

*THE ART*

*OF THE*

*BONE-SETTER*

*G. MATTHEWS BENNETT*



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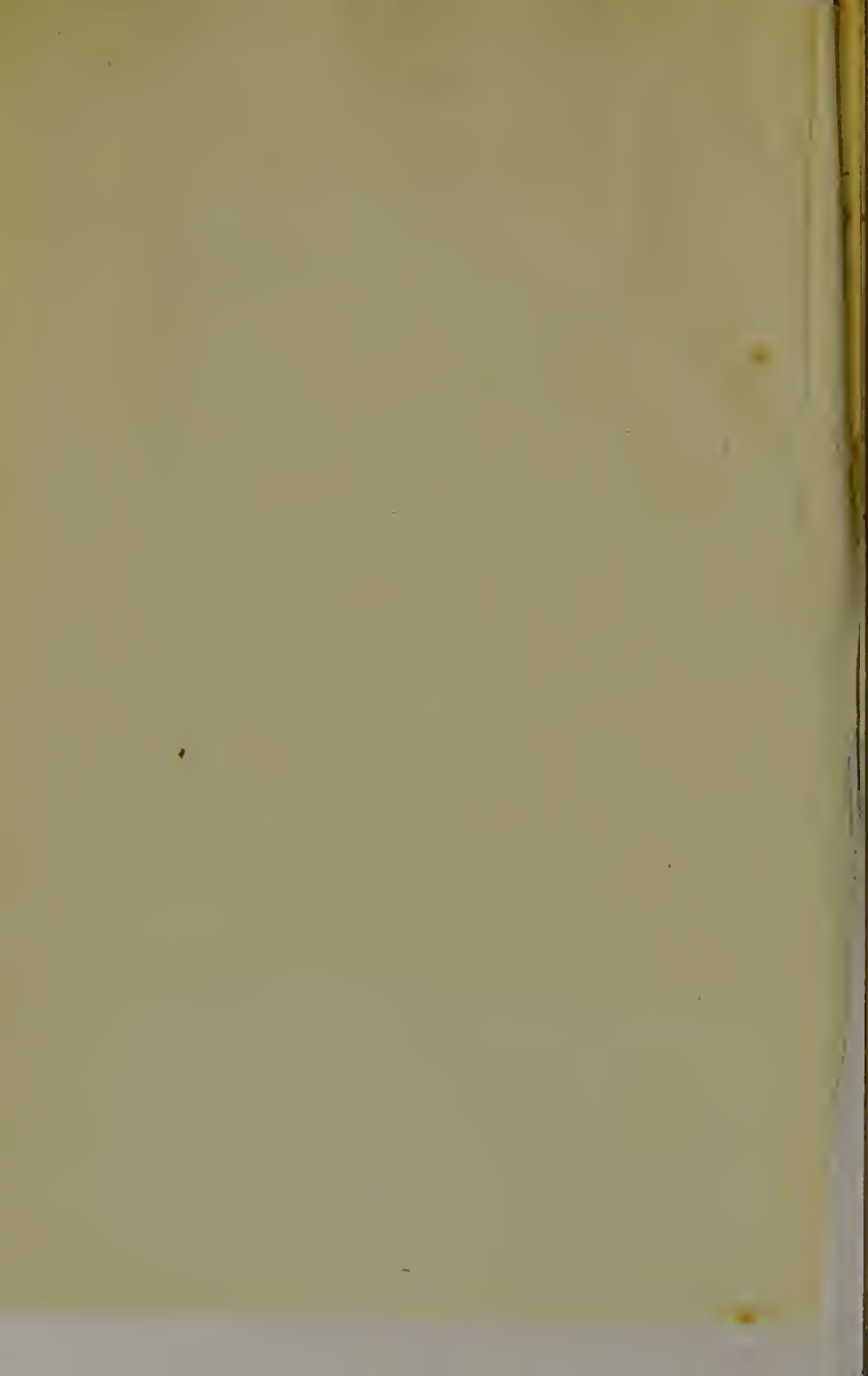
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Leamington.

Faithfully yours  
G. M. B.







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"A NEGLECTED CORNER OF THE DOMAIN OF  
SURGERY."—*Lancet*.

THE

# ART OF THE BONE-SETTER:

A Testimony and a Vindication.

WITH NOTES AND ILLUSTRATIONS.

BY

GEORGE MATTHEWS BENNETT,

*Specialist for all kinds of Dislocated Joints, Fractures,  
Sprains, etc.*

WITH PORTRAIT AND NUMEROUS DIAGRAMS.

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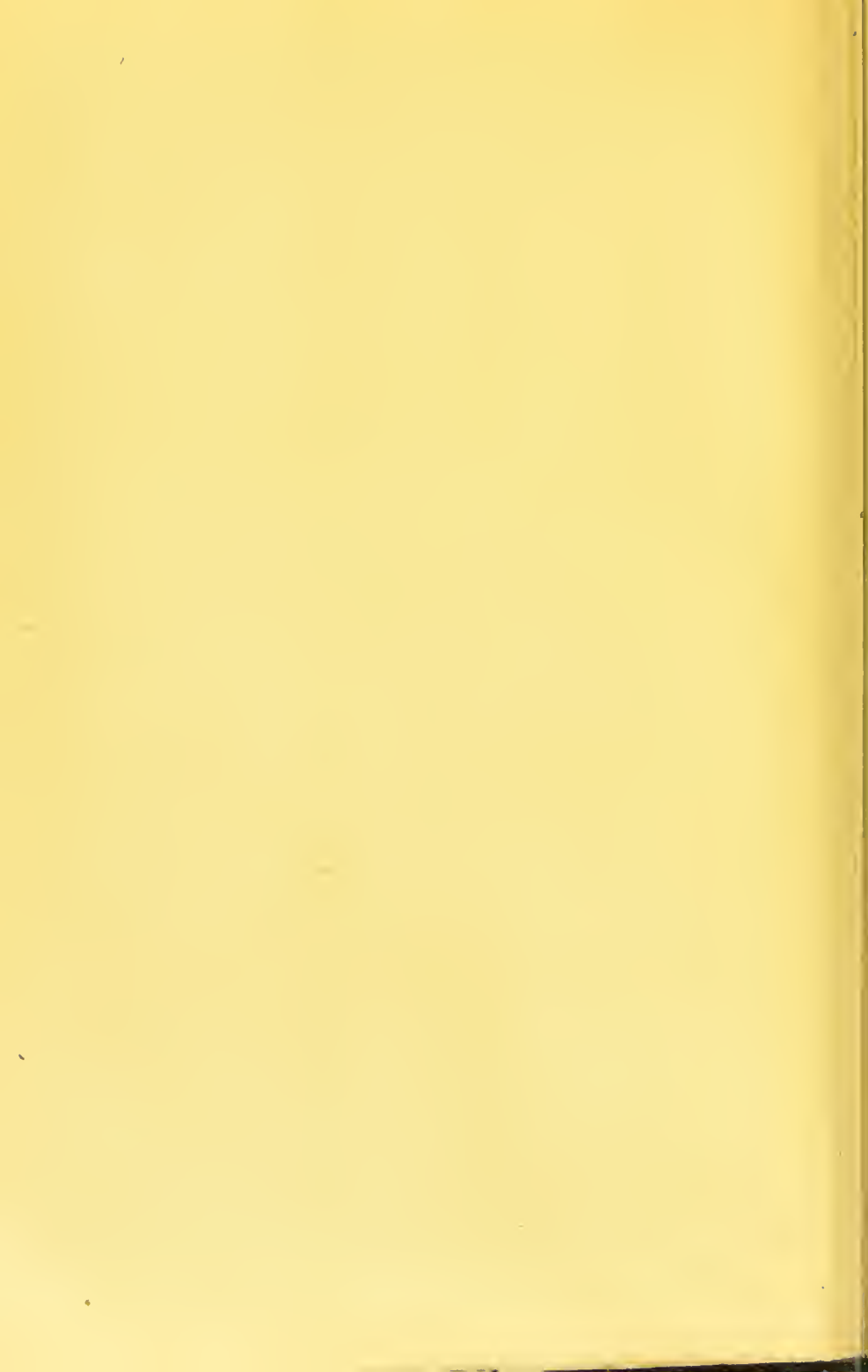
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TO THE MEMBERS  
OF THE  
WARWICKSHIRE, NORTH WARWICKSHIRE,  
PYTCHLEY, ATHERSTONE,  
BICESTER, AND QUORN HUNTS,  
AND ALL WHO ARE LIABLE TO INJURIES AND  
ACCIDENTS BY "FLOOD AND FIELD," THIS  
VINDICATION AND TESTIMONY  
IS INSCRIBED BY  
THEIR FAITHFUL SERVANT,  
THE AUTHOR.



## P R E F A C E .

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I HAVE been requested, from time to time, by my numerous patients and friends to publish some record of the Bone-setter's art, to which they can refer their relatives and acquaintances, when asked for some particulars of the cures effected and the pain alleviated by those who follow the profession of a Bone-setter. I am aware that in acceding to the request of those who "have the courage of their convictions," I am laying myself open to the sneers and inunendocs of the medical profession generally; but as the descendant of a long line of Bone-setters, who distinguished themselves in the profession they followed,

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and whose name was a "household word" in Midland homes when broken bones, sprains, and dislocations occurred, I feel, as the inheritor of their practice and in some degree of their reputation, that I should not be true to myself and to the profession I follow, if I did not comply with a request so gracefully made by those who have not only placed their faith in the special practice I pursue, but who are grateful for the relief from pain they have felt, the ultimate cures effected, and who wish to make their experiences widely known.

It was, therefore, with diffidence that I collected from divers sources the testimony of those who are beyond the reach of suspicion, as to the cures which those who practise the "Art of the Bone-setter" have accomplished, even after experienced surgeons have failed; but I was reassured when I found that these recorded cures, and the repute of the hundreds of thousands which have not been recorded, but which are treasured in the memories of a thankful people, had aroused a feeling of emulation (for I can hardly use any other term) in the surgical world to adopt some of our methods, which up to a recent period, they had publicly called the arts of the charlatan and the quack, and resolved to practise in that "neglected corner

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of the domain of surgery" which they had before ridiculed. They did not hesitate to apply terms of approbrium to us when they were, according to their own admission, ignorant of our practice, attributing our cures to "luck" and our popularity to tampering with and trading on the prejudices of the poor and ignorant, instead of inquiring into their truth.

Dr. Wharton Hood in his treatise "On Bone-setting (so-called)" has pointed out that even Sir James Paget (eminent though he is in the surgical world) spoke in ignorance when, in a clinical lecture delivered at St. Bartholomew's in 1867, he detailed the "Cases that Bone-setters may cure." His arguments were founded on conjecture, therefore many of his conclusions were wrong. The great master of the world of surgery, however, deserves the thanks of the Bone-setters at large, for he was the first to stand forth in the whole of the medical profession to announce that the much despised and ridiculed Bone-setters were in possession of a "knack"—an art—which surgeons had long overlooked and neglected which tended to alleviate pain and to restore the use of lost limbs to unfortunate sufferers from accidents and other external injuries. Dr. Wharton Hood appears to

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have taken Sir James Paget's words to heart, for becoming acquainted with the late Mr. Richard Hutton, the well-known Bone-setter, whose name so frequently appears in these pages, he studied his method of procedure and practice. On the death of that gentleman, Dr. Hood published his experiences with diagrams, and since that period—now some dozen years ago a change has taken place in the expression of professional opinion with respect to the art of the Bone-setter. There is no attempt now to deny that in practical surgery, that what is called the Empirical School, can hold its own against mere scientific theory. They have vindicated our art from the charge of quackery and charlatanism. It would now appear they now want to secure our practice as well as our reputation as skillful manipulators. I feel therefore I am more than justified in thus publishing the testimony of relieved patients, of the almost recantation of the faculty with respect to our art, to justify those who have trusted our skill and who have seen no cause to regret it.

There may, indeed, be persons who call themselves bone-setters, who are ignorant, presumptuous, and destitute alike of skill and experience, whose blunders

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are charged on the profession generally—there may be many such whose names are even in the *Medical Registry*—but no one can read the testimony of men beyond the reach of bribe, and who have no personal interest to serve, without admitting that there are Bone-setters who have both skill and experience as well as the ability to use their acquirements for the benefit of suffering mankind. The art, it is true, may not be taught in schools, but it is at least as old as Hippocrates, if not coeval with mankind's "loss of Eden." I have felt it a duty to myself, to my relatives, to my patients and friends, as well as to my fellow professors of the art to publish this testimony and vindication.

I have acknowledged as far as possible the sources from which I have taken the information in the following pages, if any have been accidentally omitted, I hope this apology will be sufficient. To those friends who have helped me with their advice and supervision of these pages I tender my warmest thanks, as well as to those patients who have offered their testimony to my own skill and success, and allowed me to add them to those collected from public sources for this book, as Turner wrote in his edition to "The Compleat Bone-setter"



some two hundred years ago "is not intended for Sutorian or Scissarium doctors, but I leave them amongst the Caco-Chymists, to boast of their *arcanas*, but not of their reason, whilst I shall modestly remain

GEO. MATTHEWS BENNETT,

Milverton, Leamington, Easter, 1884.

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*E R R A T A .*

Page 16, line 10. for "Captain" read "Copt."

Page 32, line 14, for "hind" read "him."

Page 85, line 4, for "former" read "latter."

Page 123, line 10, for "hreak" read "break."

Page 132, line 4, *dele* "which."

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PLATE 4, Figure 18, "tibia and fibula" are misprinted  
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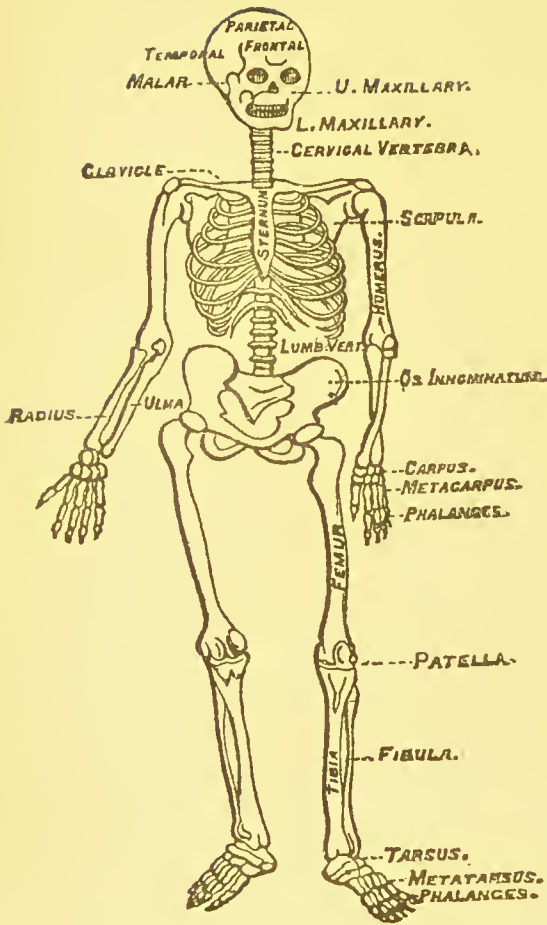


PLATE I.—THE HUMAN SKELETON.

# THE ART

OF THE

## BONE-SETTER.

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### CHAPTER I.

#### *BONE-SETTERS AND THEIR ART.*

“At present my desire is to have a good Bone-setter.”—*Sir J. Denham.*

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THESE words, which Dr. Johnson used to illustrate the word Bone-setter in his famous dictionary, are better known than any other quotation bearing on the ancient art of the Bone-setter. There are scattered through the realms of English literature frequent allusions to those, who, in times past, practised this special branch of the surgical art, for the art is as old as the history of civilization itself, and was probably coeval with the fall of man. The assuaging of pain and the cure of injuries caused by

external violence would naturally excite the ingenuity of the sufferer and suggest contrivances to those around them. The Egyptians are credited with a knowledge of surgery, though they appear to have relied on incantation and astrology for their medical practice. It is somewhat curious that one of our leading medical journals should have suggested, within a brief period, that Bone-setters likewise had recourse to charms and magic—thus credulity, in those who would ridicule the credulous, repeats itself even in these enlightened days. The intermediate history of surgery is full of strange changes and mutations; but, apart from the ordinary practices of the art, (with its cauterization and its cruel operations,) the cure of sprains, the reducing of dislocations and fractures, appears to have been practised by those who were neither leeches or barber-chirurgeons. In the seventeenth century when Harvey was studying the circulation of the blood, and Wiseman publishing those treatises which are the foundation of the modern system of surgery, one Friar Moulton had published *The Compleat Bone-setter*, and in the year 1665 an edition of it, “Englished and Enlarged” by Robert Turner, was printed for Thomas Rooks, of the “Lamb and Ink Bottle” at the East-end of St. Pauls. I have

not been able to trace any separate publication on this subject during the two centuries which intervened between it and the work by Dr. Wharton Hood, which was issued in 1871, in a separate volume, after the greater part of it had appeared in the *Lancet*. Before the publication of this work, the poor Bone-setter had to endure contumely and insult at the hands of the faculty. Through their organs in the press they were denounced either as charlatans or quacks—as ignorant or presumptuous individuals who traded upon a “lucky” case to the detriment of the general practitioner. There were some, indeed, who by intercourse and observation knew that Bone-setters pursued their calling with success; that the principles which they followed were sound, gained by experience and improved by constant practise; that they possessed, in the different parts of the country where they lived, the confidence of the people, though they were not educated in the medical or surgical schools. They received their training at the hands of their predecessors, for the art was a special one and peculiar to several families whose traditions, observation, and method of practise were handed down from father to son. Daughters practised the art with success as well as the sons, and success

crowned their efforts, and amongst them all the family of Matthews were pre-eminent in the Midlands, and whose representative I have the honour and privilege to be.

