1regard to the construction of bones, the bones and joints offingers are simple, the bones of the hand and foot are numerous,articulated in various ways; the uppermost are the largest; theconsists of one bone which is seen to project outward, and thetendons are attached to it. The leg consists of two bones, unitedabove and below, but slightly separated in the middle; thebone (fibula), where it comes into proximity with the little, is but slightly smaller than the other, more so where they are, and at the knee, the outer hamstring arises from it; thesehave a common epiphysis below, with which the foot is moved,another epiphys is above,* in which is moved the articular extremitythe femur, which is simple and light in proportion to its length,the form of a condyle, and having the patella (connected with it?),femur itself bends outward and forward; its head is a round epiphysisgives origin to ligament inserted in the acetabulum of the hip-joint.bone is articulated somewhat obliquely, but less so than the. The ischium is united to the great vertebra contiguous toos sacrum by a cartilaginous ligament. The spine, from the osto the great vertebra, is curved backward; in this quartersituated the bladder, the organs of generation, and the inclinedof the rectum; from this to the diaphragm it proceeds in aline inclining forward, and the psoae are situated there;this point, to the great vertebra above the tops of the shoulders,rises in a line that is curved backward, and the curvature appearsthan it is in reality, for the posterior processes of theare there highest; the articulation of the neck inclines forward.vertebrae on the inside are regularly placed upon one another,behind they are connected by a cartilaginous ligament; they arein the form of synarthrosis at the back part of the spinal; behind they have a sharp process having a cartilaginous epiphysis,proceeds the roots of nerves running downward, as also musclesfrom the neck to the loins, and filling the space betweenribs and the spine. The ribs are connected to all the intervertebralon the inside, from the neck to the lumbar region, by a small, and before to the sternum, their extremities being spongysoft; their form is the most arched in man of all animals; forthis part, man is, of all animals, the narrowest in proportionhis bulk. The ribs are united to each vertebra by a small ligamentthe place from which the short and broad lateral processes (transverse?) arise. The sternum is one continuous bone, having lateralfor the insertion of the ribs; it is of a spongy and cartilaginous. The clavicles are rounded in front, having some slightat the sternum, but more free at the acromion. The acromion,man, arises from the scapula differently from most other animals.scapula is cartilaginous toward the spine, and spongy elsewhere,an irregular figure externally; its neck and articular cavity; it does not interfere with the movements of the ribs,is free of all connection with the other bones, except the humerus.head of the humerus is articulated with its (glenoid?) cavity,means of a small ligament, and it consists of a rounded epiphysisof spongy cartilage, the humerus itself is bent outward and, and it is articulated with its (glenoid?) cavity by its side,not in a straight line. At the elbow it is broad, and has condylescavities, and is of a solid consistence; behind it is a cavitywhich the coronoid process (olecranon?) of the ulna is lodged,the arm is extended; here, too, is inserted the benumbling nerve,arises from between the two bones of the forearm at their junction,terminates there. * Epiphysis means a close union of the two bones by means of a ligament.———————————————————————————————-2the nose is fractured, the parts should be modeled instantly,possible. If the fracture be in its cartilaginous part, introducethe nostrils a tent formed of caddis, inclosed in the outer skina Carthaginian hide, or anything else which

does not irritate;skin is to be glued to the parts displaced, which are to be thus. Bandaging in this case does mischief. The treatment isconsist of flour with manna, or of sulphur with cerate. You willadjust the fragments, and afterward retain them in placeyour fingers introduced into the nostrils, and turning the partsplace; then the Carthaginian skin is to be used. Callius formswhen there is a wound; and the same things are to be done, eventhere is to be exfoliation of the bones, for this is not of anature. ————————————————————————————————————-3fractures of the ears, neither bandages nor cataplasms should be; or, if any bandage be used, it should be put on very tight;cerate and sulphur should be applied to agglutinate the bandages.matter forms in the ears, it is found to be more deeply seatedmight be supposed, for all parts that are pulpy, and consistjuicy flesh, prove deceptious in such a case. But no harm willfrom making an opening, for the parts are lean, watery, andof mucus. No mention is here made of the places and circumstancesrender it fatal to make an opening. The cure is soonest effectedtransfixing the ear with a cautery; but the ear is maimed and diminishedsize, if burned across. If opened, one of the gentle medicinesflesh wounds should be used as a dressing. ————————————————————————————————————————-4jaw-bone is often slightly displaced (subluxated?), and is restored; it is dislocated but rarely, especially in gaping; in fact,bone is never dislocated unless it slips while the mouth is opened. It slips, however, the more readily from its ligaments being, supple, and of