislocation of the thigh, backward, extension and counter-extension should be made as has been described; and having laid on the bench a cloth which has been folded several times, so that the patient may lie soft, he is to be laid on his face, and extension thus made, and, along with the extension, pressure is to be made with a board, as in the case of humpback, the board being placed on the region of the nates, and rather below than above the hip-joint; and the hole made in the wall for the board should not be direct over, but should be inclined a little downward, toward the feet. This mode of reduction is particularly appropriate to this variety of dislocation, and at the same time is very strong. But perhaps, instead of the board, it might be sufficient to have a person sitting (on the seat of luxation ?), or pressing with his hands, or with his foot, and suddenly raising himself up, along with the extension. None of the other aforementioned modes of reduction are natural in this form of dislocation.

76. In dislocation forward, the same mode of extension should be made; but a person who has very strong hands, and is well trained, should place the palm of the one hand on the groin, and taking hold of this hand with the other, is at the same time to push the dislocated part downward, and at the same time to the fore part of the knee. This method of reduction is most especially conformable to this mode of dislocation. And the mode of suspension is also not far removed from being natural, but the person suspended should be well trained, so that his arm may not act as a lever upon the joint, but that the force of the suspension may act about the middle of the perineum, and at the os sacrum.

77. Reduction by the bladder is also celebrated in dislocations at this joint, and I have seen certain persons who, from ignorance, attempted to reduce both dislocations outward and backward therewith, not knowing that they were rather displacing than replacing the parts; it is clear, however, that he who first invented this method intended it for dislocation inward. It is proper, then, to know how the bladder should be used, if it is to be used, and it should be understood that many other methods are more powerful than it. The bladder should be placed between the thighs uninflated, so that it may be carried as far up the perineum as possible, and the thighs beginning at the patella are to be bound together with a swathe, as far up as the middle of the thigh, and then a brass pipe is to be introduced into one of the loose feet of the bladder, and air forced into it, the patient is to lie on his side with the injured limb uppermost. This, then, is the preparation; some, however, do the thing worse than as I have described, for they do not bind the thighs together to any extent, but only at the knees, neither do they make

extension, whereas extension should be made, and yet some people by having the good fortune to meet with a favorable case, have succeeded in making reduction. But it is not a convenient method of applying force, for the bladder, when inflated, does not present its most prominent part to the articular extremity of the femur, which is the place that ought to be more especially pressed outward, but its middle, which probably corresponds with the middle of the thigh, or still lower down, for the thighs are naturally curved, being fleshy, and in contact above, and becoming smaller downward, so that the natural configuration of the parts forces the bladder from the most proper place. And if a small bladder be introduced, its power will be small, and unable to overcome the resistance of the articular bone. But if the bladder must be used, the thighs are to be bound together to a considerable extent, and the bladder is to be inflated along with the extension of the body, and in this method of reduction both legs are to be bound together at their extremity.

78. The prime object of the physician in the whole art of medicine should be to cure that which is diseased; and if this can be accomplished in various ways, the least troublesome should be selected; for this is more becoming a good man, and one well skilled in the art, who does not covet popular coin of base alloy. With regard to the subject now on hand, the following are domestic means of making extension of the body, so that it is easy to choose from among the things at hand:-In the first place, when soft and supple thongs are not at hand for ligatures, either iron chains, or cords, or cables of ships, are to be wrapped round with scarfs or pieces of woollen rags, especially at the parts of them which are to be applied, and in this state they are to be used as bands. In the second place, the patient is to be comfortably laid on the strongest and largest couch that is at hand, and the feet of the couch, either those at the (patient's?) head, or those at the feet, are to be fastened to the threshold, either within or without, as is most suitable; and a square piece of wood is to be laid across, and extending from the one foot to the other; and if this piece of wood be slender, it should be bound to the feet of the couch, but, not withstanding, if it be thick, there will be no necessity for this; then the heads of the ligatures, both of those at the head and those at the feet, are to be fastened to a pestle, or some such piece of wood, difficult to reduce at either end; the ligatures should run along the line of the body, or be a little elevated above it, and it should be stretched proportionally to the pestles, so that, standing erect, the one may be fastened to the threshold, and the other to the transverse piece of wood. Extension is then to be made by bending back the ends of the pestles. A ladder, having strong steps, if laid below the bed, will serve the purpose of the threshold and the piece of wood laid along (the foot of the couch?), as the pestles can be fastened to the steps at either end, and when drawn back they thus make extension of the ligatures. Dislocation, inward or forward, may be reduced in the following manner: a ladder is to be fastened in the ground, and the man is to be

seated upon it, and then the sound leg is to be gently stretched along and bound to it, wherever it is found convenient; and water is to be poured into an earthen vessel, or stones put into a hamper and slung from the injured leg, so as to effect the reduction. Another mode of reduction: a cross-beam is to be fastened between two pillars of moderate height; and at one part of the cross-beam there should be a protuberance proportionate to the size of the nates; and having bound a coverlet round the patient's breast, he is to be seated on the protuberant part of the cross-beam, and afterward the breast is to be fastened to the pillar by some broad ligature; then some one is to hold the sound leg so that he may not fall off, and from the injured limb is to be suspended some convenient weight, as formerly described.

79. It should be particularly known that the union of all bones is, for the most part, by a head and socket (cotyle); in some of these the place (socket?) is cotyloid and oblong, and in some the socket is glenoid (shallow?). In all dislocations reduction is to be effected, if possible, immediately, while still warm, but otherwise, as quickly as it can be done; for reduction will be a much easier and quicker process to the operator, and a much less painful one to the patient, if effected before swelling comes on. But all the joints when about to be reduced should be first softened, and gently moved about; for, thus they are more easily reduced. And, in all cases of reduction at joints, the patient must be put on a spare diet, but more especially in the case of the greatest joints, and those most difficult to reduce, and less so in those which are very small and easily reduced.