Mr. Charles Waterton, of Walton Hall, the eminent naturalist, who bears testimony to the good the Bone-setters have done, tells us, in the pleasant autobiographical notes to his *Wanderings and Essays on Natural History*—that every country in Europe, so far as I know to the contrary, has its Bone-setter independent of the surgeon. In *Johnson's Dictionary*, under the article "Bone-setting," we read that a Sir John Denham exclaimed "Give me a good Bone-setter!" In Spain the Bone-setter goes under the significant denomination of Algebusta. Here in England, however, the vast increase of practitioners in the art of surgery appears to have placed the old original Bone-setter in the shade; and I myself in many instances, have heard this most useful member of society designated as a mere quack; but most unjustly so, because a quack is generally considered as one devoid of professional education, and he is too apt to deal in spurious medicines. But not so the Bone-setter, whose extensive and almost incessant practice makes ample amends for the loss of anything that he

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might have acquired, by attending a regular course of lectures, or by culling the essence of abstruse and scientific publications. With him theory seems to be a mere trifle. Practice—daily and assiduous practice—is what renders him so successful in the most complicated cases. By the way in which you put your foot to the ground, by the manner in which you handle an object, the Bone-setter, through the mere faculty of his sight, oftentimes without even touching the injured part, will tell you where the ailment lies. Those only, who have personally experienced the skill of the Bone-setter, can form a true estimation of his merit in managing fractures and reducing dislocations. Further than this, his services in the healing and restorative art would never be looked at. This last is entirely the province of Galen and his numerous family of practitioners. Wherefore, at the time that I unequivocally avow to have the uttermost respect for the noble art of surgery in all its ramifications, I venture to reserve to myself the following (without any disparagement to the learned body of gentlemen who profess it) sincere esteem for the old practitioners who do so much for the public good amongst the lower orders, under the denomination of British Bone-setters. Many



people have complained to me of the rude treatment they have experienced at the hands of the Bone-setter; but let these complainants bear in mind, what has been undone by force must be replaced by force; and that gentle and emollient applications, although essentially necessary in the commencement, and also in the continuation of the treatment, would ultimately be of no avail, without the final application of actual force to the injured parts. Hence the intolerable and excruciating pain on these occasions. The actual state of the accident is to blame—not the operation.” The thanks of every Bone-setter is due to the eminent naturalist for his testimony of the value of, and his vindication of, the art they practise. His own quoted case is a peculiar one, but the experience of every Bone-setter could furnish a parallel and even more surprising instances of cures effected when the resources of scientific surgery have failed.

Of the older Bone-setters we find some extraordinary accounts, and evidently not penned by friendly hands. One of the most famous of the Bone-setters of the last century was Mrs. Mapp, of Epsom, who was the daughter of a Bone-setter named Wallin, of Hindon, Wiltshire. The accounts of her life and career, which have come

down to us, are very contradictory. For instance, the *London Magazine* tells us that in August, 1736, the town was surprised with the fame of a young woman at Epsom, who, though not very regular in her conduct (so it was said) wrought such cures that seem miraculous in the Bone-setting way. The concourse of people to Epsom on this occasion is incredible, and it is reckoned she gets nearly 20 guineas a day, she executing what she does in a very quick manner. She has strength enough to put in any man's shoulder without any assistance; and thus her strength makes the following story the more probable. A man came to her, sent, as is supposed by some surgeons, on purpose to try her skill, with his hand bound up, and pretended his wrist was put out, which upon examination she found to be false; but, to be even with him in his imposition, she gave it a wrench which really put it out, and bade him *go to the fools who sent him and get it set again*, or, if he would come to her that day month, she would do it herself. It is further stated that since she became famous she married one Mr. Hill Mapp, late servant to a mercer on Ludgate-hill who, it is said, soon left her and carried off £100 of her money." Her professional success, however, says

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another account, must have gone far to solace her for matrimonial failure. Besides driving a profitable trade at home, she used to drive to town once a week in a coach-and-four, and return again bearing away the crutches of her patients as trophies of honour. She held her levees at the "Greeian" Coffee House, where she operated successfully upon a niece of Sir Hans Sloane. The same day she straightened the body of a man whose back had stuck out two inches for nine years; and a gentleman who went into the house with one shoe-heel six inches high came out again cured of a lameness of twenty years standing, and with both his legs of equal length. It does not appear that she was always so successful, for one Thomas Barber, tallow-chandler, of Saffron-hill, thought proper to publish a warning to her would-be patients. The cure of Sir Hans Sloane's niece made Mrs. Mapp town talk, and, if it was only known that she intended to make one of the audience, the theatre favoured with her presence, was crowded to excess. A comedy was announced at the Lincoln's Inn Fields Theatre, called *The Husband's Relief; or the Female Bone-setter, and the Worm Doctor*. Mrs. Mapp attended the first night, and was gratified at hearing a

song in her praise, of which we give two verses as a specimen :

You surgeons of London who puzzle your pates  
To ride in your coaches and purchase estates ;  
Give over, for shame, for your pride has a fall,  
And the doctress of Epsom has outdone you all.

Dame Nature has given her a doctor's degree,  
She gets all the patients and pockets the fee ;  
So if you dont instantly prove it a cheat,  
She'll loll in a chariot whilst you walk the street.

Mrs. Mapp soon afterwards removed from Epsom to Pall Mall, but she did not forget her country friends. She gave a plate of 10 guineas to be run for at Epsom, and went to see the race. Singularly enough the first heat was won by a mare called "Mrs. Mapp," which so delighted the doctress, that she gave the jockey a guinea, and promised to make it a 100 if he won the plate, but to his ehagrin he failed to do so. The fair Bone-setter's career was but a brief one. In 1736 she was at the height of her prosperity, yet, strange to say, she died at the end of 1737 in miserable circumstances, as set forth in a paragraph in the *London Daily Post* of December 22nd, 1737. The success and reputation of Mrs. Mapp has met with a parallel in our own day. Just at the time when Dr. Wharton Hood was showing the English

surgeons how to imitate the practice and cures of the Bone-setter, the medical journals gave prominence to the doings and manipulation of a female Bone-setter named Regina Dal Cin, who had astonished the surgical world both in Italy and Austria. Dr. A. Joannides\* describes her manipulations which he witnessed in company with many hundreds of medical men and students in the Ospedal Civico at Trieste. He says, "No case of reductions of the femur were witnessed by me. Many cases of muscular rigidity of the upper and lower extremities, and more especially of the small articulations, have been either completely and instantaneously cured or partially ameliorated. No attempt has been made in cases of old dislocations with fistulas or scars." Her doings excited some attention even in this country. We are told that she was an intelligent looking woman, about fifty-five years of age, and that she had practised the art, which had been taught her by her mother and grandfather for about forty years at a place named Vittoria, in the province of Treviso. After the death of her mother, she joined her brother, who kept a public-house, where she exercised her skill on the lame and the crippled frequen-

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\* See *Lancet*, May 27th, 1871.

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ters of the establishment, and effected a number of cures. A medical eye witness tells us that her activity, flexibility, and sensibility of the tips of her fingers, and her habit of incessantly talking to the patient whilst operating, are the qualities on which her success in operating depends. Gradually coming into notice among persons of various classes of society, she obtained a wide spread of reputation, and visited among other places, Venice, Trieste, Pesth, and Vienna. In each place crowds of patients, both belonging to the locality and coming from a distance flocked to her. She professed especially to treat deformities of the hip joint, even reducing dislocations of long standing, whether congenital or acquired. She does not operate except in the presence of a surgeon. This, according to one account of her, was a measure taken for her own safety, as she was once interfered with by the Austrian law for practising without a legal qualification. A Royal Commissary of the district of Vittoria, however, gave her permission to practice the reduction of human joints, and especially of femoral luxations, provided that she operated in the presence of a physician. The *British Medical Journal* devoted some space to Regina Dal Cin's method of procedure which shows that she practised on

similar grounds to the English Bone-setter, as detailed in these pages. We are told by the journal in question she first applies poultices for some days, for the purpose of softening the tissues ; this having been effected to her satisfaction, she operates by rapidly performed process of manipulation. Professional opinion was divided as to her merits. Her supporters alleged that her cures, including the reduction of old dislocations, were genuine ; that—as Dr. Schivardi of Milan observes—“science ought to be grateful to her for having amply demonstrated by a vast number of facts (1) that dislocations even of long standing can be cured without recourse to any great violence, or to the ponderous instruments hitherto deemed indispensable ; (2) that small and modest apparatus suffice, after the operation, to keep the limb in its place—nay, are more efficacious than strong instruments ; (3) that quiet and absolute repose for eight days, and moderate repose for other twenty days, suffices to enable Nature to bring to the new domicile given to the head of the joint all the materials necessary for the fabrication of the fresh ligaments required.” On the other hand her opponents, more or less, denied her cures, and considered her an impostor. Dr. Neudoorfer, apparently admitting



some of her cures of ankylosed hip-joint, states that the method which she follows is nearly the same as the process of "apolipsis," recommended and practised by him several years ago, for the removal of fibrous ankylosis. She paid a visit to Vienna, where her proceedings attracted a good deal of attention, and gave rise, to some degree, of controversy in medical circles. A specially appointed committee accompanied her in her visits to four patients, and their report was unfavourable to her pretensions, and resulted in the withdrawal of the permission given to practice in Vienna.

A few months prior to these experiments in Vienna, there died at Watford, one of the best known bone-setters, Mr. Richard Hutton of Watford, Herts. The *Lancet* in recording his decease on January 6th, 1871, makes the following admission in a very different tone it assumed barely two years before. It calls him a successful bone-setter, for "successful he certainly was, and it were folly to deny it, in some cases which had baffled the skill of the best surgeons; but his failures were many, though these of course were little heard of. Following the general practice of bone-setters he diagnosed a dislocation, or several dislocations, in every case in which he was con-

sulted; and when, fortunately, the ease was one of chronic thickness about a joint, with possibly partial ankylosis or adhesion of tendons, the greatest success attended his rough manipulations in many instances. Every now and then Hutton got into difficulties by attacking an acutely inflamed joint, or by lighting up mischief in an old case; but as a rule he was too cautious thus to be caught out. We have seen some of his successes and some of his failures, and the redeeming feature about him was that though an empiric, he was not an extortionate one, and in many cases refused remuneration altogether."

It was through this Mr. Hutton that the *Lancet* was enabled to publish a portion of the system practised by him, and which has been since partly followed by the faculty; but even the *Lancet*, after admitting the skill of the Bone-setters and their success, cannot repress the habitual sneer at their successful and humble operations. We have an instance of this, when recording the death in May, 1875, of a celebrated Bone-setter, of the name of Burbidge, who died in Frimley, Surrey, where local tradition ascribed numerous cures to his manipulative skill. "We do not know" says the leading medical organ "whether any *spells* or *incantations* were used at the

ceremonies in which he operated, as practised by some of his genus!" The writer must have been dreaming of the medical practitioners in the time of the Pharoais when he penned this. Mr. Burbidge's father and grandfather were celebrated Bone-setters.

Another famous and "good Bone-setter" is recorded by Mr. C. Waterton, in his *Essays on Natural History* before quoted: "About half a mile from Wakefield's Mammoth Prison, on the Halifax Road, nearly opposite to a pretty Grecian summer-house, apparently neglected, resides Mr. Joseph Crowther, the successful Bone-setter. He has passed the prime of life, being now in his seventy-seventh year, but unfortunately he has no son to succeed him. I might fill volumes with the recital of cases which he has brought to a happy conclusion. Two in particular, dreadful and hopeless to all appearance, have placed his wonderful abilities in so positive a light before my eyes, that I consider him at the head of his profession as a Bone-setter, and as a rectifier of the most alarming dislocations which are perpetually occurring to man in his laborious journey through this disastrous vale of tears."

The published accounts of voyagers and travellers

are full of anecdotes of those who practise "bone-setting" in different parts of the world. There is a wonderful similarity in their modes of treatment as thus detailed. An instance or two will suffice. Mons. C. S. Sonnini, in his *Travels in Upper and Lower Egypt*, published, at the beginning of this century, on his journey towards Abyssinia, was sent for in his character as a physician to attend the second officer in command at Miniet, who had broken his leg three days before. He found that the leg had been set by a captain, whose "curious" mode of treating the case was thought worthy of chronicling by the traveller. "The patient," he tells us, "was laid on the ground without either mattress, bed, or carpet, but merely on a bed of sand. His leg and thigh were extended and fixed between stakes driven into the earth, which also supported a small brick wall, raised on each side in such a manner that the fractured limb was confined in a piece of mason work, where it was to remain till the completion of the cure. In order to promote the formation of the callus of the fracture, the doctor had made a sort of cement, oil, and the white of eggs, which he every day applied to the leg."

Friar Moulton gives a recipe of a similar kind to be

applied whilst the bone is "setting." CATERON, in his *Travels in Algeria*, gives an instance of the same mode of treatment. He writes, "On our return, I called upon the Schiek, Lisaid-Mansor, I found him stretched on a couch built of stonework, cemented with clay, covered only with a few rags, and with a stone for a pillow. His leg surrounded with bandages and herbs, was firmly tied up in and kept straight by a thick slip of bark. His foot was immovably fixed to a stake, stuck in the ground. He is obliged to remain in this condition until the bones are united. This severe treatment is not unfrequently fatal, but, if the Arab has a good constitution, and gangrene does not set in, he recovers with a limb more or less straight. The poor Schiek was busy flipping off with a handkerchief tied to a stick, the swarms of flies which were attracted to his wound. At the foot of the couch was the Tebib or surgeon, himself reciting incantations like his Egyptian predecessors, and prayers over the broken limb. He appeared much put out by my entrance, for the Arabs think that all Europeans understand medicine; but he was re-assured when he saw I looked on without interfering."

There have been many, and are still Bone-setters of

eminence in different parts of the country, who are ready with their welcome and useful services, when other Denhams cry out for "a good bone-setter." The benefits they have conferred in the past on the sufferers by external violence will be indicated by the testimony of well-known public personages in the next chapter.

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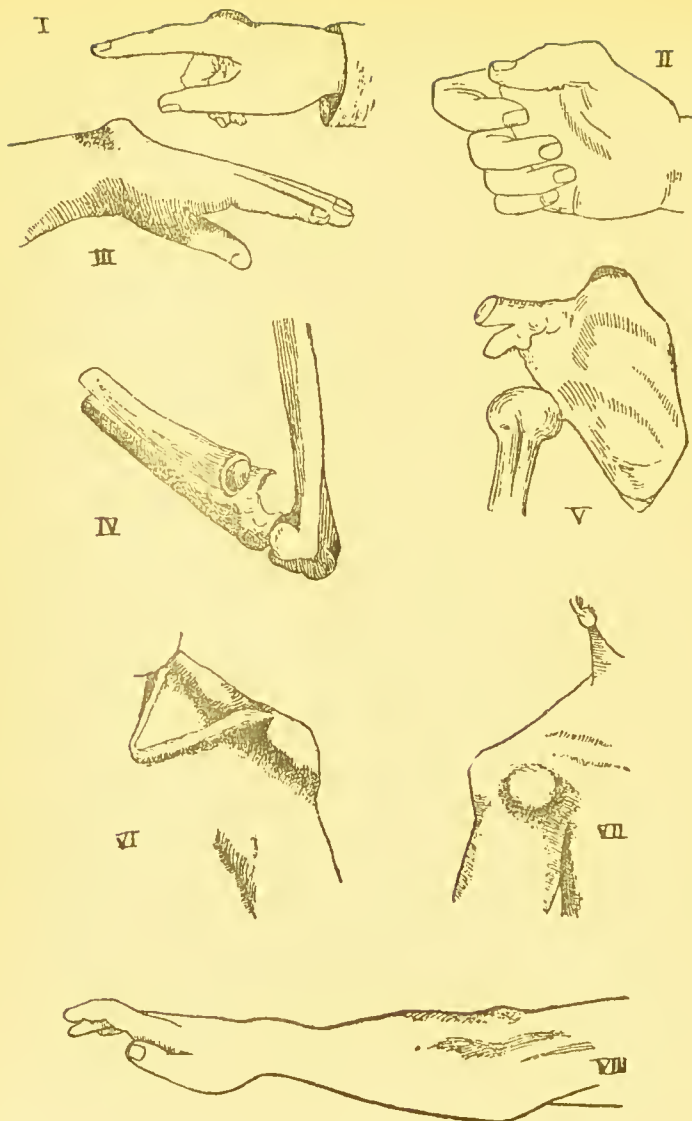


PLATE II.—DISLOCATIONS.

1. Dislocated Finger. 2. Dislocated Thumb. 3. Dislocation of hand and radius forwards. 4. Dislocation of radius and ulna forwards. 5. Subglenoid dislocation of humerus. 6. Outward appearance of ditto. 7. Subcoracoid dislocation of humerus. 8. Dislocation of radius forwards (outward appearance.)



## CHAPTER II.

*THE TESTIMONY OF THE PUBLIC.*

“The simple energy of Truth needs no ambiguous interpreters.”—*Euripides.*

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IN answer to the frequent questions as to what special good Bone-setters have done in their special calling I have thought it best to let the relieved patients of others speak before my own. First, because they are well-known. Their cases are indisputable, and they show that Bone-setters understand their art. I have culled these cases from various sources, all of which I have acknowledged as far as possible. I have already quoted Mr. Charles Waterton's opinion of Bone-setters from his “*Wanderings of a Naturalist.*” I will now direct attention to the cure he vouches for by the Yorkshire Bone-setters:—

“Before I close these memoranda, I have to describe another mishap of a very dark complexion.

Let me crave the reader's leave to pen down a few remarks on Bone-setting, practised by men called Bone-setters, who on account of the extraordinary advance in the art of surgery, are not now I fear, held in sufficient estimation amongst the higher orders of society.

Towards the close of the year 1850, I had reared a ladder, full seven yards long, against a standard pear tree, and I mounted nearly to the top of this ladder with a pruning knife in hand, in order that I might correct an overgrown luxuriance in the tree. Suddenly the ladder swerved in a lateral direction, I adhered to it manfully, myself and the ladder coming simultaneously to the ground with astounding velocity. In our fall I had just time to move my head in a direction that it did not come in contact with the ground ; still as it afterwards turned out, there was a partial concussion of the brain ; and added to this, my whole side, from foot to shoulder, felt as though it had been pounded in a mill. In the course of the afternoon I took blood from my arm to the amount of thirty ounces, and followed the affair up the next day with a strong aperient. I believe that, with these necessary precautions, all would have gone right again (saving the arm) had not a second misadventure followed shortly

on the heels of the first; and it was of so alarming a nature as to induce me to take thirty ounces more of blood by the lancet. In order to accommodate the position of my disabled arm. I had put on a Scotch plaid in lieu of my coat, and in it I came to my dinner. One day the plaid having gone wrong on the shoulder, I arose from the chair to rectify it, and the servant supposing that I was about to retire, unluckily withdrew the chair, unaware of this act on his part, I came backwards to the ground with an awful shock, and this, no doubt, caused concussion of the brain to a considerable amount.

Symptoms of slowly approaching dissolution now became visible. Having settled all affairs with my solicitor betwixt myself and the world, and with my Father Confessor, betwixt myself and my Maker, nothing remained but receive the final catastrophe with Christian resignation. But though I lay insensible, with hiccups and *sub sultus ten dumon*, for fifteen long hours, I at last opened my eyes, and gradually arose from my expected ruin.

I must now say a word or two of the externals damaged by the fall of the ladder. Notwithstanding the best surgical skill, my arm showed the appearance of stiff and

withered deformity at the end of three months from the accident. And now my general state of health was not as it ought to be; for incessant pain prevented sleep, whilst food itself did little good. But my slumbers were strangely affected. I was eternally fighting wild beasts, with a club in one hand, the other being bound up at my breast. Nine bull-dogs attacked me one night, on the high road, some of them having the head of a crocodile.