a yielding nature. The symptoms are: the lowerprotrudes, it is distorted to the side opposite the dislocation,the patient cannot shut his mouth; when both sides are dislocated,jaw projects more, the mouth can be less shut, but there is no; this is shown by the rows of the teeth in the upper andjaw corresponding with one another. If, then, both sides be, and not immediately reduced, the patient for the mostdies on the tenth day, with symptoms of continued fever, stupor,coma, for the muscles there induce such effects; there is disorderthe bowels attended with scanty and unmixed dejection; and the, if any, are of the same character. The other variety istroublesome. The method of reduction is the same in both:-Thebeing laid down or seated, the physician is to take hold ofhead, and grasping both sides of the jaw-bone with both hands,and without, he must perform three manoeuvres at once,-rectifyposition of the jaw, push it backward, and shut the mouth. Theshould consist of soothing applications, position, and applyingsuitable bandage to support the jaw-bone, so as to cooperate withreduction. ————————————————————————————————————-5bone of the shoulder is dislocated downward. I have never heardany other mode. The parts put on the appearance of dislocation, when the flesh about the joint is wasted during consumption,also seems to be the case with cattle when in a state of leannesswinter. Those persons are most liable to dislocations who are, slender, and have humidities about their joints without inflammation,it knits the joints. Those who attempt to reduce and rectify dislocationsoxen, commit a blunder, as forgetting that the symptoms arise frommanner in which the ox uses the limb, and that the appearancethe same in a man who is in a similar condition, and forgettingthat Homer has said, that oxen are most lean at that season.this dislocation, then, when not reduced, the patient cannot performof those acts which others do, by raising the arm from the side.have thus stated who are the persons most subject to this dislocation,how they are affected. In congenital dislocations the nearestare most shortened, as is the case with persons who are weasel-armed;fore-arm less so, and the

hand still less; the bones above areaffected. And the parts (near the seat of the injury) are mostin flesh; and this happens more especially on the side of theopposite the dislocation, and that during adolescence, yet insomewhat less degree than in congenital cases. The deep-seated suppurationsmost frequently to new-born infants about the joint of the shoulder,these produce the same consequences as dislocations. In adults,bones are not so diminished in size, and justly, seeing that thewill not increase as in the former case; but wasting of thetakes place, for it is increased, and is diminished every day,at all ages. And attention should be paid to the force of habit,to the symptom produced by the tearing away of the acromion, wherebyvoid is left, which makes people suppose that the humerus is dislocated.head of the humerus is felt in the armpit, and the patient cannothis arm, nor swing it to this side and that, as formerly. Theshoulder shows the difference. Modes of reduction:-The patienthaving placed his fist in the arm pit, pushes up the headthe humerus with it, and brings the hand forward to the breast.:-Force it backward, so that you may turn it round. Another:-Applyhead to the acromion, and your hands to the armpit, separatehead of the humerus (from the side?), and push the elbow in thedirection; or, instead of your knees, another person mayaside the elbow, as formerly directed. Or, place the patientyour shoulder, with the shoulder in his armpit. Or, with the heel,being introduced to fill up the hollow of the armpit, andthe right foot to the right shoulder. Or, with a pestle. Or,the step of a ladder. Or, by rotation made with piece of woodbelow the arm. Treatment:-As to attitude, the arm placedthe side, the hand and shoulder raised; the bandaging and adjustmentthe parts while in this attitude. If not reduced, the top of thebecomes attenuated. ——————————————————————————————————————————-6the acromion is torn away, the appearance is the same as in dislocationthe shoulder; but there is no impediment, except that the bonenot return to its position. The figure should be the same asdislocation, both as regards bandaging and suspending the limb.bandaging according to rule. ——————————————————————————————————————————-7partial displacement (sub-luxation?) takes place at the elbow,inside or outside, but the sharp point (olecranon?) remainsthe cavity of the humerus, make extension in a straight line, andthe projecting parts backward and to the sides. ——————————————————————————————————————————-8complete dislocations to either side, make extension while theis in the position it is put in to be bandaged for a fracture,thus the rounded part of the elbow will not form an obstacle to. Dislocation most commonly takes place inward. The parts are toadjusted by separating the bones as much as possible, so that theof the humerus may not come in contact with the olecranon, butis to be carried up and turned round, and not forced in a straight; at the same time the opposite sides are to be pushed together,the bones reduced to their place. In these cases rotation of thecooperates; that is to say, turning the arm into a state ofand pronation; so much for the reduction. With regard toattitude in which it is to be put,-the hand is to be placed somewhatthan the elbow, and the arm by the side; this position suitsit when slung from the neck, is easily borne, is its natural, and one adapted for ordinary purposes, unless callus form: the callus soon forms. Treatment:-By bandages accordingthe common rule for articulations, and the point of the elbow isbe included in the bandage. ——————————————————————————————————————————-9elbow, when luxated, induces the most serious consequences, fevers,, nausea, vomiting of pure bile; and this especially in dislocations, from pressure on the nerve which