80. If any joint of the fingers is dislocated, whether the first, second, or the third, the same method of reduction is to be applied, but the largest joints are the most difficult to reduce. There are four modes of displacement-either upward, downward, or to either side; most commonly upward, and most rarely laterally, and in consequence of violent motion. On both sides of its articular cavity there is a sort of raised border. When the dislocation is upward or downward, owing to the articular cavity having smoother edges there than at the sides, if the joint of it be dislocated, it is more easily reduced. This is the mode of reduction:-The end of the finger is to be wrapped round with a fillet, or something such, that, when you lay hold of it and make extension, it will not slip; and when this is done, some person is to grasp the arm at the wrist, and another is to take hold of the finger which is wrapped in the fillet, and then each is to make considerable extension toward himself, and at the same time the projecting bone is to be pushed into its place. But, if the dislocation be lateral, the same mode of reduction is to be used; but when you think that the extremity of the bone has cleared the rim, at the same time that extension is made, the bone is to be pushed direct into its place, while another person on the other side of the finger is to take care and make counter-pressure, so that it may not again slip out there. The twisted nooses formed from palm-shoots are

convenient for effecting reduction, if you will make extension and counter-extension by holding the twisted string in the one hand and the wrist in the other. When reduced, you must bind the part as quickly as possible with bandages; these are to be very slender and waxed with cerate, neither very soft nor very hard, but of middle consistence; for that which is hard drops off from the finger, while that which is soft and liquid is melted and lost by the increased heat of the finger. The bandage is to be loosed on the third or fourth day; but on the whole, if inflamed, it is to be the more frequently loosed, and if otherwise, more rarely; this I say respecting all the joints. The articulation of a finger is restored in fourteen days. The treatment of the fingers and of the toes is the same.

81. After all reductions of joints the patient should be confined to a restricted diet and abstinence until the seventh day; and if there be inflammation, the bandages are to be the more frequently loosed, but otherwise, less frequently, and the pained joint is to be kept constantly in a state of rest, and is to be laid in the most convenient position possible.

82. Accidents at the knee are more mild than at the elbow, from its being compact, regular, and elegant in its construction; and, therefore, it is more readily dislocated and reduced. It is most frequently dislocated inward, but also outward and backward. The modes of reduction are these: by flexion at the knee, or by sudden calcitration, or having rolled a swathe into a ball, and fixed it in the ham, the patient's body is to be suddenly dropped on its bended knees. Dislocation backward, also, as in the case of the elbow, may be reduced by moderate extension, and to either side, either by flexion or calcitration, but also by moderate extension. The adjustment is the same in all cases. In dislocations backward which are not reduced, the patient cannot bend the joint, but neither can he, to any great extent, in the other varieties; the thigh and leg are wasted in front; but if inward the patients become bow-legged, and the external parts are wasted; but if outward they become more bandy-legged, but the impediment is less, for the body is supported on the larger of the bones, and the inner parts are wasted. When these accidents happen at birth or during adolescence, they follow the rule formerly stated.

83. Dislocations at the ankle-joints require strong extension, either with the hands or some such means; and adjustment, which at the same time effects both purposes, as is common in all cases.

84. Injuries of the foot are to be remedied like those of the hand.

85. The bones connected with the leg, and which are dislocated, either at birth or during adolescence, follow the same course as those in the hand.

86. When persons jumping from a height pitch on the heel, so as to occasion separation (diastasis) of the bones, ecchymosis of the veins, and contusion of the nerves; when these symptoms are very violent there is danger of sphacelus, and that the case may give trouble during life, for the bones are so constructed as to slip from one another, and the nerves communicate together. And, indeed, in cases of



fracture, either from an injury in the leg or thigh, or in paralysis of the nerves (tendons?) connected with these parts, or from neglect during confinement to bed, when the heel gets blackened the most serious consequences result therefrom. Sometimes, in addition to the sphacelus, there come on acute fevers accompanied with hiccup, aberration of intellect, and speedy death, with lividities of the large blood-vessels. With regard to the symptoms attending exacerbations, if the ecchymosed and blackened parts and those around be somewhat hard and red, and if along with the hardness there be lividity, mortification is to be apprehended; but if the parts be slightly livid, or even very livid, and the swelling diffused, or if greenish and soft, these appearances, in such cases, are all favorable. The treatment, if no fever be present, consists in the administration of hellebore, but otherwise (it is not to be given, but oxyglyky (decoction of honeycombs and vinegar) is to be given for drink, if required. Bandaging as in the other articulations: above all, more especially in contusions, the bandages should be numerous and softer than usual, but the compression should be less; most turns should be made around the heel. Position, like the bandaging, should be so regulated as not to determine to the heel. Splints are not to be used.

87. When the foot is dislocated, either alone or along with its epiphysis, the displacement is, for the most part, to the inside. If not reduced, in the course of time, the hip, the thigh, and the side of the leg opposite the dislocation, become atrophied. Reduction is the same as in the wrist, but the extension requires to be very powerful. Treatment, agreeably to the general rule for joints. Exacerbations do occur, but less frequently than in dislocations at the wrist, provided the parts get rest. While they remain at rest the diet should be restricted. Those which occur at birth, or during adolescence, follow the rule formerly stated.

THE END