I had now serious thoughts of having the arm amputated. This operation was fully resolved upon, when, luckily, the advice of my trusty game-keeper, John Ogden, rendered it unnecessary. One morning, "master," said he to me, "I'm sure you're going to the grave. You'll die to a certainty. Let me go for our old Bone-setter. He cured me, long ago, and perhaps he can cure you, It was on the 25th of March, then—alias Lady Day, which every Catholic in the universe knows is solemn festival in the honor of the Blessed Virgin—that I had an interview with Mr. Joseph Crowther, the well known Bone-setter, whose family has exercised the art from father to son time out of mind." On viewing my poor remnant of an arm—"Your wrist," said he, "is sorely injured, a callus having formed

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betwixt the hand and the arm. The elbow is out of joint and the shoulder somewhat driven forward. This last affair will prevent your raising your arm to your head. Melancholy look out! "But can you cure me, doctor?" said I. "Yes," replied he firmly; "only let me have my own way." "Then take the arm, and with it elbow, wrist and shoulder. I here deliver them up to you; do what you please with them. Pain is no consideration in this case, I dare say I shall have enough of it." "You will," said he, emphatically. This resolute bone-setter, whom I always compared to Chiron the Centaur for his science and his strength, began his operations like a man of business. In fourteen days, by means of potent embrocations, stretching, pulling, twisting, and jerking, he forced the shoulder and wrist to obey him and to perform their healthy movements. The elbow was a complicated affair. It required greater exertions and greater attention—in fact, it was a job for Hercules himself. Having done the needful to it (*secundum artem*) for one-and-twenty days, he seemed satisfied with the progress which he had made; and he said quite coolly, "I'll finish you off this afternoon." At four o'clock *post meridiem*, his bandages, his plasters and his

wadding having been placed on the table in regular order, he doffed his coat, tucked his shirt-sleeves above his elbows, and said that a glass of ale would do him good. "Then I'll have a glass of soda water with you," said I, "and we'll drink each other's health and success to the undertaking."

The remaining act was one of unmitigated severity, but it was absolutely necessary. My sister Eliza, foreseeing what was to take place, felt her spirits sinking and retired to her room. Her maid, Lucy Barnes, bold as a little lioness, said she would see it out ; whilst Mr. Harrison, a fine young gentleman, who was on a visit to me (and alas ! is since dead in California), was ready in case of need. The bone setter performed his part with resolution scarcely to be contemplated, but which was really required under existing circumstances.

Laying hold of the crippled arm just above the elbow with one hand, and below with the other, he smashed to atoms by main force the callus which had formed in the dislocated joint, the elbow itself creaking, as if the interior parts of it had consisted of tobacco pipe shanks. Having predetermined in my mind not to open my mouth, or to make any stir during the operation, I

remained passive and silent, whilst this fierce elbow contest was raging. All being now effected as far as force and skill were concerned, the remainder became a mere work of time. So putting a five pound note by way of extra fee into this sturdy operator's hand, the binding up of the now rectified elbow-joint was effected by him with a nicety and a knowledge truly astonishing.

Health soon resumed her ancient right; sleep went hand-in-hand with a quiet mind; life was once more worth enjoying; and here I am just now sound as an acorn."

Dr. Wharton Hood disparages the lucid statement and style of Mr. Waterton; but does not gainsay his testimony or facts.

The testimony of Mr. George Moore, the eminent philanthropist to the skill of a "bone setter," is duly recorded by Dr. Smiles, in the life of the Cumberland Worthy and London Merchant.\* Mr. Moore was very fond of hunting, both as a recreation and as a means of health. "I hunt," he says, "not only for pleasure, but

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\* George Moore, merchant and philanthropist. By Samuel Smiles, L.L.D., author of "Lives of the Engineers," etc. London: Routledge & Sons, 1878.



for my health. The exercise does me great good. I really do not see any harm in a gallop with the hounds; if I did I would not go out again." He hesitates and deliberates on the subject again and again. "I make my health my excuse. The fresh crisp air does me good. I am always at home when on horseback."

"In March, 1867," says Dr. Smiles (pp. 292), "he met with an accident which put a stop to his hunting. The meet was at Torpendow. From thence they went to the top of Binsey, a heathery fell, to the south of Whitehall. There they found a fox, and viewed him away. Always anxious to keep up with the hounds, Mr. Moore rode fast down the hill. But his bay mare got her foot in a rabbit hole, and the rider got a regular cropper. He found that his shoulder was stiff. Nevertheless, he mounted again and galloped away. The hounds were in full cry. He kept up pretty well, though his shoulder was severely hurt.

Next day he entertained a dozen friends, amongst whom was the master of the hunt and Frank Buckland. Nothing was talked about but fox-hunting. "I think," says Mr. Moore, "I must make yesterday my last day's hunting." Shortly after he consulted a celebrated



surgeon, at Carlisle, about his shoulder. The joint was found "all right," though the muscles were pronounced strained and hurt. Nothing could be done for the pain but to grin and hide it.

He went to the Castle Compensation Meeting, at Carlisle, in which he took an active part. Then he went to sit on the bench at Wigton, for he was a Justice of the Peace for Cumberland. After that he had twenty friends and relatives to tea and supper. "I hope," he says, "that I shall never forget my poor relations and friends."

Notwithstanding the intense pain in his shoulder, Mr. Moore continued to hunt. The year after his shoulder had been dislocated, he invited the Cumberland Hunt to meet at Whitehall. About sixty horsemen were present. They breakfasted in the old hall and then proceeded to mount. Mr. Moore was in low spirits because of the pain in his shoulder, and at first he did not intend to join his friends. But Geering, his coachman, urged him to go, and Sir Wilfred Lawson joined him in his persuasions. At length Mr. Moore's favorite horse, Zouave was brought out, and with his arm in a sling and a cigar in his mouth he consented to mount. Mrs. Moore and

Lady Lawson ascended the tower and saw the brilliant red coats ride away through the park.

The array of horsemen passed on to Watch-hill and found a fox. He was viewed away, and went across Whitehall-park, close under the wall of the west-front garden, followed by the hounds and riders. It was a sight not often to be seen. The day was splendid, although it was in November. The sun was shining and the red coats, jumping hedges and fences amidst green fields, brightened up the picture. The fox went up the hill, out of sight of the gazers from the tower, and was lost in Parkhouse covers. Again the hunt proceeded to Watch Hill and found another fox. Away it went almost in the same direction, passing through Whitehall Park with the hounds and hunters at its heels. There was a slight check at Park-wood. Then it took straight away for Binsey, went up the side of the hill, and passed on to Snittlegarth, and was lost at Bewaldeth.

It grew dark. No more could be done that night. No fox had been killed, though the hunters had got a splendid run. Mr. Moore returned home with his arm in his sling, though nothing the worse for his day's exercise. "It was," he says, "a very enjoyable day. I

do like a day's hunting. I always feel more light and buoyant after it." It was his last hunt.

The various surgeons to whom Mr. Moore applied did not give him any relief from the pain he suffered in consequence of this accident. He bore it throughout the year, 1868; during the time he was Prime-Warden of the Fishmongers' Company.

Dr. Smiles says (pp. 318, 319)—“He had consulted the most eminent surgeons. They could find no cure for the pain in his shoulder. Some called it rheumatism, others neuralgia, some recommended a six months' sea voyage, others strapped up his shoulder with plasters and told him to keep his arm in a sling. At length the pain became unbearable. Sometimes the shoulder grew very black. The dislocation forward, which it seems to have been, interrupted the circulation of the blood. Still he continued to work on as before.

On the 7th December, 1868, he writes with difficulty in his diary—“I was struck down with neuralgia at the Middlesex Hospital, when on a committee for selecting a clergyman. I had my shoulder cut open to insert morphia. I am *very* bad!”

He was taken home in a cab by the late Mr. De

Morgan (surgeon). When he entered the house he clung by a pillar as if he were drunk. He could scarcely get up to his bedroom, and there he dozed and rambled ; but the pain was somewhat relieved. He called in one of the most eminent surgeons in London, but, as Mr. Moore writes—" he did not understand my shoulder." Another surgeon was called in—and still another, but the result was the same. It was with great difficulty he could attend the consecration of his church in Somers' Town, with his arm in a sling. " The shoulder," he says, " is not so black as formerly, but the pain is more acute." Then the first physician in London was called in.—" It is a most painful affection of the shoulder-joint." The patient already knew that. But the physicians as well as the surgeons could do nothing for him.

He went about, though looking very ill, to the Field Lane Refuge—to the Industrial Dwellings—to Christ's Hospital—to the Court of the Fishmongers. He even travelled down to York to stay a few days with the Archbishop. On his return he attended a meeting of Christ's Hospital, " about a reform in the mode of education in the school." A few days later he says, " The neuralgia came on fearfully all day, and at night I was in

torture. Mrs. Moore rushed off in the brougham to fetch Dr. ———, that he might see my arm at the blackest. Still nothing could be done. Then Mr. ——— came and plastered and bandaged up my arm." The patient could not write; it was with difficulty that he could sign a cheque. His wife then became his amanuensis. At a banquet at the Fishmongers', he was seized with one of his furious paroxysms of neuralgia. A surgeon was sent for, who came and gave him chloroform.

At length he could bear his pain no longer. He had been advised to go to a well-known bone-setter. No! He would not do that. He had put himself in the hands of the first surgeons of the day. Why should he go to an irregular practitioner? At length, however, he was persuaded by his friends. As the surgeons had done their best, why should he not try the bone-setter? He called upon Mr. Hutton, at his house. He looked at the shoulder. Well, he would try and put it in. This was new comfort. Mr. Hutton recommended his patient to buy some neat's-foot oil and rub it in as hot as he could bear it. "Where can we buy the stuff?" asked Mrs. Moore. "You can take a soda-water bottle and get it at a tripe shop in Tottenham Court Road." "We have

not got a soda-water bottle with us." "You can get one at the corner at the public-house!—you might get it at a druggist's," he continued, "but he will charge you three times as dear." The neat's-foot oil was at last got; the shoulder was duly rubbed with it; and the bone-setter arrived at Kensington Palace Gardens to do his best or his worst. He made Mr. Moore sign a paper before he proceeded with his operation, in which he agreed to be satisfied whether failure or success was the result. Hutton took the arm in his hand, gave it two or three turns, and then gave it a tremendous twist round in the socket. The shoulder-joint was got in! George Moore threw his arm out with strength straight, before him, and said, "I could fight," whereas, a moment before he could not raise it two inches. It had been out for nearly two years.

Mr. Moore was taken to task by his professional friends for going to a quack about his shoulder. "Well," said he, "quack or no quack, he cured me, and that was all I wanted. Whereas, I was blind, now I see." After presenting a bust of Lord Brougham and a silver claret jug to the Fishmongers', in memory of his prime wardenship, he set out for Whitehall on the following day and

invited Mr. Hutton (the bone-setter) to join him in Cumberland, as a token of his thanks to him for having relieved his sufferings. The shoulder continued to improve. When his benefactor Hutton, the bone-setter, arrived at Whitehall, he gave him a hearty welcome, and sent him away rejoicing. Mr. Moore was no more troubled with his shoulder.

Hutton died soon afterwards, and Mr. Moore remarks in his diary that he was as much struck by his unworldliness as by his skill, for he refused to take any fee additional to the £5 that was at first asked. It was with great pressure that Mr. Moore prevailed upon him to take £5 more.

During his repeated accessions of pain he entered, or made Mrs. Moore enter, many memoranda in his diary, of which we subjoin a few :—

“ We must wait until the day dawns, and the shadows flee away, to know how wise and suitable every dealing of God is with us.”

“ I am ashamed to think that I sometimes doubt whether God hears my prayers—they are so poor, so weak, so spiritless. I thank God my faith is as simple as a child's.”

“I have sorrows to go through, but they will only prove joy afterwards. Whom our Master loveth He chasteneth. No Cross no Crown. As I suffer so I shall enjoy. Prayer is the mightiest influence men can use. Like the dew in summer, it makes no noise. It is unseen, but produces immense results.”

“Exercise is the secret of a healthy body, and active working for God is the secret of a healthy soul. He that watereth other shall be watered himself.”

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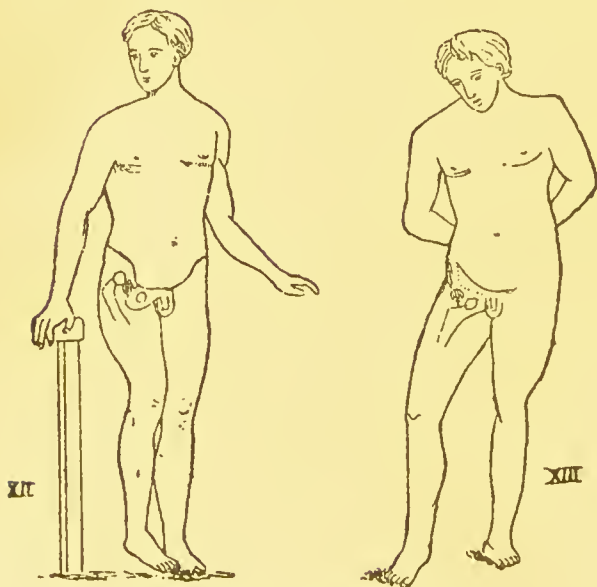
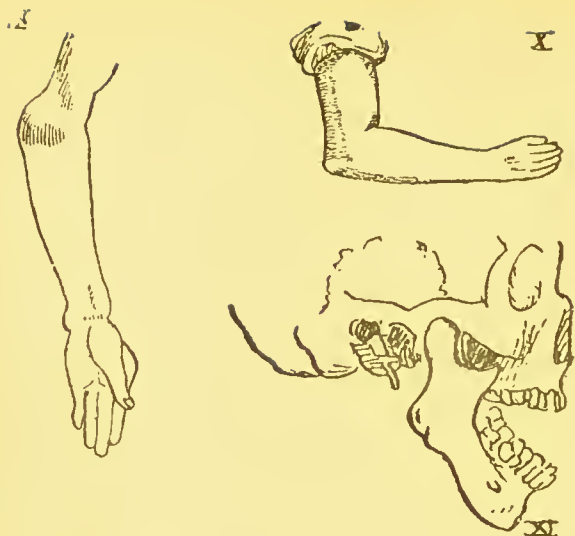


PLATE III.—DISLOCATIONS.

9. Dislocation of radius backwards. 10. Dislocation of ulna backwards.  
 11. Dislocation of jaw. 12. Dislocation of hip outwards. 13. Dislocation of  
 hip inwards.

## CHAPTER III.

*THE TESTIMONY OF THE PUBLIC—continued.*

“ All these are good, and these we must allow,  
 And these are everywhere in practise now.”

*Taylor the Water-Poet.*

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THE case related by Dr. Smiles is interesting to every Bone-setter, as well as to the public at large, for it drew attention to the fact that there existed a number of “specialists” who had made bone-setting and sprains their study, who had inherited the experience of their predecessors, and who, though not recognised by the “schools,” or enrolled under the various acts for the registration of medical practitioners, had done a vast amount of good and had alleviated a great deal of pain which had baffled the *skill* of the regular surgeons.

Dr. William Chambers, in the *Journal* which bears his name, had drawn attention to the case of Mr. George Moore, in a review of Dr. Smiles’ book, which seems to

have excited the indignation of several surgeons, who "called in question the accuracy of the story." To these the editor, presumably Dr. Chambers himself, replies by quoting the testimony of a number of correspondents who had favoured him with their experiences. Dr. Chambers refers those who doubt the statement about Mr. George Moore, to Dr. Smiles himself, whom he truly says "is not given to romancing." "We have," he continues,\* "ourselves, however, known some curious instances of illiterate men who, by a sort of natural tact, were eminently successful as bone-setters. One of these instances was that of a drummer in a militia regiment as long ago as 1812, who, when discharged at the peace of 1815, set up as a bone-setter, and made a living by his profession. Not long since, there died an eminent bone-setter on Spey-side, to whom persons suffering from dislocations flocked from all quarters. It seems ridiculous to pooh-pooh instances of this kind. A wiser policy would consist in finding out what were the special modes of operation of these bone-setters, and taking a hint from them.

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\* Chambers' Journal, fourth series, No. 770, pp. 711, 712.

While one correspondent has favoured us with his doubts on the subject of unprofessional bone-setting, others have written to verify cases such as that recorded by George Moore's biographer. One of these communications is as follows: 'In 1865, I had met with a severe accident on board a ship coming home from India, and among other injuries the middle finger of my right hand was much injured. There were two or three doctors among the passengers besides the ship's surgeon, and they all agreed that it was merely a severe bruise. I thought little of it, hoping it would soon get right; but when six weeks had passed and the finger was still quite powerless, I consulted an excellent general practitioner in England, who said the joint was enlarged, and recommended an application of iodine, which took off the skin, but had no other effect. Two other surgeons—one of them a man of considerable repute—were consulted, but with no better result; and eventually I was persuaded to go to a bone-setter in Liverpool. The moment he felt the finger he said "It's dislocated." The treatment was very simple. The finger was enveloped in a bag of bran and kept constantly wet for a fortnight, and then it was set. The operator gave it a violent wrench. I heard a

eraek like that made when one pulls one's finger-joints sharply; and from that moment I had the full use of my finger, which until then was absolutely powerless. The fee, as far as I remember, was ten shillings, certainly not more.

“The ease which led me to consult this bone-setter was much more remarkable. Among the passengers on board the same ship was an Indian civilian who had been severely mauled by a tiger, in trying to save a fellow-sportsman's life, and had quite lost the use of one arm. He was on his way home to see if anything could be done to restore it; and his disappointment was great when, after some months' treatment by one of the greatest of London surgeons, there was hardly any improvement, and no hope was held out of more than a very partial cure. While down in Wales, he heard of the bone-setter above mentioned, who was a native of the Principality, and determined to try his powers. In a few months, by simple treatment and the wonderful power of manipulation which this man possessed, the use of the arm was entirely restored, and has ever since remained so.”

The gentleman above alluded to was undoubtedly Mr. Evan Thomas, of Crosshall Street, Liverpool, whose

reputation and skill enabled him to realise a handsome competence. The record of his cures, and the instances in which he has given relief when regular surgeons have failed, would fill a volume. A well-known actor on the London stage has furnished several instances which fell under his personal knowledge. Mr. Evan Thomas is now represented by a relative (a son I believe) who has taken out a diploma as a surgeon, and is therefore a "bone-setter" according to Act of Parliament.

The writer of the above anecdotes expressly points out that he "does not for a moment wish to disparage the skill and care shewn by the regularly qualified surgeons in ordinary and in many extraordinary cases. They are with few exceptions, upright and generous men, and their kindness and tenderness seem specially developed by the pain which they so often have to inflict; but there are cases—more frequent, I believe, than is commonly supposed—where something more than training and practise is needed; and there are a few men (and women too) who seem intuitively to possess this something—a gift of touch which tells them when a joint, or it may be a muscle or tendon, is not in its right place, and enables them to put it right.