occasions numbness; nextit is dislocation forward. The treatment is the same. The reductiondislocation backward is by extension and adaptation: the symptomthis variety, loss of the power of extension; of dislocation forward,of the power of flexion. In it a hard ball is to be placed inbend of the elbow, and the fore-arm is to be bent over this whileextension is made. ————————————————————————————————————————————-10of the bones may be recognized by examining the part wherevein which runs along the arm divides. ————————————————————————————————————————————-11these cases callus is speedily formed. In congenital dislocations,bones below the seat of the injury are shorter than natural; incase, the greatest shortening is in the nearest, namely, thosethe fore-arm; second, those of the hand; third, those of the fingers.arm and shoulders are stronger, owing to the nourishment whichreceive, and the other arm, from the additional work it has to, is still more strong. The wasting of the flesh, if the dislocationoutward, is on the inside; or if otherwise, on the side oppositedislocation. ————————————————————————————————————————————-12dislocation at the elbow, whether outward or inward, extensionto be made with the fore-arm at right angles to the arm; the armto be suspended by a shawl passed through the armpit, and a weightto be attached to the extremity of the elbow; or force is to bewith the hands. The articular extremity being properly raised,parts are to be adjusted with the palms of the hands, as in dislocationsthe hands. It is to be bandaged, suspended in a sling, and placed,in this attitude. ————————————————————————————————————————————-13backward are to be rectified with the palms of the handswith sudden extension. These two acts are to be performed together,in other cases of the kind. In dislocation forward, the arm isbend around a ball of cloth, of proper size, and at the same time. ————————————————————————————————————————————-14the displacement be on the other side both these operations arebe performed in effecting the adjustment of the arm. With regardthe treatment,-the position and the bandaging are the same as inother cases. For all these cases may be reduced by ordinary distention.————————————————————————————————————————————-15regard to the modes of reduction, some act upon the principlecarrying the one piece of bone over the other, some by extension,some by rotation: these last consist in rapidly turning the armthis side and that. ————————————————————————————————————————————-16joint of the hand is dislocated inward or outward, but most frequently. The symptoms are easily recognized; if inward, the patientat all bend his fingers, but if outward, he cannot extend them.:-By placing the fingers above a table, extension and counter-extensionto be made by assistance, while, with the palm of the hand orheel on the projecting bone, one presses forward, and from behind,the other bone, and lays some soft substance on it; and, if thebe above, the hand is to be turned into a state of pronation;, if backward, into a state of supination. The treatment is to bewith bandages. ————————————————————————————————————————————-17whole hand is dislocated either inward, or outward, but especially, or to this side or that. Sometimes the epiphysis is displaced,sometimes there is displacement (diastasis) of the one bone fromother. Powerful extension is to be made in this case; and thepart is to be pressed upon, and counter-pressure made onopposite side: both modes being performed at the same time, bothand laterally, either with the hands on a table, or withheel. These accidents give rise to serious

consequences and deformities;in time the parts get so strong as to admit of being used. Theconsists of bandages comprehending the hand and forearm,splints are to be applied as far as the fingers; when put in splints,are to be more frequently loosed than in fractures, and moreallusions of water are to be used. ———————————————————————————————-18congenital dislocations the hand becomes shortened, and the atrophythe flesh is generally on the side opposite the dislocation. Inadult the bones remain of their proper size. ———————————————————————————————-19symptoms of dislocation of the finger are obvious, and need notdescribed. This is the mode of reduction:-By stretching in a straight, and making pressure on the projecting part, and counter-pressure,the opposite side, on the other. The proper treatment consistsdthe application of bandages. When not reduced, the parts unitecallus outside of the joints. In congenital dislocations, and inwhich occur during bones below the dislocation are shortened,the flesh is wasted principally on the side opposite to the dislocation;the adult the bones remain of their proper size. ———————————————————————————————-20at the hip-joint occurs in four modes, inward most frequently,next, the others of equal frequency. The symptoms:-The common,comparison with the sound leg. The peculiar symptoms of dislocations; the head of the bone is felt at the perineum; the