“It is this which I think the medical profession and the public generally should recognise, instead of speaking of these bone-setters, as is often done, as quacks, and their cures as fables, or at best happy accidents. In some cases the possessors of this gift have taken the necessary diploma which permits them to practise; in others they have not the means or education which would enable them to do so; or perhaps they have only discovered their gift comparatively late in life, when they have settled down to other professions.” “Surely,” the Editor remarks, “some means could be devised by which this gift, when it is discovered in an individual, can be utilised for the benefit of suffering humanity without the ordinary diploma, and yet with some check which would prevent imposture. The first step is the recognition that such a gift does exist; and then let it be the subject of intelligent inquiry.”

The next instance given in the *Journal* before referred (pp. 712) is contributed by a well-known clergyman of Northamptonshire, and is a voluntary and unlooked for testimonial to the author. He writes as follows:—  
“Some twelve years since, when returning from a visit to a friend on a bitterly cold December evening, I



unluckily slipped upon a sheet of ice on the foot-path, and fell with my leg bent completely under me. The pain was intense, and for a quarter of an hour I was unable to raise myself up. Fortunately, I was not far from home, and managed to crawl to my own door. For two or three subsequent days I endured excruciating agony, and consulted my usual medical men in the town of ——, who pronounced my injury to be a violent sprain of the muscles of the knee, and after tightly bandaging the joint, they recommended entire rest for some days. For six weeks I hardly moved out-of-doors, and was quite unable, without assistance, to put on my stockings and boots.

“One day a neighbour suggested my seeing a celebrated bone-setter who pays a weekly visit to this neighbourhood. I eagerly adopted the suggestion, and by the aid of two sticks, attended by a friend, I contrived to get into and out of the train, and reached the bone-setter’s residence in due course. He first directed me to undress, and placed a chair to rest my leg upon. After manipulating the limb, he pressed my leg with such force that I fainted away, and when I recovered my senses, the perspiration was literally streaming down my face. I asked

for some brandy, which he produced out of a cupboard close by, remarking : ‘ I always keep my physic here.’

“ For some ten minutes afterwards I felt very faint and in great pain ; and without noticing his movements, he again suddenly pressed my leg, causing me to faint away a second time ; and when I came to, I found my friend at my side whom I had left up-stairs, and who, startled by my screams, had hastened down to see what was the matter.

“ The bone-setter then said : “ Get up and walk ; your knee was dislocated, but you are now all right.” To my inexpressible joy I found my knee replaced, and was able to walk as well as ever, and which for six weeks I had been unable to do without the assistance of two sticks. For ten years my leg was so well and strong, that I never needed the services of the bone-setter. Unfortunately, about two years since, in pulling off my boot I again dislocated the same knee, but in moving suddenly in my chair to reach a book, the joint returned into the socket, like the sharp report of a pistol. It has once since been out, but I have managed to replace the joint myself ; but I occasionally go to the bone-setter to have the limb tightly plastered and bandaged, and over the bandage I always wear an elastic knee-cap.

“A neighbour of mine had a bad fall out hunting about two years ago, and injured his shoulder, and for several weeks was unable to raise his arm, and like myself, put himself under the charge of his usual medical attendant. As the injury did not seem to abate, I advised him to go to this same bone-setter, which he did, and in a very short period he quite recovered the use of the limb, and is now able to drive and ride as well as ever; the remedy he was ordered to adopt was hard friction, night and morning, with rum and neat’s-foot oil.

“I will mention an anecdote told me by this bone-setter. A poor servant-girl who had been an in-patient of a neighbouring infirmary for seventeen weeks, and had been discharged as incurable, consulted the bone-setter, who discovered her ankle to be dislocated. With a violent twist he replaced it, and she gladly left behind her, in his house, the two crutches she had used for upwards of four months!

“Although it seems almost incredible that regularly qualified surgeons do not understand the art of bone-setting, or adopt their somewhat rough usage, I believe they really dare not do so for fear of being accused of

rude treatment, by ladies or persons of sensitive feelings. I believe the knack of bone-setting to be hereditary; at any rate it is so in the case of my bone-setter (which is literally true), who is of the third generation in this style of treatment."

The following is a case related by Dr. Wharton Hood, in his work on "Bone-setting:"—

"A gentleman, whom I will call Mr. A —, when sitting on a stool at his office, hastily descended it to welcome a friend. As soon as his feet reached the ground he turned his body without moving them, and in so doing he twisted or wrenched his left knee. He immediately felt considerable pain in the joint, which lasted for an hour or two, but decreased as the day wore on, and he continued to move about as occasion required. In the night he was aroused by increased pain, and found the joint much swollen. Mr. A — was the brother of the professor of midwifery at one of the principal medical schools in London, and he had the best surgical advice that London could afford. He was ordered to rest the limb and to apply heat and moisture. In this way he obtained some diminution of the pain, but the swelling continued. He at last sent for Mr.

Hutton, who at once declared that the knee was "out," and proposed to replace it. An appointment for this purpose was made, but in the meantime the patient had again seen eminent surgeons, and he wrote to prevent Mr. Hutton from coming. Two years of uninterrupted surgical treatment passed without improvement, and then Mr. A — sent for Mr. Hutton again. On this the second visit I accompanied him, and what I witnessed," says Dr. Hood, "made a great impression on my mind. We found the knee-joint enveloped in strapping; and when this was removed, the joint was seen to be much swollen, the skin shining and discoloured. The joint was immovable, and very painful on the inner side. Mr. Hutton at once placed his thumb on a point over the lower edge of the inner condyle of the femur, and the patient shrank from the pressure and complained of great pain. He (Mr. Hutton) made no further examination of the limb, but said: "What did I tell you two years ago?" Mr. A—— replied: "You said my knee was out." "And I tell you so now," was the rejoinder. "Can you put it in?" said Mr. A——. "I can." "Then be good enough to do so," said Mr. A——, holding out his limb. Mr. Hutton, however, declined to operate for

a week; ordered the joint to be enveloped in linseed poultices and rubbed with neat's-foot oil, made an appointment, and took his leave. During the dialogue I had carefully examined the limb, and satisfied myself that there was no dislocation, and had arrived at the conclusion that rest, and not movement, was the treatment required. At the expiration of the week I went again to the house, and Mr. Hutton arrived shortly afterwards. "How's the knee?" was his inquiry. "It feels easier." "Been able to move it?" "No." "Give it to me." The leg was stretched out, and Mr. Hutton stood in front of the patient, who hesitated, and lowered his limb. "You are quite sure it is out, and you can put it right?" There was a pause, and then: "Give me your leg, I say." The patient obeyed reluctantly, and slowly raised it to within Mr. Hutton's reach. He grasped it with both hands, round the calf, with the extended thumb of the left hand pressing on the painful spot on the inner side of the knee, and held the foot firmly by grasping the heel between his own knees. The patient was told to sit steadily in his chair, and at that moment I think he would have given a good deal to have regained control over his limb. Mr. Hutton inclined his

knees towards his right, thus aiding in the movement of rotation which he impressed upon the leg with his hands. He maintained firm pressure with his thumb on the painful spot, and suddenly flexed the knee. The patient cried out with pain. Mr. Hutton lowered the limb, and told him to stand up. He did so, and at once declared he could move the leg better, and that the previously painful spot was free from pain. He was ordered to take gentle daily exercise, and his recovery was rapid and complete. In a few days he returned to business, and from that time until his death, which occurred three years afterwards, his knee remained perfectly well."

Another case was that of the Honourable Spencer Ponsonby, who is suffered to tell his own story. "On November 26th, 1864, in running across the garden at Croxteth, near Liverpool, I felt and heard something crack in the calf of my left leg. It was so painful that I rolled over like a shot rabbit, and could scarcely reach the house, a few yards off. I at once put my leg up to the knee in a pail of hot water, and boiled it for an hour. Next day, being no better, I sent for a medical man in the neighbourhood, who told me I had snapped a muscle, and must keep quiet for a few days. He rubbed in a



strong liniment, there being no sign of inflammation; and put on a strong leather plaster. In a couple of days I was able to hobble; but being telegraphed to London, and going into an empty house, I knocked my toe against a tack in the floor, and hurt myself worse than ever. From this time (December 2nd) to the beginning of May, I was attended by Mr. A—— and Mr. B—— in consultation, who agreed in saying that the “stocking of the calf was split” (gastrocnemius, I think they called it) and treated me accordingly. Occasionally my leg got better; but the slightest exertion produced pain and weakness.

“On the 2nd of May, Mr. C—— undertook me. He agreed as to the injury, but thought that, constitutionally, I was out of order, and gave me some iron, &c., without effect. My leg was also fixed in an iron machine to relieve the muscles of the calf from the weight of the leg. Another eminent surgeon came in consultation on June 26. He agreed in Mr. C——’s treatment, and in the cause of the lameness; as did Dr, D——, who was consulted as to my going to Wildbad.

“August 14.—As I did not improve, Mr. C—— put my leg into a gum-plaster for a month. I then went



yachting, so as to obtain perfect repose for that time. My health, which had been getting bad, was improved by the sea-air, but my leg was no better. The surgeon on board the yacht, Dr. E——, also examined me, and agreed as to the cause of the lameness, but said: ‘An old woman may cure you, but no doctor will.’

“On September 7 the gum-plaster was removed, and galvanism was then tried for about three weeks. At the end of this time I went on a yacht voyage for four months, and, during the whole of this period had sea-water douches. All this time I had been either on crutches or two sticks. My health was much improved by the sea-voyage, but my leg was the same as before, and had shrunk to about half its proper size.

“April 5.—Mr. F—— began his system to cure my leg. His idea was, that the muscles were separated, but that if brought together continuously, they would rejoin. I wore a high-heeled boot during the day, and during the night my heel was fixed so that it was kept in the same position. No good arose from this treatment; and consequently, after a month’s trial, I went to Mr. Hutton, who, on seeing my high heel, said: ‘What do you wear that machine for? Do you want to lame yourself?’ I

was proceeding to tell him the opinion of the various surgeons on my case, when he said : ‘Don’t bother me about anatomy ; I know nothing about it ; but I tell you your ankle is out, and that I can put it in again.’

“After a few weeks, during which he had been to the North, and could not therefore undertake my case, I returned to him on June 27, telling him that I had in the meantime consulted surgeons who had assured me that, whatever else might ail me, my ankle was most assuredly ‘all right,’ but that I would notwithstanding submit to his treatment. He again examined me most carefully, beginning at the ankle round bone, and he then put his thumb on to a place which hurt me a good deal, and produced a sensation of a sharp prick of a pin. He proceeded to operate upon me, and after a time there was a distinct report, and from that moment the pain was gone. Mr. Hutton desired me to walk moderately, but to take no violent exercise for a long time, and to use a good deal of cold water. From that moment my leg gradually got better. I was able to walk out shooting quietly in September, and on the 14th October, having missed a train, walked home fifteen miles along the high-road. In the following year I resumed cricket,

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tennis, and other strong exercise, and have continued them ever since.

In page 103 to 109 of his work before quoted, Dr. W. Hood relates the experience of his father in treating of sprained ankles, in a manner similar to that practised by the bone-setter, and illustrates the system by these two typical cases, which, though by no means extraordinary in their treatment and cure, have been thought worthy of publication by him. Mr. J—— sprained his left ankle eighteen weeks before coming under treatment. For the first month he laid on a sofa; at the end of that time he was able to get about on crutches, and when he presented himself for treatment was compelled to use a couple of sticks. At no time since the injury had he been able to walk farther than two or three hundred yards without resting. He complained of pain on the inner side of the foot, and stiffness and pain in the great toe when he attempted to use his foot. He was operated upon for the purpose of replacing the bone of the foot, and overcoming the stiffness of the toe. He returned home by rail the same day, and, on alighting at the station walked half-a-mile slowly to his house. His powers of locomotion steadily improved, and four days after the operation he walked three miles.

Mr. G—— came to Mr. H—— on the recommendation of Mr. J—— and also was induced to do so from the benefit he saw that Mr. J—— had derived from the treatment. In this case the ankle had been sprained and bruised by a horse falling on him a year-and-a-half previous to his visit to Mr. H——. Owing to the road along which he was riding having been much cut up by cart wheels, his injury was much more severe than would usually occur from this form of accident. When the horse fell he was not thrown but went down with it; the injured foot touched the ground, sinking into one of the ruts, when before he could withdraw it, the animal rolled over, wrenching and bruising the limb most fearfully. The foot was seen by Mr. H——, was still much swollen, and very stiff in all parts. He was considered to have “five bones out” and the usual manipulations were employed for their reduction. It required three operations, at intervals of a week, before the stiffness of the foot was removed, but at the end of three weeks he walked as well as he ever did in his life. When he came he had his foot in a sling suspended from his neck, so utterly useless was the limb.

The advantage of the employment of movement a few

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days after the receipt of the injury is shown, he says, by the history of one of the cases that he saw with Mr. Hutton:

J. F. (Stanmore) was thrown from a cart by the horse stumbling when going down hill. He fell on his right shoulder and side of his head. He remained stunned for about an hour; on coming to himself and trying to raise with the assistance of the right arm, he found himself unable to raise it, much less to bear any weight upon it. He succeeded with great difficulty in getting into his cart (the horse it appears did not fall completely and waited quietly at the side of the road) and driving home. He suffered great pain all night, the arm being perfectly useless, and the parts about the shoulder much swollen. He saw Mr. H—— the following day and was directed by him to poultice and use neat's foot oil for a week. At the end of the week he was operated upon. Increased pain followed the operation; it was not, however, in the same spot, having shifted from the shoulder to the outer side of the arm, near the insertion of the deltoid. No improvement in power of movement occurred at the time; he could not raise his hand to his head or bend his forearm. On his next visit, three days afterwards, he said that the pain continued through the

night, that he dropped off to sleep towards morning, and when he awoke he found that it had materially abated, and his sufferings had been comparatively slight since. The swelling had diminished, but the motions of the joint were not much freer.

At the expiration of a week from the time of the operation, he appeared again ; and he could then place his hand behind his head and also on the opposite shoulder. With the exception of a slight stiffness, he considered his limb quite well."

Yet two other cases from the same source:—

Mrs. J——, on rising from her chair one day in 1864 caught her heel in her crinoline, and fell backwards upon her sacrum. She did not feel much pain from the fall at the moment although she felt a good deal shaken. At this period she had been six weeks pregnant. On the fifth day from the date of the accident, having in the meantime, without any definite cause of complaint, been "out of sorts," she noticed a feeling of stiffness and numbness extending over the whole of the body, but more especially in the extremities. Shortly after this occurred she was seized with convulsions of an epileptiform character. These convulsions they recurred at

varying intervals of sometimes three or four days, and at other times of ten days or a fortnight, until her confinement. After this event she was subject to them, but at longer intervals until October, 1869. Their increased frequency about this time induced her to consult Mr. Hutton, both she and her friends considering that, as she had never had any affection of this description previous to her fall, the blow on her back might fairly be looked upon as the cause of her trouble. A very tender spot was complained of at the junction of the last lumbar vertebra with the sacrum. The sensations which preceded the commencement of the fit were referred to that spot and the opinion given by Mr. Hutton was that a bone was "out" there. On the three or four days preceding his visit she had many severe convulsions; she was suffering from exhaustion consequent upon them and fully expected to be obliged to remain in bed some days to recover herself. She describes herself as suffering at the same time from head-ache and fullness; her back was very painful; she was flushed in the face, very depressed in spirits, her eyesight was dim and she was very faint.

When operated upon in the manner, hereafter to be described, she felt "a sudden feeling of numbness of the



brain," this feeling travelling upwards from the spot where the pressure was applied, and then immediately following this a sensation which made her say "I am all right." In a minute or two she got into bed without assistance, lay down on her left side—a position she had not been able to take before—her color became natural, her head felt as if a weight had been removed from it, the dimness of sight disappeared, and a difficulty of raising the lids previously had gone. She remained in bed two hours, and then was able to be dressed and go down stairs. She had no return of the fits and had been quite free from them up to October, 1870.

The other case mentioned by Dr. Hood is given in the words of the patient, who states—

"In July, 1859, I was playing in the garden with my children, when one of them tossed a large indiarubber ball into the adjoining garden, which was separated from my own by a stone wall about six feet high. I procured a pair of steps and got over the wall; and coming back I sat for a few minutes on the top of the wall, and then jumped down, alighting upon the gravel walk. I felt no ill effects from the jump at that time, but, awaking early next morning I found my left leg very stiff, and sup-



posing this would pass off I went to business as usual; but on walking I experienced pain on the inside of the knee joint, which increased during the day, and at night I could scarcely walk.

“The next morning I sent for my medical man (Mr. A——) who after examining the knee pronounced the injury to be external to the joint, and I think he said some cartilage had been strained. He ordered me to pump cold water on it, which I did for several days; but the pain increased and the knee began to swell. Mr. A—— then ordered leeches to be applied, and afterwards a large blister enveloping the knee.

After this the leg became very rigid at the joint, and flexed so that the heel would not touch the ground, and I could only move from one room to another by the help of crutches. After about two months confinement to the house my appetite failed and I became very unwell. I then saw another surgeon (Mr. B——) who thought that there was something forming in the joint, but that my general health was failing, and that I ought to have change of air, so by his and Mr. A——’s advice I went to the sea-side where I remained until November.

“Whilst there I applied sea-weed poultices, and bathed

my knee in warm sea water; but was soon obliged to discontinue this treatment as it greatly irritated the joint, which became so tender and painful that I could not bear the weight of the sheet upon it as I lay in bed. The flesh of my thigh began to waste away at this time, and I lost power in my left arm, thumb, and forefinger; so that for some time I was unable to use a fork at meals. I called in a local practitioner (Mr. C——) who gave me medicine; but as he said the pain in the knee was of secondary importance, he did not prescribe for it. I took exercise occasionally in an invalid chair, but, owing to the difficulty of getting down stairs and the vibration of the chair itself, this did me more harm than good.

“I returned home in November, and passed the winter with very little improvement; and having purchased a very easy invalid carriage with shafts for a donkey, went out when the weather permitted.

I continued to apply iodine and kept wet cloths constantly upon the limb to keep down inflammation, and this treatment succeeded in a measure, but only so long as I kept the leg at rest; for on making the smallest attempt to use it the inflammation returned.

In the spring of 1860 it was thought advisable I

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should consult Sir B. Brodie, and my medical man (Mr. A——) went with me to London; but finding that Sir Benjamin was out of town he took me to Mr. D——, who affected to treat the matter very lightly, and said that I was to take a tonic, which he prescribed, and that as my health improved my knee would get well. He also sent me to a surgical bandage maker, who measured me for a knee cap which was to enable me to walk and take more exercise than I had hitherto done.

This knee cap I was however unable to wear, until some months later, when, the inflammation having subsided, I found it gave me some support; but I was never able to wear it without much discomfort. Up to October 1865 (a period of six years and a quarter) I used crutches—sometimes two, at other times one crutch and a stout stick and was never at ease, the knee always stone cold when in bed or otherwise resting, and hot after exertion of any kind—the pain becoming acute whenever I attempted to use the limb beyond just crossing the room. During this period (six years) I spent a portion of every summer at the seaside, and was withdrawn almost entirely from business. At length after so long a course of treatment, I ceased to seek further advice,

believing what I was told, that the cause of all my suffering was constitutional, and I settled down to the conclusion that I should be a cripple for life and that this was unavoidable.

“In June, 1865, I was recommended by a friend to consult Mr. Hutton, but when I had learned he was an irregular practitioner, I declined; and it was not until October, when, owing to an accidental stumble against the door-sill, I was in much pain again, that I acceded to the earnest solicitations of my friends. I then wrote to him and made an appointment. At the first interview he came to me in the waiting-room and, looking me hard in the face, he said, ‘who sent you here?’ I told him who it was that recommended me to him. He said, ‘Do you know that I am not a regular surgeon?’ I answered, ‘Yes.’ ‘Well, then, what’s the matter with you?’ I told him I was lame. ‘Are those your sticks?’ pointing to the crutches. ‘Yes.’ ‘Well, let me look at your leg.’ He then instantly placed his thumb on the tender spot inside the knee, causing me great pain. I said, ‘Yes, that is the place, and no other.’ ‘Ah!’ he replied, ‘I thought so. That will do. How long have you been lame?’ ‘Six years.’ ‘What treat-

ment have you had?’ I told him, and also that my lameness resulted from constitutional causes. He said, ‘Bah! If you had not had a pretty good constitution they would have killed you.’ I told him that I had seen Mr. D——. ‘Well,’ he said, ‘You might as well have seen my cook. He can’t cure that knee.’ I asked him what he thought was the matter with it. He said, ‘That knee is out; I’ll stake my reputation upon it, and I can cure it.’ I was ordered to apply linseed meal poultices for a week, and then go to him again, and happily with the best results. I have never needed the use of crutches since, and although it was some time before I gained much strength in the leg, I am now able to walk as well as before the injury. I forgot to mention that before leaving Mr. Hutton’s house I walked up a flight of stairs and down again, a feat I had not accomplished for years.”

As a contribution to the patient’s point of view, and as a pendant to some remarks made in the course of the preceding pages, Dr. Hood thought it desirable to print a portion of the letter that accompanied the narrative:—

“*May, 1871.*

“MY DEAR SIR,—In my communication I have confined myself to a relation of facts only, abstaining from all comment,

but I should now like to say that I think you are doing great service to the public in bringing the subject of (so-called) bone-setting prominently before the profession, so as to induce them to give it a measure of attention, instead of pooh-pooing it, as has been their almost invariable practice hitherto. In my own case, after submitting to Mr. Hutton's manipulation, I was instantly relieved from that pain, tension, and coldness in the joint that I had suffered for six years, and was able to walk. This recovery, which to myself and friends seemed little short of a miracle, was thus accounted for by the faculty:—Mr. A—— (whose patient I had been) on the subject being mentioned to him, laughed, and said, with a significant shrug, 'Yes, yes!' a nervous knee! we all know what nervous knees are! ay! ay! Mr. B——, who, as a friend, had seen my knee frequently (though not professionally) assured all who mentioned the case to him that I might have walked twelve months earlier had I cared to do so. Other medical men accounted for the manifest change in my condition on one hypothesis and another, whilst all affected to smile at my ignorance and delusion.

"Thus much as to the profession, but what were my own thoughts and those of my friends and the public generally? I was like the man spoken of in the Gospels, who had been blind, and now could see I had been lame and in pain, but could now walk and was at ease. I cared nothing for professional sneers as to nervous or not nervous; and had the whole College of Surgeons clearly demonstrated to their entire satisfaction that I could not possibly have been benefitted by Mr. Hutton's treatment, my opinion would not have been shaken by it.

"Then as to the public: my case having been well known my recovery was quickly noised abroad, and a number of people in the neighbourhood who had suffered many things of many physicians and were nothing bettered, but rather grew worse, sought Mr. Hutton's advice, and were cured; and this has hap-

pened in so many instances that public confidence in the ability of the regular practitioner to deal with this class of cases has been greatly shaken. I cannot better illustrate this than by relating the following case :—

“ One Thursday morning last autumn a man came to me, and, on my inquiring his business, he told me he wanted my advice. He was a laborer in a factory who in lifting a weight, had twisted his knee which was much swollen and painful when he walked. I asked him what advice he had had. He said he had been under the doctors' hands some time, but the leg was worse and he was now ordered to lay up entirely for a month, and was assured that unless he did so he would lose his leg. In one hand he held a medical certificate to entitle him (being unable to work) to go on his club ; in the other he had a large lump of dark paste, about the size of an egg, which he said was a blister, and which he was ordered to apply to the joint immediately and to rest at home until the doctor called on him the next day. I examined his knee, and from the similarity of his symptoms to those I had myself experienced, I felt satisfied his was a case for Mr. Hutton and I told him so. He immediately told me he had heard of my case and so many others that *he would rather take my advice than the doctor's*. I explained to him that he could not follow the advice of both, and if he decided on going to Mr. Hutton he must on no account apply the blister. To this he assented. The doctor's assistant called on him the next day, and was very angry that he had not done as he was ordered, and then left, threatening to return with his master, who he said would make him put the blister on whether he liked it or not. This threat however, was not carried out, and on Monday morning he went to Mr. Hutton with several other patients who were going up on a similar errand. He did not return until the last train at night, and I learned next morning that, after visiting Mr. Hutton, he walked several miles to see a friend and



then back to the railway station; he rested the next day, and on Wednesday returned to his work, and has been quite well ever since.

"The sentence in italics is one to which I desire to call particular attention, since it gives expression to a feeling of want of confidence in the profession, which I know to be widely, though often secretly, entertained in this neighborhood.

"Would it not, then, be to the interest of the profession to examine into these cases and not obstinately to close their eyes to facts, which, but for professional prejudice, would not fail to see as clearly, and reason upon as logically as common people do.

"I am, my dear sir,

"Yours very truly,

The publication of Dr. Wharton's book, added to the published testimony of so many patients, awakened the "faculty" to the knowledge that after all there was something more than luck in the Bone-setters art. The change of tone was however gradual, with occasional relapses into the old line of thought, not by any means without misgiving. When professional attention was publicly drawn to the subject many instances came to light which showed that Bone-setters proceeded on true scientific which were neglected by, if not unknown to the faculty at large. As frequently happens the earliest instance of professional adoption of the art of the "Bone-setter" occurred in America. After the publication of Dr.



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Hood's work. A correspondent of *Nature*\* seeing a review of the work wrote to describe an accident he met with, the failure of the surgeons at New York to cure him, and his subsequent cure by one he calls "a scientific Bone-setter" who, of course, was not an "empiric," though he adopted the practise of the Bone-setter's art. The correspondent in question, Mr. Joseph P. Thompson, who dates from Berlin, May 22nd, states that more than *twenty* years ago in the city of New York, while swinging upon parallel bars in the gymnasium fell backwards, and to save his head threw out his left arm, thus catching the fall upon the palmar head of the radius, and as it proved fracturing the head of the radius at the point of articulation with the ulna. I sent for one of the most eminent surgeons (then professor and surgeon) to a large hospital, but several hours elapsed before his arrival, and by that time the swelling and inflammation of the elbow had all the appearance of a sprain, and the fracture was not detected. Some days afterwards the surgeon found out that there had been a fracture, and that a false adhesion had begun. This was broken up, and the arm set in splints, according to the approved method. After

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\* Vol. VI. pp. 82 (1872).

the usual time the bandages were removed, but the forearm was incapable of flexion, extension, or rotation. Every appliance was used to restore it to its normal condition, such as lifting, friction, sponging, &c., but without effect. The arm became useless, and began to shrivel. It was examined by the first surgeons in New York and other cities. Some thought that the radius had adhered to the ulna, others that it was a deposit of interosseous matter, but none could suggest a remedy. It was some nine months after this, Mr Thompson goes on to say, that he chanced to be in Philadelphia, and called upon Dr. Klea Barton, who, though he had retired from practice, consented to look into the case. After a careful examination he said, 'If you will consent to suffer the pain (it was before the use of chloroform) I will agree to restore the arm.' He went on to say that pressure demonstrated a slight crepitation at the joint, and also a slight elasticity; and this assured him that the trouble was in the ligaments; that in consequence of the long imprisonment of the arm in splints, while under inflammation, a ligamentous adhesion had taken place, and the synovial fluid had been absorbed. He then applied one hand firmly to the elbow, and the other to the

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palmar end of the radius, and diverting my attention by anecdote and wit, thus relaxing the resistance of the will to pain, he gave a sudden wrench, there was a sound like the ripping of cotton cloth, and the arm lay outstretched before me, quivering with pain, but capable of motion. Mechanical appliances for a few weeks, so far completed the restoration that I have ever since had about four-fifths of its normal use and power."

Here was evidently an instance of manipulation, which, if done by a bone-setter, would be called empirical, but as it was performed by a retired surgeon, it was "scientific." If the benefit is the same, why this difference of designation? Let the "faculty" reply in person—"What in the captain is but a choleric word; in the soldier is rank blasphemy."

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## CHAPTER IV.

*THE TESTIMONY OF THE FACULTY.*

“What in the captain but a choleric word is in the soldier rank blasphemy.”

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THE first volume of the British Medical Journal for 1867 opens with a report of a Lecture delivered by Mr., now Sir James Paget, Bart., on “Cases that Bone-setters cure.” The Lecture is the first recognition as far as I am aware that the profession of the Bone-setters received at the hands of a professional surgeon, or qualified medical man, anything more than the opprobrium of being a “quack,” an empiric, or a charlatan. Ignorance, presumption, want of skill and knowledge were laid to the charge of the Bone-setter. His success, if success, as it admittedly did, attend his efforts to alleviate the anguish of a sprain, to reduce a fracture or a dislocation, was attributed to a happy accident, or “luck,” whilst any

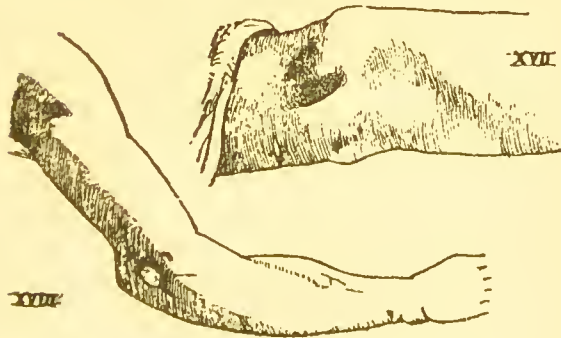
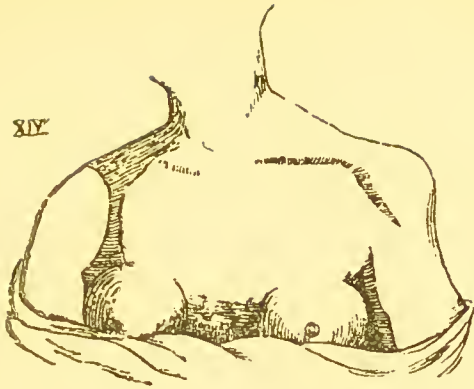
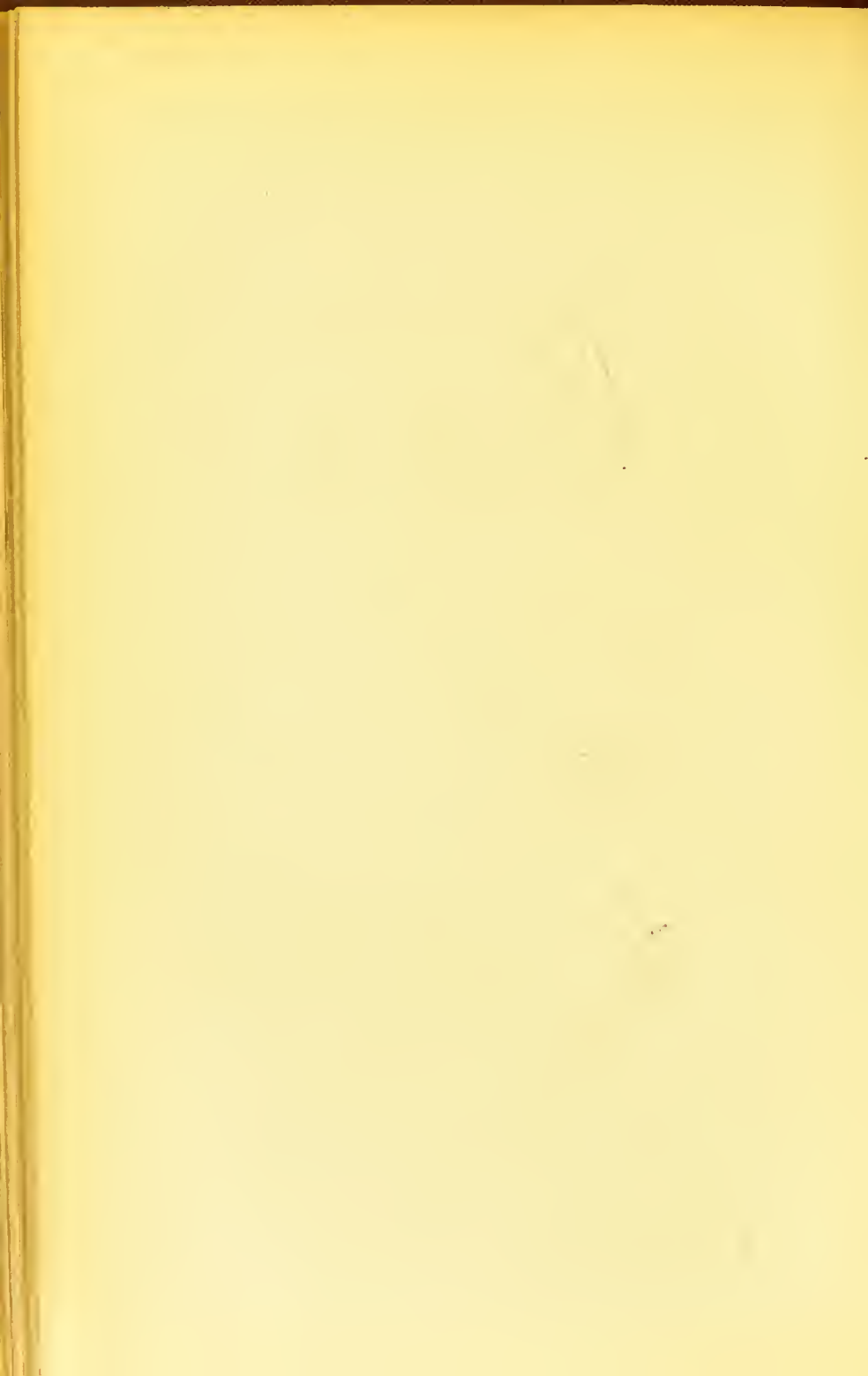


PLATE IV.—DISLOCATIONS.

14. Dislocation of shoulder joint. 15. Dislocation of foot inwards. 16. Dislocation of foot backwards. 17. Dislocation of tibia and fibula forwards. 18. Dislocation of tibia and fibula backwards.



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failure, or any mistake, as if failures and mistakes were never made by those whose names were duly printed in the *Medical Register*, was trumpeted always in the medical journals and in the private eoteries frequented by the local doctors who happened to hear of the case. The many cures were pooh-pooed, only the failures were deemed worthy of publicity. It appears to have been forgotten that not many years have elapsed since the barber-chirurgeons were the only recognised professors of surgery. That the present scientific system of surgery is of comparatively recent date. That there are instances on record of both physicians and surgeons being tabooed and denounced because they had wandered from the beaten path and had found out modes of curing disease and alleviating suffering which were not known before, or at least only to a few. The host of appliances and new methods of treatment are in the opinion of many old and experienced medical men decidedly unnecessary. They lead the student and the practitioner to disregard the empirical—the practical—manual part of his art—to trust to a mechanical system and not to himself, or to his personal skill and his experience. No one can read Sir James Paget's lecture without feeling that

throughout his address he was touching a subject that had only been brought under his notice in the course of his professional career, and that only in a partial manner. If anyone dissents from this view he has only to compare the original report of the lecture in the journal I have mentioned with the revised lecture and notes, edited by Mr. Howard Marsh, and published more than twelve years after the lecture had been first delivered. During that period, a great change had come over the surgical world with respect to the much despised Bone-setters. The greater publicity given to the cures of the Bone-setters by independent men of mark, who had found their pains alleviated and their afflictions cured by the professional Bone-setter, boldly stating their experiences, told the faculty there must be something more in this system of "quackery," than was "dreamt of in their philosophy." It was evident, that however distasteful it might be, it must be treated with respect, even if it jarred with their previously expressed opinions and shocked their ideas of strict professional etiquette.

No Bone-setter can find fault with Sir James Paget's lecture beyond his vulgarising, if I may so term it, his opening illustration. Such an instance might occur, for



there are "Bone-setters and Bone-setters." The term is doubtless assumed by many whose practice brings disgrace upon those who pursue an honorable calling, even if they do not belong to a chartered society, or are recognised by Act of Parliament and therefore not "legally qualified practitioners," it is true that they are qualified by long experience, by early training, and the skill gained by the constant practice of many years, but the law does not recognise them.

Sir James Paget appears to imagine that all the formula of a Bone-setter is to say that "a bone is out," and to use a wrench to put it in again, which wrench he admits does good in some cases. He admits "of course they have a certain number of real fractures and dislocations which they reduce, and of old ankylosis which they loosen." "Of these," he adds, "I need say nothing; for I believe there is nothing in their practice in these cases which is not as well or better done by regular surgical men."

He instances what he calls the "rare accident" of the slipping of a tendon which a wrench may cure, and he is polite enough to say "I can hardly doubt that a Bone-setter has occasionally done unwittingly, a lucky trick,

when, with wrenchings and twistings of a joint, he has made some dislodged tendon slip back into its place." Sir James further enumerates a series of cases of injuries to joints, which may, and indeed are, daily cured by Bone-setters, and he shows how sometimes patients themselves may unlock a stiff knee whether caused by loose cartilages, a stiffness of the muscles, or from other causes. "It may be admitted generally," he tells his audience, "that from paying particular attention to this class of cases, which are constantly occurring, that the Bone-setters have achieved their great reputation where eminent surgeons have failed." Sir James too dwells on suppositious cases, which if treated by the Bone-setter's wrench would certainly end in mischief, and alludes to bad boys who simulate stiff joints who often "escape disgrace by lying and letting the Bone-setter be believed when he professes that he has 'put in' their dislocations." "Amongst all these cases of muscular difficulty," Sir James says, "there is a good harvest for Bone-setters and without doubt their remedy is rough as it is real." "But," he continues "there is yet a larger class of cases which Bone-setters sometimes succeed in curing very quickly, namely, ordinary sprains." "I cannot doubt," he says, "that some

recently sprained joints may be quickly cured, freed from pain, and restored to useful power, by gradually increased violence of rubbing and moving." He admits that this has sometimes been introduced into regular surgery, but, he goes on to state, that it is in cases where old sprains have remained long uncured "that Bone-setters, and especially those who combine rubbing and shampooing with their setting, gain their chief repute. He, therefore, cautions the surgeons against giving too much rest, to avoid cold joints, excessive exercise, and try more gentle methods than are popularly attributed to the Bone-setter, as if the latter gloated over causing pain, which is not the case, though he often thinks that one sharp pang is better than days of agony, and, when over, his patient always coincides with him. The great Master-Surgeon also points out that what are called "hysterical joints" afford a rare opportunity for a victory for a Bone-setter, which may be cured by sheer audacity of being pulled about.