patientbend his leg as formerly; the limb appears elongated, and togreat extent, unless you bring both limbs into the middle spacethem in making a comparison of them; and the foot and theare inclined outward. If the dislocation has taken place from, or during one's growth, the thigh is shortened, the leg less, and the others according to the same rule; the fleshy parts are, especially on the outside. Such persons are afraid to stand, and crawl along on the sound limb; or, if compelled, they walkone or two staves, and bear up the affected limb; and the smallerlimb so much the more do they walk. If the accident happens tothe bones remain of their proper size, but the flesh is wasted,formerly described; the patients walk in a wriggling manner, like; they are bent toward the flank, and the buttock on the uninjuredis prominent; for the uninjured limb must necessarily come belowit may support the body, whilst the other must be carried outthe way, as it cannot support the body, like those who have anin the foot. They poise the body by means of a staff on theside, and grasp the affected limb with the hand above the kneeas to carry the body in shifting from one place to another. Ifparts below the hip-joint be used, the bones below are less atrophied,the flesh more. ———————————————————————————————-21symptoms and attitudes in dislocation outward are the opposite,the knee and foot incline a little inward. When it is congenital,occurs during adolescence, the bones do not grow properly; accordingthe same rule, the bone of the hip-joint is somewhat higher than, and does not grow proportionally. In those who have frequentoutward, without inflammation, the limb is of a more(flabby?) temperament than natural, like the thumb, for it ispart most frequently dislocated, owing to its configuration; inpersons the dislocation is to a greater or less extent; and inpersons it is more difficultly or easily produced; in what therereason to hope that it can be speedily reduced, and in what not;the remedy for this; and in what cases the dislocation frequently, and treatment of this. In dislocation outward from birth,during adolescence, or from disease, (and it happens most frequentlydisease, in which case there is sometimes exfoliation of the, but even where there is no exfoliation), the patients experiencesame symptoms, but to an inferior degree to those in dislocations, if

properly managed so that in walking they can put the wholeto the ground and lean to either side. The younger the patient, the greater care should be bestowed on him; when neglected, thegets worse; when attended to, it improves; and, although thereatrophy in all parts of the limb, it is to a less extent.———————————————————————————————————-22there is a dislocation on both sides, the affections of the bonesthe same; the flesh is well developed, except within, the nates, the thighs are arched, unless there be sphacelus. If therecurvature of the spine above the hip-joint, the patients enjoyhealth, but the body does not grow, with the exception of the. ———————————————————————————————————-23symptoms of dislocation backward are:-The parts before more empty,they protrude, the foot straight, flexion impossible, exceptpain, extension least of all: in these the limb is shortened.can neither extend the limb at the ham, nor at the groin, unlessbe much raised, nor can they bend it. The uppermost joint, in most, takes the lead: this is common in joints, nerves, muscles,, uteri, and other parts. There the bone of the hip-jointcarried backward to the nates, and on that account it is shortened,because the patient cannot extend it. The flesh of the whole legwasted in all cases, in which most, and to what extent, has beenstated. Every part of the body which performs its functionalis strong, but, not withstanding, if inactive, it gets into acondition, unless its inactivity arise from fatigue, fever, or. And in dislocations outward, the limb is shortened,the bone is lodged in flesh which yields; but, not withstanding,dislocations inward, it is longer, because the bone is lodged onprojecting bone. Adults, then, who have this dislocation unreduced,bent at the groins in walking, and the other ham is flexed; theyreach the ground with the ball of the foot; they grasp thewith the hand, and walk without a staff if they choose; if thebe too long, their foot cannot reach the grounds-if they wishreach the ground, they must use a short staff. There is wastingthe flesh in cases attended with pain; and the inclination of theis forward, and the sound leg in proportion. In congenital cases,when in adolescence, or from disease, the bone is dislocated (undercircumstances will be explained afterward), the limb is particularly, owing to the nerves and joints not being exercised, andknee is impaired for the reasons stated. These persons, keepinglimb bent, walk with one staff or two. But the sound limb is inflesh from usage. ———————————————————————————————————-24dislocations forward the symptoms are the opposite: a vacuity behind,protuberance before; of all motions they can least perform flexion,extension best; the foot is straight, the limb is of the properat the heel; at its extremity the foot a little turned up;are especially pained at first: of all these dislocations retentionurine occurs most frequently in this variety, because the bonelodged among important nerves. The fore parts are stretched, dogrow, are diseased, and are obnoxious to premature decay; theparts are wrinkled. In the case of adults, they walk erect, restingon the heel, and this they do decidedly if they can take great; but they drag it along; the wasting is least of all in thisof dislocation, owing to their being able to use the limb,the wasting is most behind. The whole limb being straighter thanthey stand in need of a staff on the affected side. When theis congenital, or has occurred during adolescence, ifmanaged, the patient has the use of the limb as well as adults(otherwise?) have of it. But, if neglected, it is shortened and extended,in such cases the joint is generally in a straight position. Theof the bones, and wasting of the fleshy parts, are analogous.———————————————————————————————————-25reduction-the extension of the thigh is to be