"From this you may see," says Sir James, "that the cases that the Bone-setters may cure are not a few, but," he continues, "the *lessons which you may learn from their practice are plain and useful.* Many more cases of

injured joints than one commonly supposed to be thus curable may be successfully treated with rough movements."

"Learn, then, to imitate what is good, and avoid what is bad in the practice of Bone-setters; and if you would still further observe the rule, *Fas est ab hoste doceri*, which in no calling is wiser than in ours, learn next what you can from the practice of rubbers and plasterers; for these know many clever tricks; and if they had but educated brains to guide their strong and pliant hands, they might be most skilful curers of bad joints, and of many other hindrances of locomotion."

Such is in brief the testimony of the great Master-Surgeon of the age to the methods of practice adopted by the Bone-setters, who have practised their art as their fathers and grandfathers have done before them. His testimony at least shows that the Bone-setter works on truly scientific grounds, and that he is not a mere "lucky trickster," a charlatan who works on the credulity of the public for the sake of gain, pretending to cure others by his own conceit. As I have before pointed out, Sir James Paget himself had occasion to modify his originally expressed opinion when the process and mode

of cure practised by the late Mr. Richard Hutton was explained by Dr. Wharton Hood.

To this gentleman the profession and the public were indebted for the first published authoritative account of the Bone-setter's art. There are but few Bone-setters who will say that Dr. Hood has exhausted the subject, for he has not ; he has only indicated a few salient points, in which the practice of Mr. Hutton varied materially from that taught in surgical schools. He showed that more might be done in the surgical world by the leverage of the limbs, than by the employment of complicated and expensive apparatus. He bemoaned the "cost and loss" which the practitioners of surgery have sustained by the resort of patients, affected by impaired mobility or usefulness of limbs, after disease or injury to the Bone-setters, who so frequently give relief and speedily cure a patient by their manipulations and treatment. It is but just to Dr. Hood to say that he has given a number of cases illustrative of his statements, which the faculty have "condescended" to notice, and some of which, in my desire to give the widest illustrations of the usefulness of the Bone-setter's art, I have embodied in this treatise. He dwells somewhat on the supposition

that all Bone-setters declare that "a bone is out" in every case of thickened or stiff joint that is brought to them, but he seems to forget that these are only a fraction of the "cases which Bone-setters cure," and on which our reputation so securely rests. The quarry men of North Wales, as detailed in the *British Medical Journal*, in 1875, preferred Mr. Thomas Evans, of Pen-y-groes, to their old regular medical practitioner in cases of external injury to body or limb, and though the profession were indignant at any medical men, being associated with a mere Bone-setter in the rules of Friendly Society or Sick Club, the connection is not unfrequent. The faculty have evidently much to learn ere they can successfully compete with Bone-setters in the special cases to which they devote their time, abilities and attention. The patients are the best judges of results, and by results the surgeon must be judged. Their ease is not helped by detailing how a Chinese farrier killed a girl the Emperor desired to marry, by forcibly straightening her hump-back, as recorded in page 900 of the *Lancet* for 1872. It is far better for them to admit as Dr. G. Reed admitted in the same journal that he "had his eye wiped" by a Bone-setter, at Liverpool, who cured a sailor whom he failed to relieve.

Throughout the medical publications from 1871 to 1880, there are frequent allusions to the bone-setter and several admissions by surgical practitioners,\* that they have followed the method of the bone-setter with success, and discarded therefore the teaching of the schools; for though the *Lancet* itself welcomed Dr. Wharton Hood's exposition of the art of the Bone-setter, as tending "to afford the means for the suppression of a widely prevalent and *very mischievous* form of quackery which has been based, as every *success* of the kind must be upon some *neglected* or *forgotten* truth. The late Mr. Hutton, on whose practise, Dr. Wharton Hood's papers are founded, was for many years a sort of bugbear to not a few of the most distinguished surgeons of London, and every few months some fresh case was heard of in which he had given immediate relief and speedy cure to a patient who seemed vainly to have exhausted the legitimate skill of the metropolis." This is an admission somewhat at variance with its previous utterances, and not as frank as the organ of a boasted liberal profession should be, and is far from generous, for its tone is embittered.

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Vol. ix. i., p.p. 750; vol. ii. p.p., 80., 1875; p.p., 567.—*Lancet*.



It however goes on to say, that "in some country places and especially in mining districts, in which large labouring populations are much exposed to chances of injury, bone-setters become formidable opponents to regular practitioners, and, like their London representative, have their surprising cures to boast. It is true that they often inflict injury; but this is not the aspect of the case to which our attention should be first directed. They are not valued because they do harm, but because they do a certain amount of good; and the way in which this good is brought about is the matter of chief interest to the profession." The *Lancet* goes on to say "that quackery is only an expression of the extent to which legitimate practitioners fail to meet the desires of the sick," and then somewhat unfairly and unjustly introduces the quack who pretends to cure phthisis or other mortal illness, as if Bone-setters professed impossibilities. After this inconsistent divergence it points out "that in the particular in question (the art of the Bone-setter) it is incontestible that a large number of irritable and useless joints have been restored to a natural condition by Bone-setters after a long period of unavailing surgical treatment, and that the profession



has not known how this desirable result has been produced, or what has been the true nature of the lesion treated. The quack always said that a bone was "out" and that he had replaced it, and the doctor knew quite well that these statements were not correct. The doctor would not meet the quack; and the quack kept his methods secret, and would not show them to the doctor. The quack obtained more credit for a cure after the doctor had failed, than the doctor for a hundred cures in an ordinary course; and the Bone-setter, of all quacks was the one who did most to injure the reputation of the profession.

We once heard a military man of considerable distinction describe how his son was instantly cured of a sprained knee by Hutton, after a distinguished hospital surgeon had treated him to no purpose; and the speaker wound up with the remark 'you doctors are all duffers.'

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At all events, for good or evil, the treatment pursued by Bone-setters will now be fairly before the profession and scientifically educated surgeons will soon be in a position to define accurately its merits, its dangers, and the limitations of its usefulness. Its application by

ignorant men to unsuitable cases has often been followed by injurious consequences ; but no such consequences ought to occur in the hands of the profession. We have little doubt that Dr. Wharton Hood has really called attention to a neglected corner of the domain of surgery, to morbid conditions that have been only very faintly described in books, and scarcely at all recognised in practice, to precautions that have been either unfounded or exaggerated, and to a method of cure at once simple and intelligible. We hope to see as the result of his labour, that the art of the Bone-setters will become extinct, after having been for a time exercised only upon those cases for which treatment by movement would be really unsuitable, and, as a necessary consequence, hurtful instead of curative.

There may be other forms of quackery also under which some valuable knowledge may lie concealed ; and no better service can be rendered to the profession or the public than to bring quack knowledge to the light of day, and to make it available for the general good."

The publication of Dr. Wharton Hood's book had however a different effect on the public mind than what was intended. There was previously a sort of general

belief that the doctors might be right in dubbing Bone-setters "quacks" without much discrimination as to who the bone-setter was. Some of the complaints which appeared in the *Lancet* prior to this, were like the petulant utterances of a child deprived of its plaything, rather than the opinions of a scientific inquirer, for it must have struck the thinking part of the faculty, as it subsequently did Sir James Paget, and gleamed on the writer in the *Lancet*, that the fame of the many cures could not have been the effect of chance, or the "luck" of ignorant charlatans. Mr. Archibald MacLaren, who noticed Dr. Hood's book in *Nature*, seems to have been aware of this. He pertinently says with reference to his work *On Bone-setting*, "It will be asked, What is Bone-setting, who are the Bone-setters, and who are their patients? And it will be readily answered Why, of course, Bone-setting is the art of setting bones that have been broken, or joints that have been dislocated, and this is done doubtless by surgeons; and equally doubtless, and of course their patients are persons whose bones are fractured, or whose joints are dislocated—

"There needs no ghost come from  
The grave to tell us that."

Perhaps not, but the answer is quite wrong for all that ; quite the reverse, indeed, of what is actually the case, for *Bone-setting is NOT the art of re-setting broken bones or dislocated joints ; Bone-setters are NOT surgeons, or regular practitioners in any sense of the title ; and then patients, even when they have suffered injury to joint or bone, have been pronounced by the regular practitioner cured before seeking the help of the Bone-setter.*"

The writer very properly calls this "a triple paradox," and quotes what Dr. Hood has to say in explanation :—

"A healthy man sustains a fracture of one or both bones of the forearm, and applies at a hospital, where splints are adapted in the usual way. He is made an out-patient, and the splints are occasionally taken off and replaced.

"After the lapse of a certain number of weeks the fracture becomes firmly united, the splints are laid aside, and the man is discharged cured. He is still unable to use either his hand or his forearm, but is assured that his difficulty arises only from the stiffness incidental to long rest of them, and that it will soon disappear. Instead of disappearing, it rather increases, and in due time he seeks the aid of the Bone-setter. The arm and forearm are then bent nearly at a right angle to each other ; the forearm is intermediate between pronation and supination ; the hand in a line with it ; and the fingers straight and rigid, the patient being unable to move them, and also unable to move either the wrist or elbow. Passive motion can be accomplished within narrow limits, thus produces sharp pain, distinctly localised in some single spot about each joint, in which spot there will be also tenderness in pressure.

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“The Bone-setter will tell the man that his wrist and his elbow are “out.” The man may object that the injury has been in the middle of the forearm, perhaps from a blow or other direct violence. The reply be then ; perhaps the arm had indeed been broken as alleged, but that the wrist and the elbow had been put out at the same time, and that these injuries had been overlooked by the doctors. The Bone-setters would then, by a rapid manipulation hereafter to be described, at once overcome the stiffness of the fingers, and enabled the patient to move them to and fro. The instant benefit received would dispel all scruples about submitting the wrist and elbow to manipulation, and these also would be set free in their turn. The man would go away easily flexing and extending his lately rigid joints, and fully convinced that he had sustained grievous harm at the hands of his legitimate doctors.”

“The art of Bone-setting, then, is the art of overcoming these impediments in joints, these conditions or impaired freedom which not unfrequently supervene on the curative processes of treatment in use by surgeons in case of fracture or dislocation, or which may arise from and be observed only after the subsidence of active rheumatism, gout, gangrene swellings, or other local affections ; and this brings us to the question—How is it done ? how are these stiffened joints set free ? how are these impediments to healthy action overcome ? The answer of the regular practitioner is that which has been already quoted, namely—‘to rest it’—advice which

usually entails a distressing failure ; the answer of the irregular practitioner, *i.e.*, the Bone-setter, is precisely the opposite, namely—that freedom can only be restored to the stiffened joint by movement, by manipulation, and manipulation, too, of the most formidable kind, nothing less than suddenly and forcibly rupturing, tearing asunder the adhesions formed between the articulating surfaces of the affected joint, an operation which is so frequently successful that it forms the very basis of the Bone-setter's craft."

This is very forcibly and clearly expressed, but its verbiage tends somewhat to place the Bone-setter in a formidable and forbidding light, as opposed to the regular practitioner, but as a matter of every-day experience such is not the case. It is true, that the injury of years cannot be removed in a twinkle of an eye, without the patient suffering any pain or inconvenience. No bone-setter pretends to do that, but his mode of procedure is not of that violent and repellent character which Mr. Maclaren's words would seem to imply :—

"It is here," continues "Mr. Maclaren," that the Bone-setter steps in front of the scientific surgeon, *and we must confess to a feeling of disappointment that their*



*relative positions are not reversed*, that the surgeon is not called in to rectify the malpractices of the quack, instead of the former being sought out to complete the shortcomings of the former." These are not our words, but the words of an independent reviewer in a scientific periodical. He tells his readers that the Bone-setter is not a man with only one remedy and one resource, but that "he has a clearly defined system of treatment for each separate joint, if not for each specific affection to which each joint is subject." What qualified surgeon, what regular practitioner has more than that? He follows the dogma and doctrine of the schools. The Bone-setter that of experience, practice and the traditions of generations of practitioners. The one is recognised by law, and the other is not.

Mr. Maclaren seems to have seen that there was something which required explanation in all this. With the facts in Dr. Hood's book before him, he says "Bone-setters, we are told, are for the most part uneducated men, wholly ignorant of anatomy and pathology." In the anecdotes of Mr. Hutton, this is always accentuated in the professional accounts of his proceedings, for he made a little boast of his ignorance, but the writer continues,

“we are not told what we greatly wish to know, and that is, the manner and method in which the secrets, the mysteries, and the other traditions of the craft, are communicated to each other.\* No, doubt there exists a freemasonry in the craft, so that when individual members meet, revelations are made and notes compared, but we are not informed of any regular or organised system of instruction, either for the maintenance and extension of the craft, as a craft, or for the enlightenment of the separate and detached members of the fraternity. The most celebrated, we may even say distinguished,† Bone-setter of our day, was the late Mr. Hutton, whose successful treatment of cases which had baffled the skill of the foremost surgeons now living, as related in detail by Dr. Hood, and about the accuracy of which there can be no question or doubt, is little short of marvellous; and the question is ever recurrent, while we read ‘How and where was this skill acquired?’ for a Bone-setter of Mr. Hutton’s calibre could put his finger on the spot, where lurked the seat of an affection that had

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\* Dr. Dacre Fox touches on this question in his paper, p. 103-9.

† Undoubtedly, as far as the metropolis is concerned, but some of the Lancashire Bone-setters had a far more extensive practice.—G. M. B.



crippled a patient for half a dozen years, and had defied the scientific treatment of the ablest surgeons of our time ; nay, he could point to this spot without ever seeing the limb affected, guided merely by observing the attitude, gait, or action of the patient. Now whence comes this skill of these illiterate men ? It appears to have been gained solely by observation of symptoms and results of treatment, the accumulated knowledge of from day-to-day experience ; and, as we often see that one sense is quickened and functional power increased by the loss or impairment of some other sense ; so, perhaps, the narrowing of the field of instruction and counting of the sources of information, may have intensified the powers of observation of the Bone-setters, allowing in a measure for the absence of the revelations of science."

Is not this equally applicable to the oculist, the aurist, the dentist, and to the "specialist" of every description. The Bone-setter keeps within his special knowledge, and though he may be called "a quack," he can point to the results of his skill and experience, and ask if these are quackery ? The patients, whose sufferings have been alleviated, *must* answer, "If this is quackery, we wish there was more of it in the world."

## CHAPTER V.

*THE FACULTY IN DOUBT.*

“Why, what have you observed, sir, seems so impossible.”—  
*Ben Jonson.*

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LIKE the Royal Society, when Charles II. asked that learned body the answer to certain propositions, the medical profession continued for years to “hum and haw” over the self-evident fact that Bone-setting was not only an institution, but a successful profession. I have taken somewhat at random from my voluminous collection of notes on the subject, a few of the printed opinions of those “who were convinced against their will,” but could not “be of the same opinion still,” but wished to modify the self-evident facts or gloss them over to harmonise with previously expressed declarations.

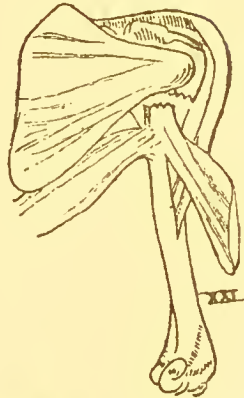
In 1880, the Clinical Society, at their meeting, held on April 9, had the subject of “Bone-setting” under discussion. Mr. Howard Marsh, whose experience is elsewhere given (page 95) gave instances of a number of cases he had treated after the Bone-setter’s manner,



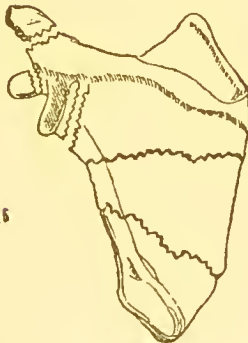
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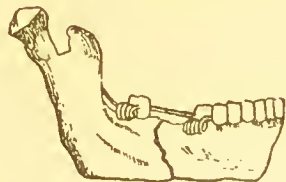
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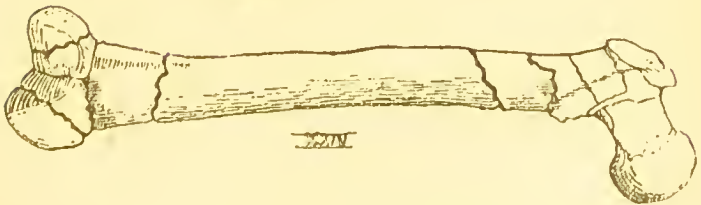
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XXIII



XXIV

### PLATE V.—FRACTURES.

19. Disunited fracture. 20. Fracture of pelvis. 21. Extra capsular fracture of humerus. 22. Fracture of scapula. 23. Fracture of jaw. 24. Fracture of femur.



and which had been quite successful. He gave his testimony to the great service Sir James Paget had rendered to the profession by drawing attention to the subject in his clinical lectures which had since been republished with others (see pp. 69—74). He further said that *displacements of cartilages, and slipped tendons might be, and doubtless sometimes were, put right by Bone-setters; but he believed the cases of adhesions—especially such as occurred after an injury outside a joint, which itself was healthy, afforded by far the most numerous instances of improvement after forcible movement, and he expressed his conviction that they were much more frequent in practice than was generally supposed.* He gave other several instances where he had followed the Bone-setter's treatment as given by Dr. Wharton Hood. He, of course, was silent as to the practice of the Bone-setters in reducing fractures, and their treatment of cases which never came under the care of the faculty at all, and which were satisfactory to the patients.

Mr. Hulke thought it was an approbrium to surgery that so many persons sought advice from Bone-setters, and he mentioned that "even intelligent people are blinded by these men!" Many alleged instances of

injury following the treatment of the Bone-setter, but there was a little contemptuous tone with respect to country surgeons, which ere long evoked a reply.