powerful, and thewhat is common in all such cases, with the hands, or a, or a lever, which, in dislocations inward, should be round,in dislocations outward, flat; but it is mostly applicable inoutward. Dislocations inward are to be remedied by meansbladders, extending to the bare part of the thigh, along with extensionbinding together of the limbs. The patient may be suspended, withfeet a little separated from one another, and then a person insertingarm within the affected limb, is to suspend himself from it, andextension and readjustment at the same time; and this methodsufficient in dislocations forward and the others, but least ofin dislocations backward. A board fastened under the limb, likeboard fastened below the arm in dislocations at the shoulder,in dislocations inward, but less so in the other varieties.with extension you will use pressure either with the foot, the, or a board, especially in dislocations forward and backward.———————————————————————————————————-26at the knee are of a milder character than those of the, owing to the compactness and regularity of the joint; and henceis more readily dislocated and reduced. Dislocation generally takesinward, but also outward and backward. The methods of reductionby circumflexion, or by rapid excalcitration, or by rolling ainto a ball, placing it in the ham, and then letting the patient'ssuddenly drop down on his knees: this mode applies best in dislocations. Dislocations backward, like those of the elbows, may alsoreduced by moderate extension. Lateral dislocations may be reducedcircumflexion or excalcitration, or by extension (but this is mostin dislocation backward), but also by moderate extension.adjustment is what is common in all. If not reduced, in dislocations, they cannot bend the leg and thigh upon one another, butcan they do this in the others except to a small extent; andfore parts of the thigh and leg are wasted. In dislocations inwardare bandy-legged, and the external parts are atrophied. But,dislocations outward, they incline more outward, but are less lame,the body is supported on the thicker bone, and the inner partswasted. The consequences of a congenital dislocation, or one occurringadolescence, are analogous to the rule formerly laid down.———————————————————————————————————————————————-27at the ankle-joint require strong extension, either withhands or some such means, and adjustment, which at the same timeboth acts; this is common in all cases. ——————————————————————————————————————————-28of the bones of the foot are to be treated like thosethe hand. ———————————————————————————————————————————-29of the bones connected with the leg, if not reduced,occurring at birth or during adolescence, are of the sameas those in the hand. ———————————————————————————————————————————-30who, in jumping from a height, have pitched on the heel, soto occasion diastasis (separation) of the bones, ecchymosis ofveins, and contusion of the nerves,-when these symptoms are very, there is danger that the parts may sphacelate, and give troublethe patient during the remainder of his life; for these bones areconstructed as to slip past one another, and the nerves communicate. And, likewise in cases of fracture, either from an injurythe leg or thigh, or in paralysis of the nerves connected withparts, or, when in any other case of confinement to bed the, from neglect, becomes blackened, in all these cases seriousresult therefrom. Sometimes, in addition to the sphacelus,acute fevers supervene, attended with hiccup, tumors, aberrationintellect, and speedy death, along with lividity of the large bloodvessels,gangrene. The symptoms of the exacerbations are these: if the, the blackened parts, and those around them, be somewhatand red, and if lividity be combined

with the hardness, theredanger of mortification; but, not withstanding, if the parts are, or even very livid and diffused, or greenish and soft, these, in all such cases, are favorable. The treatment consiststhe administration of hellebore, if they be free from fever, but, they are to have oxyglyky for drink, if required. Bandaging,-agreeablythe rule in other joints; but this is to be attended to also,-theshould be numerous, and softer than usual; compression less;water than usual to be used in the allusions; to be applied especiallythe heel. The same object should be sought after in the positionin the bandaging, namely, that the humors may not be determinedthe heel; the limb to be well laid should have the heel higherthe knee. Splints not to be used. ———————————————————————————————-31the foot is dislocated, either alone, or with the epiphysis,displacement is more apt to be inward. If not reduced, in theof time the parts of the hips, thigh, and leg, opposite the, become attenuated. Reduction:-As in dislocation at the; but the extension requires to be very powerful. Treatment:-Agreeablythe rule laid down for the other joints. Less apt to be followedserious consequences than the wrist, if kept quiet. Diet restricted,being in an inactive state. Those occurring at birth, or during, observe the rule formerly stated. ———————————————————————————————-32regard to slight congenital dislocations, some of them can be, especially club-foot. There is more than one variety offoot. The treatment consists in modeling the foot like a piecewax; applying resinous cerate, and numerous bandages; or a sole,a piece of lead is to be bound on, but not upon the bare skin;adjustment and attitudes to correspond. ———————————————————————————————-33the dislocated bones cause a wound in the skin, and protrude, itbetter to let them alone, provided only they are not allowed to, nor are compressed. The treatment consists in applying pitched, or compresses dipped in hot wine (for cold is bad in all such), and certain leaves; but in winter unwashed wool may be applieda cover to the part; neither cataplasms nor bandaging; restricted. Cold, great weight, compression, violence, restricted position,such are to be accounted as fatal measures. When treated moderately(they escape), maimed and deformed; for, if the dislocation be atankle, the foot is drawn upward, and, if elsewhere, accordingthe same rule. The bones do not readily exfoliate; for only smallof them are denuded, and they heal by narrow cicatrices.danger is greatest in the greatest joints, and those highest up.only chance of recovery is, if they are not reduced, except atfingers and hand, and in these cases the danger should be announced. Attempts at reduction to be made on the first or second; or, if not accomplished then, on the tenth, by no means on the. Reduction by levers. Treatment:-As in injuries of the bonesthe head, and the part is to be kept hot; and it is better to giveimmediately after the parts have been reduced. With regardthe other bones, it should be well known, that, if replaced, deathbe the consequence; the more surely and expeditiously, the greaterarticulation, and the more high its situation. Dislocation offoot is attended with spasm (tetanus) and gangrene; and if, uponbeing replaced, any of these symptoms come on, the chance of recovery,there be any chance, is in displacing it anew; for spasms do notfrom relaxation, but from tension of the parts. ———————————————————————————————-34, either of articular bones or of pieces of bones, when notup in the body, but about the foot or the hand, is generallyby recovery, unless the patient die at once from deliquium. Treatment:-As in injuries of the head; warmth. ————————————————————————————————

————————————-35of the fleshy parts is produced by the tight compressionbleeding wounds, and by pressure in the fractures of bones, andblackening, arising from bandages. And in those cases in whichportion of the thigh or arm, both the bones and the flesh drop off,recover, the case being less dangerous than many others. In cases,, connected with fracture of the bones, the separation of thequickly takes place, but the separation of the bone, at theof its denuded part, is slower in taking place. But the partsthe seat of the injury, and the sound portion of the body, arebe previously taken away (for they die previously), taking careavoid producing pain, for deliquium animi may occasion death. Theof the thigh in such a case came away on the eightieth day, butleg was removed on the twentieth day. The bones of the leg, incertain case, came away at the middle of the sixtieth day. In thesethe separation is quick or slow, according to the compressionby the physician. When the compression is gently applied thedo not drop off at all, neither are they denuded of flesh, butgangrene is confined in the more superficial parts. The treatmentsuch cases must be undertaken; for most of them are more formidableappearance than in reality. The treatment should be mild, but,withstanding, with a restricted diet; hemorrhages and cold arebe dreaded; the position, so as that the limb may be inclined upward,afterward, on account of the purulent abscess, horizontally, oras may suit with it. In such cases, and in mortifications, thereusually, about the crisis, hemorrhages and crisis, hemorrhagesviolent diarrhoeas, which, however, only last for a few days;patients do not lose their appetite, neither are they feverish,should they be put upon a reduced diet. ———————————————————————————————————————————-36of the spine, if inward, threatens immediate death, attendedretention of urine and loss of sensibility. Outward, the accidentfree from most of these bad effects, much more so than where theremerely concussion without displacement; the effects in the formerbeing confined to the spot affected, whereas in the latter theyfurther communicated to the whole body, and are of a mortal character.like manner, when the ribs are fractured, whether one or more,there be no splinters, there is rarely fever, spitting of, and sphacelus, and ordinary treatment without evacuation will, provided there be no fever;-bandaging, according to rule;the callus forms in twenty days, the bone being of a porous nature.in cases of contusion, tubercles form, along with cough, suppurating, and sphacelus of the ribs, for nerves from all the parts runeach rib. In many of these cases haemoptysis and empyema alsoplace. The management of this case consists in careful treatment,according to rule, diet at first restricted, but afterwardliberal, quiet, silence, position, bowels, and