In the next number of the *Lancet*, there appeared a letter from Dr. D. H. Monckton, of Rugeley, pointing out that it would seem "that the chief object sought in the debate was to prove to country surgeons that their metropolitan brethren understand, and can cure such conditions of the joints if only they are sent up to them." In other words, they want to occupy the place and receive the fees of the ousted Bone-setters, whose secrets they had appropriated, after covering them with approbrium as quacks and empirics.

At another meeting of the profession there was the same *pro* and *con* argumentation. The obvious "willingness to wound," but yet "afraid to strike" in the face of the overwhelming testimony in favour of the *bete noir* of the profession :—the healer outside the fold "who in the wilderness doth stray." At this meeting Dr. Bruce Clarke read a paper on the practice of the Bone-setter, in which after briefly alluding to the variety of cases that found their way to the Bone-setter, and derived benefits from his treatment, he adverted to the pathology

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of stiff joints, and showed from observations of several cases which he had been able to examine after removal of the limb, that adhesions were usually found outside joints and tendon sheaths, and were due to contractions of the connective tissue of the limb. Adhesions were rarely formed inside the tendon sheaths or joints, and when they were, the disease was far more serious and rarely yielded to treatment. In cases of old stiff joints, the skin, and probably the subcutaneous tissues, became weakened and atrophied by disease, and were so rendered more liable to injury—in proof of which he cited several examples of tearing and lacerating the skin without the employment of due violence. The usual history, he tells us, of the class of cases that came under the hands of the Bone-setter was this :—

The patient met with an injury resulting in a dislocation, or fracture, or perhaps, only a severe bruise, or a sprain. He readily recovered up to a certain point ; but when all inflammation had subsided, there remained a stiffness accompanied by pain on movement. In other cases there were periodical attacks of synotictus. The treatment in all such cases was active movement, with or without chloroform, which was usually accompanied by a

click or crack, ascribed by the Bone-setter to the replacement of a bone, but which was due to the freeing of the connective tissue bands. In slight cases, one violent flexion might cure the trouble of months: in severe cases, the treatment might be measured by months rather than minutes. The pathology of such cases was as well marked as that of iritis, where there was the advantage of seeing the adhesions not only form but rupture and disappear. He expressed his obligation to Mr. Wharton Hood's lecture which had induced him to study the subject. The difficulty of these cases was the selection of time for rupture, and for rest. Signs of inflammation were their guides in that matter. Rest should be regulated to its proper position in surgery, and should not be kept up when it increased instead of abating the patients' troubles.

Dr. Keetley thought Dr. Clarke could hardly have chosen a more interesting subject, undoubtedly, the Bone-setter frequently earned great credit by the manipulations which broke down adhesions outside a joint, and at the same time, removed the cause of inflammation, for in these cases there was no contraction of membrane. When there was an osseous fibrous band the case



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was of a strumous origin, it was due to the presence of organisms. In such cases the joints became altered, and there was great danger from the rough usage of the Bone-setter. In the treatment of such joints he had put on ice for several days with great advantage, and had repeatedly put them straight. When once convalescent, a joint very rarely became strumous. There was much bewilderment with regard to the value of rest, which was only a negative factor. It was the natural tendency of a column of germs to die as the joint became healthy.

Dr. Alderson related the case of a knee which became enlarged fourteen days after confinement, but without pain. He called in Dr. Hewitt who ordered rest, and the knee to be rubbed with salad oil. He also used Scott's dressing. Subsequently, at Brighton, a sea-weed poultice was used. The treatment was successful.

Dr. Alden Owles had seen several cases confirmatory of the opinions advanced in the paper, Once was a shoulder, the manipulation of which caused agony to the patient, but in which motion was regained. Another regarded at first as a strumous joint was eventually cured by somewhat violent manipulation.

Dr. Vinen referred to the case of an officer of the

60th Regiment, who sustained a compound fracture below the knee whilst playing at football in India. The bones were set by some naval surgeons who were watching the game ; but in consequence of the leg being deformed, the adhesions were broken and the limb reset. The ankle then remained fixed, and the patient's health suffered. However, Mr. Erichsen was called in, broke the adhesion, and the patient recovered so thoroughly, that he was enabled to rejoin his battalion in the "Transvaal. Dr. Bruce Clarke in reply, pointed out the necessity of distinguishing chronic cases, as such were usually made worse by movement.

In the course of this discussion only one point of the Bone-setter's practice was alluded to—that of rigid or strumous joints, as if the renown of the Bone-setters art rested on these alone. "There are none so blind as those who will not see."

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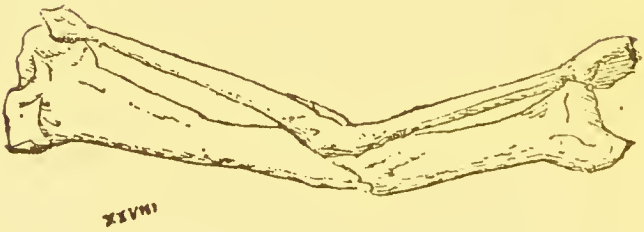
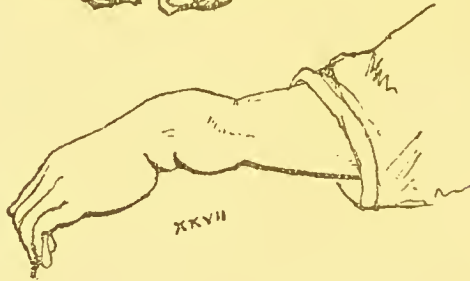


PLATE VI.—FRACTURES.

25. Fracture of humerus. 26. Fracture of ulna. 27. Colles' fracture. 28. Compound fracture of leg (tibia and fibula).

## CHAPTER VI.

*DISPARAGEMENT AND VINDICATION.*

“Who shall decide when doctors disagree?”

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DR. HOWARD MARSH, the learned Editor of Sir James Paget's Lectures, who had previously been subjected to the criticism of country practitioners for his somewhat supereilious allusion to their failure to adopt the processes of the Bone-setter, thought it beoming at the jubilee meeting of the British Medical Association at Worcester in 1882, to resume the worn-out sneer at the Bone-setter's ignorance and superstition. He seems, indeed, to have drawn on his imagination for his facts, or to have resuscitated the history of his own profession for that of the modern Bone-setter. From his high and mighty stand-point he told the assembled medical practitioners in the “faithful city” this faithless story :—

“Bone-setters are a very miscellaneous group, who resemble each other mainly in the negative point, that

they have never studied either anatomy, pathology, or surgery. Some are blacksmiths on the Cumberland hills, or shepherds in the sequestered valleys of Wales. Practitioners of this kind, standing in the same relation to surgery that herbalists bear to medicine, have existed in these remote districts from immemorial times. They belong to the same order which in bye-gone times included fortune-tellers, ring-charmers, and the workers of all kind of village miracles. At the other end of the scale are practitioners of a less unsophisticated stamp. Residing in large towns they equip themselves with the names of the principal bones and muscles, and with a few stock medical phrases they procure a skeleton on which they undertake to show patients the precise nature of their complaints; they employ anaesthetics freely, and make full use of daily passive movements, rubbing and shampooing; while in spinal cases they often put on Sayre's plaster jacket. These individuals however, are in the same position as the most homely of their order in this important particular—that diagnosis, properly so called, forms no part of their system. Indeed, diagnosis and their method are two things incompatible. At present, the Bone-setter's programme

is both concise and logical. In every case alike he asserts that "a bone is out," and that he can put it in. Now, the second clause of this formula postulates the first. But let him once enter upon diagnosis—let him once find, not that a bone is out, but that the case is one of tumour, or paralysis, and he has cut the ground from under his own feet. No. Beyond the assertion that "a bone is out" or similar phrase, he never goes. If pressed for particulars, he cuts the knot by saying, "I can cure you—what more do you want? Old Mr. Hutton, of Watford, used to say, "Don't bother me with anatomy—I know nothing about it." A patient, therefore, who consults a Bone-setter, is simply playing a game of hazard. His fate depends on what is the matter with him. If he has a stiff ankle after a sprain he will very likely be cured. If he has a strumous joint he will be more or less injured, while if he has a bunion, or a node on his tibia, he will find himself neither better nor worse for his venture."

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I have quoted Mr. Howard Marsh thus far without comment in order to show that he is something like the Old Bailey advocate, who thinks to serve his clients best

by abusing the attorney on the opposite side. He seems neither to have learned Sir James Paget's admissions, or was anxious to pose as a dogmatic teacher at the expense alike of truth and experience. His whole knowledge and deductions are made from the two or three cases related by Dr. Wharton Hood, for so learned a doctor was not likely to look for facts in the domain of general literature outside the schools. He then proceeded to say—"But how is it that Bone-setters sometimes succeed where surgeons have failed? My answer is the following:—There are a considerable number of minor ailments of and around the joints that interfere with free movement, or produce pain, such as adhesions, slipped tendons, hysterical affections, rigidity of the muscles, &c. These conditions, though they differ widely from each other, and are met with under a great variety of circumstances, have yet this one point in common, that they may be cured by free movement.

"Now, how have Bone-setting and surgery respectively dealt with these cases? What is Bone-setting? Bone-setting is a system embodied in a single clause. Ignoring alike anatomy, pathology, and diagnosis, it begins and ends in a summary act of treatment. It



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consists in the process of carrying the affected joint through its full natural range of movement in all directions, especially in the direction in which there is the greatest resistance. Thus, a Bone-setter, who says, in every case alike that a bone is out, and that he can put it in, is like a practitioner who should tell all his patients alike that their complaint was constipation, and should promise to cure them all with sulphate of magnesia. Now, although sulphate of magnesia given for strangulated hernia or typhoid, or Bone-setting employed for sarcoma or a scrofulous joint, can do nothing but harm, there are many cases in which both these agents do real good ; and these genuine successes, like the fragment of truth that lies at the bottom of every method which shows any sustained vitality, are enough, when they are seen through the glamour that surrounds this system to outweigh in the eyes of the public the failures that stand on the other side of the account. How has it been with surgery ? Surgery is no stranger to the use of manipulation. The method has frequently been employed, and is fully discussed in the writings of many surgical authorities ; but it has always been unpopular ; and for this reason.

It has been used mainly in cases in which limbs have been left stiff or distorted after the subsidence of serious disease of the joints themselves, and the result has been disappointing. The joint though yielding freely under manipulation, has usually grown stiff again; and not rarely there has been a fresh outbreak of the original disease. These, however, are not the cases which are suitable for this method. If the secreting structure of the synovial membrane has once been destroyed, or if the cartilage has been removed and replaced by adhesions, the joint is practically converted into a cicatrix, and although that cicatrix may be completely torn across the functions of the articulations cannot be restored. The effect of these cases has been that, finding they have done no good, and sometimes even harm, surgeons have too much discarded manipulative treatment, and have too exclusively adopted the motto *non vi arte*. Thus it has happened that Bone-setters, helped by their ignorance, have stumbled on success, while surgeons, deterred by the unsatisfactory results, met with in a particular group of cases, have refrained from manipulation in instances in which it is the only treatment that is likely to be efficient.

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I have said that a Bone-setter's formula is, that a bone is out, and that he can put it in. To do this he carries the limb through all its natural range of movement, and he stops only when all resistance has been overcome. Thus, if a knee is flexed, it has to go straight just as a horse that jibs at a fence—if he happen to have a rough rider on his back—has to go over it. In the majority of cases, however, the force that is used in a majority of cases is absolutely slight; for, in the first place, an anæsthetic is often given, so that the muscles being relaxed, the effort used takes effect directly on the source of abnormal resistance, whatever that may be. Secondly, Bone-setter's acquire by practice much facility in handling and moving the various joints; they know how to seize the limb at a advantage, not only with the force, but with the skill of a wrestler; and thirdly, in cases in which an anæsthetic is not given, they take care to divert their patients' attention so that the muscles are off their guard.

In the common run of cases in which Bone-setters succeed, very moderate force is sufficient to break down all resistance that is encountered. This latter is a very important point. The main objection entertained by

surgeons to manipulation is that it is a resort to violence ; it is *vi non arte*. This view, however, if founded mainly on the experience of cases in which fibrous ankylosis of the larger joints has been broken down. But these, I venture to repeat, are not the cases by which to judge this method. I can recall but few cases in which free motion has been restored to a joint that could be moved only by the use of considerable force. The most striking successes are obtained in instances in which some slight impediment to motion is easily overcome. Indeed, it may be taken as an axiom—almost, perhaps, self evident, that the less the force which is required to remove the impediment, the more successful will be the result. Thus so far from the opinion being a correct one, that manipulation is necessarily a resort to violence ; the truth is, that in appropriate cases, force which could inflict injury on the natural structures is very seldom required. I think when this fact is more clearly recognised, much of the distrust now entertained respecting manipulative treatment will have been removed.”

Thus Dr. Howard Marsh argues admittedly on the slightest and most imperfect knowledge of the Bone-setter's art and their method of procedure. He is kind



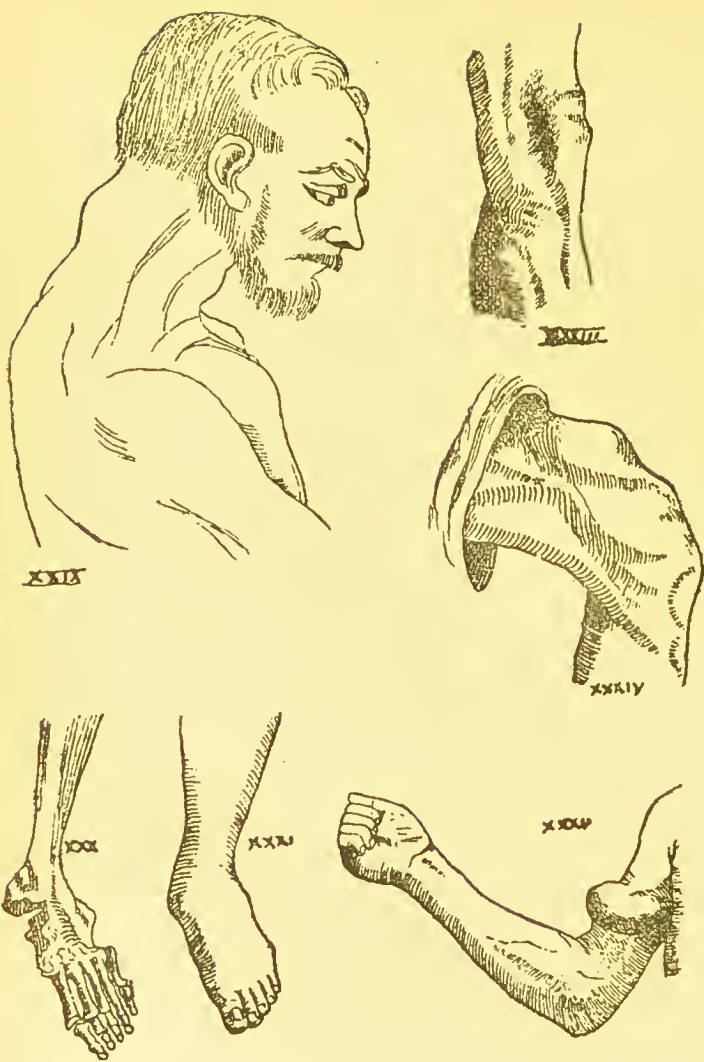


PLATE VII.—DISLOCATIONS AND RUPTURES.

29. Dislocation of spine. 30. Appearance of bones in Pott's fracture. 31. Appearance of foot in do. 33. Fracture of patella (separation of fragments). 34. Signs of fracture of patella on knee-cap. 35. Rupture of long tendon of biceps.

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enough to admit that they sometimes reduce recent dislocations, disperse a bursa, and succeed in nervous so-called hysterical joints and spines. (See George Moore's case, 29-32 *ante*.) They sometimes, he admits, "replace a slipped tendon," and operate successfully in cases of internal derangement of the knee joint, and in relieving joints which, though healthy, are stiffened and painful from surrounding adhesions. He approves to some extent of manipulations, and his whole paper is one of disparagement, or "damning with faint praise."

## CHAPTER VII.

## VINDICATION.

“Is this then your wonder?

Nay, then, you shall understand more of my skill.”—*Ben Jonson.*

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LEST it should be thought that I have only my own authority for calling in question Dr. Howard Marsh's dogmatic assertions with respect to the method of practice by modern Bone-setters I find at the same medical jubilee, Mr. R. Dacre Fox, Fellow of the Royal College of Surgeons, of Edinburgh, the surgeon to the Southern Hospital, Manchester; surgeon to the Manchester police force, and whose other practice and official appointments entitle his opinion to some weight, gave his practical experience of the Bone-setter's art, so entirely different and so much nearer the truth, that I shall content myself with merely quoting, whilst thanking him, for his remarks which appeared in the *Lancet*, for 1882 (vol. ii. pp. 844.) Speaking from three year's experience with the late Mr. Taylor, a celebrated bone-setter at Whitworth,



Lancashire, whose family have been bone-setters for more than two hundred years, he told the medical men in plain terms that, "Much misconception exists as to the practice of Bone-setters; many of the methods of treatment popularly attributed to them have no other existence than in the imagination of ignorant patients, whose stories we, as a profession, are perhaps rather too ready to believe. It is certain that some families—notably the Taylors, Huttons, and Masons—have by their manipulative and mechanical skill justly acquired a great reputation. In what has their practice consisted? First, in the treatment of fractures and correction of deformities. The general impression in the profession appears to be that the Bone-setter's art consists of nothing more or less than the forcible "breaking up" of stiff joints, so as to make the same man walk as if by a miracle. The practice at Whitworth was a large one, furnishing constant employment for at least two active men, and consisting chiefly of the cases I have mentioned. Speaking from memory, I do not believe that fifty joints of all sorts were "cracked up" during the time I was there; but it was not an uncommon event to have to put up half a dozen fresh fractures and twice as

many recent sprains in a single morning. In the North of England, the origin of nearly all the men who are fairly good at Bone-setting can be traced to the Whitworth surgery, and while, so far as I know, the Taylors, in their various settlements at Whitworth, Todmorden, Stockwood, and Oldfield-lane, were the only qualified surgeons who practised Bone-setting; amongst the hills and dales of Lancashire, Yorkshire, and the Lake district, there were many who did so without being qualified, some of whom, I must in fairness say, put up fractures uncommonly well. But apart from the legitimate credit they have won by the skill displayed in their handiwork, they owe some of their success to the carelessness or indifference of the general body of practitioners, who are apt to overlook little injuries which often become very painful and troublesome. It sometimes seems to me that it is beneath the dignity of the ordinary practitioner to employ any active treatment whatever for a sprain. It is hardly fair then to gauge the work of Bone-setters solely by their method of treating diseased joints (probably the most unsatisfactory class of cases in the whole realm of surgery), but we ought also to take into account the patience and skill they display in the treatment of inju-

ries for which they are not unfrequently consulted by the patients of qualified practitioners. I have no desire to hold a brief for every idle fellow who calls himself a Bone-setter, but I am anxious to give credit where credit is due, and to explain that the *art* of Bone-setting is not what it is often thought to be a mere mixture of charlatanism and good luck.