venereal matters. Even when there is no spitting of blood, these contusionsmore painful than fractures, and are more subject in time to relapses;when any mucous collection is left in the part, it makes itselffelt in disorders of the body. Treatment:-burning, when the boneaffected, down to the bone, but not touching the bone itself; ifthe intercostal space, the burning must not extend through it,be too superficial. In sphacelus of the ribs, tents are to be, all other particulars will be stated afterward: but they shouldlearned by sight rather than by words, namely, food, drink, heat,, attitude; medicines, dry, liquid, red, dark, white, sour, forulcers, and so with regard to the diet. ———————————————————————————————————————————-37(of the vertebrae) from a fall rarely admit of being, and those above the diaphragm are most difficult to rectify.the accident happens to children, the body does not grow, withexception of the legs, the arms, and head. Excurvation, in adults,relieves the individual from the disease he is laboring under,in time

it renews its attack, with the same symptoms as in children,of a less serious nature. Some individuals have borne this affection, and have turned out to be brawny and fat. But few of them haveto the age of sixty. Lateral curvatures also occur, the proximateof which is the attitudes in which these persons lie. Thesehave their prognostics accordingly. ——————————————————————————————————————-38rule for the reduction and adjustment:-The axle, the lever, the, pressure above; the axle to separate, the lever to push aside.and adjustment are to be accomplished by forcible extension,parts being placed in such a position as will facilitate the conveyingthe displaced bone over the extremity of the bone from which itdisplaced: this is to be accomplished either with the hands, orsuspension, or axles, or turned round something. With the handsis to be effected properly, according to the structure of the. In the case of the wrist and elbow, the parts are to be forced, at the wrist in the line of the elbow, and the elbow withfore-arm at a right angle with the arm, as when it is suspendeda sling. When we want to separate the protruding bones, and forceinto place, in the case of the fingers, the toes, or the wrist,proper separation may be made by hands, while the projecting partforced into its place by pressing down with the heel or the palmthe hand upon some resisting object, while something moderatelyis laid under the projecting part, but nothing such under the, and then pressure is to be made backward and downward, whetherdislocation be inward or outward. In lateral displacement, pressurecounter-pressure must be made on the opposite sides. Displacementscan be reduced neither by sneezing, nor coughing, nor by theof air, nor by the cupping-instrument; and if anything cangood in such a case, it is extension. People are deceived in fracturesthe spinal processes, the pain of which causing the patient toforward, the case is taken for dislocation inward; these fracturesspeedily and easily. Dislocation outward is to be remedied by, when high up, toward the feet; and when situated low down,the contrary direction; the part is to be pressed back into its, either with the foot or a board. Dislocations to either side,they admit of any remedy, are to be treated by extension, and suitable, with regimen. The whole apparatus should be broad, soft,strong; or otherwise, they should be wrapped in rags; before being, they should all be prepared proportionately to the length, height,breadth. In applying extension to the thigh, for example, theshould be fastened at the ankle and above the knee, these stretchingthe same direction, another band to be passed by the loins, andthe armpits, and by the perineum and thigh, one end passingthe breast and the other along the back, these all stretching insame direction and being fastened either to a piece of wood resemblingpestle or to an axle. When this is done on a couch, either of itsis to be fastened to the threshold, and a strong block of woodto be laid across the other, and the pieces of wood resemblingpestle are to be raised on these, to make extension and counter-extension;naves of a wheel are to be fastened in the floor, or a ladderto be adjusted, so that extension may be made in both directions.thing commonly used is a bench six cubits long, two cubits broad,fathom in thickness, having two low axles at this end and that,having at its middle two moderate sized pillars, to which is toadjusted a transverse piece of wood like the step of a ladder,is to receive the piece of wood tied below the limb, as is donedislocation at the shoulder; and the bench is to have excavationstrays, smooth, four inches in breadth and depth, and at suchinterval as to leave room for the lever used to reduce the limb.the middle of the bench a square hole is to be scooped out to receivesmall pillar, which, being adjusted to the perineum, will obviatetendency of the body to slip downward, and being

rather looseact somewhat as a lever. In certain occasions a piece of woodrequired, which is inserted into a hole scooped out of the wall;other end of it is then to be pressed down, something moderatelybeing placed under it. ———————————————————————————————————-39those cases where the bone of the palate has exfoliated, the nosein its middle. In contusions of the head without a wound, eithera fall, a fracture, or pressure, in certain of these cases acriddescend from the head to the throat, and from the wound inhead to the liver and thigh. ———————————————————————————————————-40symptoms of subluxations and luxations, and where, and how, andmuch these differ from one another. And the cases in which thecavity has been broke off, and in which the ligament hastorn, and in which the epiphysis has broken in which, and how,the limb consists of two bones, one or both are broken: in consequencethese the dangers, chances in which bad, and when the injuriesresult in death, and when in recovery. What cases are to be reducedattempted, and when, and which, and when not; the hopes and dangersthese cases. Which and when congenital dislocations are to be undertaken:parts in a state of growth, the parts fully grown, and why sooner,slower: and why a part becomes maimed, and how, and how not: anda certain part is atrophied, and where, and how, and in what casesa less extent. And why fractured parts unite sooner or slower,distortions and callosities form, and the remedy for them. Incases there are external wounds, either at first or afterwards:what fractures the bones are shortened, and in what not: in whatthe fractured bones protrude, and when they protrude most: incases dislocated bones protrude. That physicians are deceived,by what means, in what they see, and in what they devise, regarding, and regarding cures. Established rules with regard to: preparation, presentation of the part, extension, adjustment,, bandaging, suspension and placing of the limb, attitude,, diet. The more porous parts heal fastest, and vice versa., where the bones are crooked. Flesh and tendons wastedthe side of the dislocation. The force used in reduction to beat as great a distance as possible from the seat of the displacement.nerves (ligaments?), those which are in motion and in humidity(flabby?) are of a yielding nature; those that are not, less so. Indislocation the most speedy reduction is best. Reduction notbe made while the patient is in a febrile state, nor on the fourthfifth day; and least of all, in those of the elbow, and all casesinduce torpor; the soonest the best, provided the inflammatorybe avoided. Parts torn asunder, whether nerves, or cartilages,epiphyses, or parts separated at symphyses, cannot possibly beto their former state; but callus is quickly formed in most, yet the use of the limb is preserved. Of luxations, those nearestextremities are least dangerous. Those joints which are most easilyare the least subject to inflammation. Those which haveleast inflamed, and have not been subjected to after-treatment,most liable to be dislocated anew. Extension should be made inposition most calculated to enable the one bone to clear the extremitythe other, attention being paid to configuration and place. Adjustmentbe made in the direction of the displacement; to push the displacedstraight backward and sideways. Parts suddenly drawn aside arebe suddenly drawn back by a rotatory motion. Articulations whichbeen oftenest dislocated are the most easily reduced; the causethe conformation of the nerves (ligaments?) or of the bones; ofligaments that they are long and yielding; and of the bones, theof the articular cavity, and roundness of the head [ofbone that enters it]. Usage, by its friction, forms a new socket.cause-the disposition, and habit, and age. A part somewhat mucousnot subject to inflammation. ———————————————————————————————————

———————————————-41those cases where there are wounds, either at first, or from protrusionthe bones; or afterwards, from pruritus, or irritation; in thecase you are immediately to unloose the bandages, and havingpitched cerate to the wound, bandage the limb, placing theof the roller upon the wound, and proceeding otherwise as ifwere no wound in the case; for thus will the swelling be reducedmuch as possible, and the wound will suppurate most quickly, anddiseased parts will separate, and when it becomes clean the woundmost quickly heal. Splints are not to be applied to the place,is it to be bound tight. Proceed thus when no large bones exfoliate,not in the latter case, for then there is great suppuration, andsame treatment is not applicable, but the parts require to beto the air on account of the abscesses. In such cases wherebones protrude, and whether reduced or not, bandaging is not befitting,distention is to be practiced by means of rolls of cloth, madethose used upon shackles; one of these is to be placed at the, and the other at the knee; they are to be flattened towardleg, soft, strong, and having rings; and rods made of cornel,of a proper length and thickness are to be adjusted to them, soto keep the parts distended; and straps, attached to both extremities,to be inserted into the rings, so that the extremities being fixedthe rolls, may effect distention. Treatment:-Pitched cerate,a hot state; the attitudes, position of the foot and hip; regulated. The bones which have protruded through the skin are to be replacedsame day, or next; not on the fourth or fifth, but when the swellingsubsided. Reduction is to be performed with levers; when the bonenot present any place upon which the lever can rest, a portionthe part which prevents this is to be sawed off. But the denudedwill drop off, and the limb become shortened. —

———————————————————————————————————-42at the joints are to a greater and less extent. Thoseare to a less extent are the most easily reduced; those thatto a greater extent occasion lesions of the bones, of the ligaments,the joints, of the fleshy parts, and of the attitudes. The thigharm resemble one another very much in their dislocations.END