\* \* \* \*

From my own experience, I should classify weak joints as follows :—

- 1.—Those that have become stiff from enforced rest.
- 2.—Those that have become stiff by chronic disease.
- 3.—Joints stiff from injury to the bones entering into their formation.
- 4.—Joints stiff and weak from sprains, including displacement of tendons and partial luxation.

Apart from the previous history of the case, and the evident existence of constitutional disease, there are some external appearances which help to distinguish cases and to afford indications of treatment, and of these the Bone-setters have learned by experience to avail themselves.

1.—In the first-class I have mentioned the stiffness of the structures about the joint impeding its movement is

the result of purely mechanical causes, is in fact simply due to prolonged disuse. No cause for functional activity exists, and consequently the elasticity, the flexibility and power of adaptation to movement in the parts about the joints not being required they become stiff and rigid. No degenerative changes however taking place, and they are capable of being recalled into activity unimpaired. In such a joint, the bony points, and the outlines of the tendons and ligaments about it, seem unnaturally prominent, probably from absorption of the adipose and connective tissue; the rigid ligaments impart a sense of hardness, and if the limb be flexed to its utmost, it shows considerable resiliency, such joints may, I believe, be "cracked up" without fear of consequences, and this constitutes one of the successful operations of Bone-setters. My own recollection carries me back to some apparently almost miraculous results. I am convinced *suddenness ought* to be insisted on in doing this; the advantage derived from it being, I believe, mainly due to the fact, that it is less likely to set up any irritation in the joint than the "dragging" of gradual extension.

2.—In the next class of cases, in which stiffness is due to degenerative changes, the external appearances are

exactly reversed, the outlines of the joint are more or less gone. In these cases, no matter the character of the disease, manipulative interference is positively vicious ; and while it is in them that ignorant Bone-setters do so much mischief, the better informed, by the use of splints and well applied pressure, are highly successful in their treatment. I am sorry to say many cases of this kind come to Bone-setters which have not been properly treated before, owing to their not having been recognised, especially hip-joint disease.

3.—On the third-class of cases, in which a fracture has taken place into the joint, causing stiffness, the condition is due to disturbed relationship of the bones from faulty setting, and is recognised by comparison with the bony landmarks of the sound limb. In these cases forcible treatment does good ; though, of course, the result is in proportion to the amount of bone-displacement, but it should be supplemented by passive movements for some time. In joints stiff after diagonal fracture through the condyles of the humerus so common in children, I have seen many most gratifying results ; one in a boy about twelve years old, whose elbow had been stiff three years is especially impressed on my mind.

4.—In the fourth-class of cases, and those to which I would draw particular attention, I include lameness, and weakness, the result of the various forms of injury, which we group together under the general term a “sprain.” I affirm most unhesitatingly, from an experience of some hundreds of cases, that nothing has done more to lower the prestige of regular practitioners, and to play into the hands of unqualified Bone-setters, than the way in which so many practitioners tamper with a sprained joint. Sprains, of course, vary greatly in severity; they may be broadly divided into two kinds, of which one consists merely of a temporary over distention of the parts round a joint which rest, and anodyne applications soon cure, while the other involves pathological results a much more serious nature. A *severe* sprain is the sum of the injuries that the parts in and about a joint sustain, when, by their passive efforts, they exercise their maximum power of restraint to prevent luxation. Under such conditions I conceive the following changes to take place in the integrity of a joint. In the case of the synovial membrane, temporary hyperæmia accompanied by pain, and some slight effusion into the cavity of the joint.

In the case of the tendons, over-stretching and loosen-

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ing of the lining membrane of their sheaths, more or less disturbance to the adjacent cellular tissue forming the bed of the tendon groove, and hyperæmia with exudation of plastic fluid, subsequently forming adventitious products. In the case of the non-elastic fibrous ligaments—firmly attached at either end to the adjacent periosteum—over-stretching, mostly involving partial rupture, with swelling, softening, and disintegration of their structure. It is beyond the purpose of this communication to draw attention to the plan of treatment adopted by Bone-setters under these circumstances ; it is, however, described in a paper of mine, of which an abstract is given in the *British Medical Journal*, of September 25th, 1880. The stiffness of a sprained joint is partial. The surface is generally cold, or more or less œmatous, and each joint has one particular spot in which pressure causes acute pain ; the Bone-setters have learned by experience the situation of these spots, and this fact has done more than anything to strengthen the popular faith in their intuitive skill ; they certainly form an important guide to treatment since they indicate the seat of greatest injury to the ligaments, and point out where their power of passive resistance has been most severely



tested, and where adhesions are most likely to have formed, Dr. Hood, in his record of Mr. Hutton's practice, has enumerated some of these painful spots, the chief of them are as follows :—

1.—Over the head of the femur in the centre of the groin, corresponding to the ilio-femoral band of the capsular ligament (which is most severely stretched when the thigh is over extended, as when the trunk is flung violently backwards the commonest cause of a sprained hip).

2.—For the knee joint, at the back of the lower edge of the internal condyle, in other words, at the posterior border of the internal lateral ligament where it blends with Winslow's ligament, and where the senior membranous tendon is in intimate relation with it. These parts suffer most because as Mr. Morris says : ' During extension they resist rotation outwards of the tibia upon a vertical axis ' and a sprained knee is almost always caused by a twist outwards of the foot.

3.—For the shoulder at the point corresponding to the bicipital groove, because in nine cases out of ten a man sprains his shoulder to prevent himself from falling, his hand grasps the nearest support, the body is violently abducted from the arm, the long head of the biceps is



called upon to exert its utmost restraining power, the bicipital fascia is overstretched, and the tendon very often displaced.

Again for the elbow the painful place is at the front of the tip of the internal condyle ; the fan-shaped internal lateral ligament has its apex at that point, and it is most stretched in over-supination, with extreme extension of the forearm. On the front of the external malleolus, at the apex of the plantar arch, the tip of the fifth metatarsal bone, the styloid process of the ulna, the inside of the thumb, and the annular ligament in the front of the wrist, are respectively the most painful spots when those joints are severally sprained.

The manipulative part of the treatment of joints stiff from being sprained may be briefly said to consist in pressure over the part most injured, and momentary extension of the limb, followed by sudden forcible flexion. The method varies with each joint, and I can with confidence refer you to Dr. Wharton Hood as being faithful word-pictures, supplemented, too, by very accurate drawings.

The following are some of the lesser injuries, the non-recognition of which has frequently come under my notice

at Whitworth. In the upper limb : fracture of the tip of the acromion ; practical luxation of the acromio-clavicular and sterno-clavicular joints (often happening to men who carry weights on their shoulders) ; partial dislocation of the long head of the biceps, with over extension of the bicipital fascia (common in men who throw weights or use a shovel as malsters or navvies). Dislocation of the head of the radius forward on the condyle, which is very common in children, and has a marked tendency to cause stiff elbows ; fracture of the tip of the internal condyle ; overlooked Colles' fracture ; partial luxation of the head of the ulna (impeding supination of the hand, and having a tendency to gradually grow worse) ; severe sprain at the carpo-metacarpal joint of the thumb (very common in stone masons and caused by the 'jar' of heavy chisels).

In the lower limb : Fracture of the fibula, just above the malleolus and at its tip (these are fruitful sources of lameness, often overlooked, and, if of old standing, very troublesome to treat) ; partial rupture of the ligamentum patellæ at its insertion into the tubercle of the tibia, which is much more common than is ordinarily supposed ; neglected over-stretching of the ligament of the plantar arch, and tearing of the plantar ligament at

its insertion into the os-calcis ; rupture of the penniform muscular attachments of the tendo Achillis and muscular hernia in the calf.

I trust I shall be forgiven if I have dwelt too much on the *étourderie* of some of us, but I am sure so-called *trifling* injuries deserve more attention at our hands, since living at the high pressure men do now-a-days, with every part of their bodies tested to its utmost capacity, the slightest impairment of the mechanism of a limb must be an incalculable source of personal annoyance, discomfort, or disability."

"When doctors disagree who shall decide?" The readers of this little manual will probably say as they read Mr. Daerc Fox's paper, that it is alike a testimony and a vindication of the "Art of the Bone-setter."

## CHAPTER VIII.

*WHAT BONE-SETTERS CURE.*

“Man’s life, Sir, being so short, and then the way that leads unto the knowledge of ourselves, so long and tedious; each minute should be precious.”—*Beaumont and Fletcher.*

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THROUGHOUT the many references to the Bone-setter and his art, which I have quoted in the foregoing pages, the Bone-setter is constantly misrepresented. He is described as a man of one idea, one formula, and one mode of operation. His ruling idea is said to be that a “bone is out” in all cases submitted to him. His formula to wrench the joint so as to break adhesions, and to replace the bones in their normal conditions. His mode of operation is said to be brute-force suddenly applied. Nothing can be further from the truth. It is an off-hand generalization from a few cases out of thousands, and therefore misleading. If these statements were true there would be but few who would trust themselves and

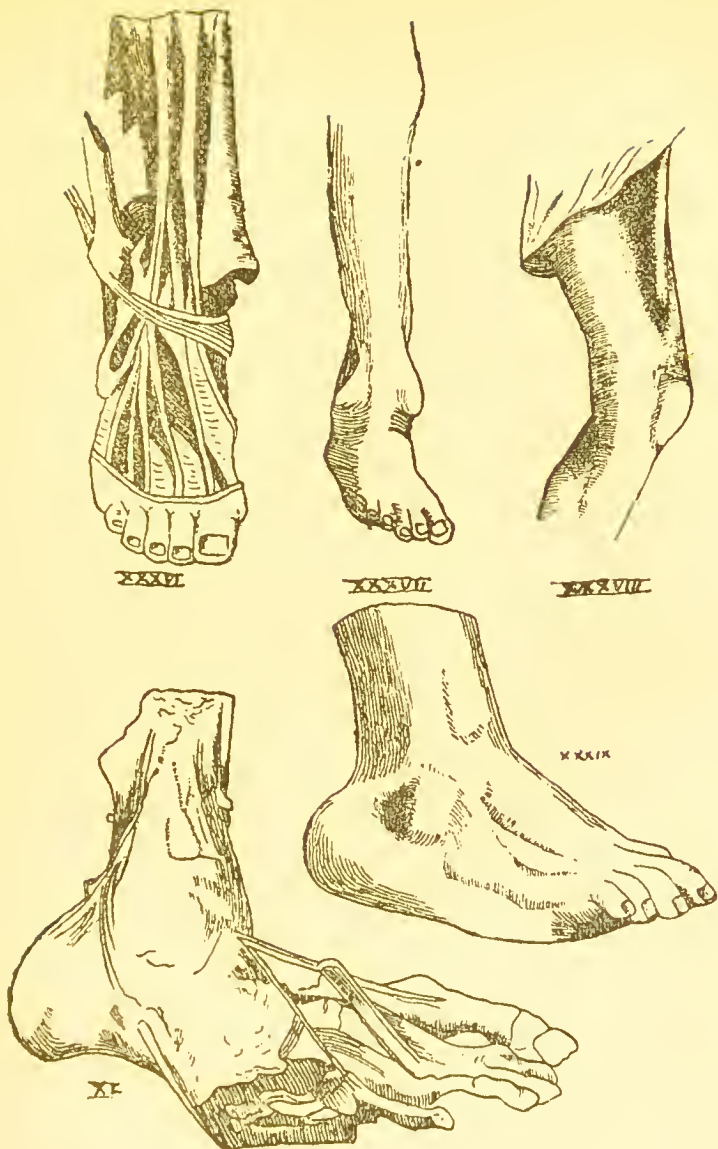


PLATE VIII.—FRACTURES, ETC.

36. Displacement of bones of foot in Pott's fracture. 37. Badly set Pott's fracture (curable). 38. Rupture of rectus femoris. 39. Dislocation of metatarsus. 40. Dislocation of metatarsal bones.



their painful limbs to the Bone-setter's care lest his force should be applied in the wrong direction. A brother Bone-setter (Mr. J. M. Jackson, of Boston), has pointed out how irrational and absurd Mr. Hood's statements on the one hand and admissions on the other necessarily are. Bonesetters, as a rule, are as regular and legitimate in their practice as any medical man can be, though they are not recognised by law. As Mr. Jackson truly says: "All kinds of fractures and dislocations, and other injuries are constantly being placed under their care and treatment, with the utmost confidence on the part of the patients and their friends; a confidence inspired by indisputable success on the part of a practitioner in a given locality and district, for a series of years—it may be for a lifetime." Mr. Jackson, in his timely little pamphlet, very truly points out that "living reasons" for this confidence can be found in town and country where the practice has been carried on, or who have experienced the greatest benefits under the skilful treatment of the Bone-setter, even after the wisdom of the faculty had declared there was nothing wrong. That such men are ignorant of anatomy, and but seldom have dislocations under their care, and, that

when they have, and succeed in replacing the joint, that it is done unconsciously, and what they do is the result of blind chance and 'sudden movement' without any knowledge of how, or why such results are brought about ; the idea is ridiculous in the extreme ; upon this hypothesis the practitioner would nearly approach the "supernatural !" I am glad to record this opinion, because it not only reflects the opinion of the public, but shows that the faculty have tried to prove too much. The position of the Bone-setter may be clearly defined, thus :—  
" *We lay no claim to skill beyond what is the result of sound original teaching, thoughtful consideration, and common sense,*" and we possess well-earned reputations won in proof that we have succeeded in our special practice.

Even at the risk of being classed by the present, or some future Dr. Howard Marsh, as being amongst those sophisticated Bone-setters, "who keep a skeleton in the cupboard," or a few bones to amuse the credulous, I cannot close this little manual without saying something about the bones of the human skeleton. Throughout the extracts I have quoted from surgical and other writers, reference is made to the various parts of the



body, where bones are fractured, or "put out." These bones are mentioned by their scientific names, and may be as *cavaire to the million*. I have therefore inserted a rough engraving of a skeleton, plate I., pp. 1 which cannot offend the susceptibilities of surgeons, for it is one which is placed in the hands of the students of the ambulance classes of the Order of St. John of Jerusalem, in England. It will be observed that the skeleton is divided into three parts. 1. The Head; 2. The Trunk; and 3. The Limbs. i.—The *Head* has the skull-cap and face. ii.—The *Trunk*, the back-bone, breast-bone, with the ribs. iii.—The *Limbs*; the shoulders and arms; the haunches and legs. The shoulders and arms are the origin of prehension, whilst the haunches and legs form the origin of support and progression. The skull is composed of eight and the face of fourteen bones. The facial bones, except the lower jaw, are firmly pressed together. The latter is the one subject to dislocation.

The Trunk is divided into 1.—The thorax, or chest. 2.—The abdomen, or belly. 3.—The pelvis.

The bones of the Thorax, are i.—The spine (behind). ii.—The sternum, or breast-bone (in front); and iii.—The ribs and the cartilages (at sides). The *Spine* is

divided into five parts. There are seven bones in the *Cervical* or neck portion. Twelve bones in the *Dorsal* or back portion. Five bones in the *Lumbar* or lower portion. There are five bones fixed into one in the *Sacrum* or rump bone. The incipient tail, this *Os Coccyx* terminates the column.

The STERNUM, or breast-bone, forms the front of the chest ; it has attached to either side a collar-bone and the cartilages of seven upper ribs.

The RIBS are twelve pairs of bony arches forming the walls of the chest. They are all attached behind to the spine. The upper seven are termed *true* ribs, being fixed to the breast-bone by their cartilages : the lower five are termed *floating* or *false* ribs, having no attachment in front.

The ABDOMEN is supported behind by the lumbar spine, and below by the bones of the pelvis.

The PELVIS is the basin-shaped cavity which forms the lowest portion of the trunk ; and contains the bladder, the internal organs of generation, part of the intestines, and several great blood-vessels and nerves. The pelvis is composed of four bones—2 *Innominate* or *haunch-bones*. 1 *Sacrum* or *rump-bone*. 1 *Coccyx*.

The INNOMINATE or haunch-bones, with the lower portion of spine (sacrum and coccyx), form the lowest portion of the trunk. The innominate bones on their outer surfaces have cup-like depressions for the reception of the heads of the thigh-bones.

The SHOULDER is formed by the *clavicle* or collar-bone and *scapula* or blade-bone.

The CLAVICLE, or collar-bone, has a double curve; it marks the line dividing the neck and chest.

The SCAPULA, or blade-bone, lies on the back of the chest, is of a triangular shape, and forms the socket for the humerus or arm-bone.

The UPPER LIMB comprises—1 *Humerus*, arm-bone. 2 *Radius and Ulna*, fore-arm. 8 *Carpus*, wrist. *Metacarpus*, palm. *Phalanges*, finger-bones.

The HUMERUS, or bone of upper arm, extends from the shoulder to the elbow; above, it is joined to the scapula, and below to the bones of fore-arm.

The ULNA is the larger bones of the fore-arm, lies on the inside, and extends from elbow to wrist.

The RADIUS lies on the outside of the fore-arm.

The CARPUS is a double row of small bones which help to form the wrist-joint.

The METACARPUS consists of five bones, and forms the body of the hand.

The PHALANGES are the fourteen finger-bones.

The LOWER LIMB is composed as follows:—1 *Femur*, thigh-bone. 1 *Patella*, knee-cap. 2 *Tibia and Fibula*, leg-bones. 7 *Tarsus*, ankle-bones. 5 *Metatarsus*, instep-bones. 14 *Phalanges*, toe-bones.

The HIP joint is a ball-socket joint, and is somewhat similar to the joint at the shoulder.

The FEMUR, or thigh-bone, extends from hip to knee joint, both of which joints it helps to form.

The PATELLA (*knee-cap*) is the small oval bone which forms the prominent point of knee,

The KNEE JOINT is formed by the lower end of femur, the patella, and the upper end of the tibia.

The TIBIA is the main bone of the leg, and extends from knee to ankle, on the inside of the limb.

The FIBULA is the small bone on the outside of the limb: the lower ends of the the tibia and fibula form prominent projections at the sides of the ankle.

The TARSUS, ankle-bones, are seven irregular shaped bones, firmly united together; above they are attached to the tibia and fibula, and in front to the metatarsus.

The METATARSUS forms the instep, and together with the tarsus the arch of the foot.

The PHALANGES, bones of the toes, are fourteen in number, two for the great toe, and three for each of the others.

These bones are liable to be broken, dislocated, or fractured by violence. Fractures or broken bones, they are usually divided into four classes, which are termed—

1.—Simple fracture, a simple break.

2.—Compound fracture, a flesh wound commencing with the broken ends of the bone.

3.—Complicated fracture, injuries to soft parts, blood vessels, nerves, or internal organs.

4.—Comminuted fracture, smashing of bones into pieces.

They vary very much in extent and form. Some are very simple indeed, and there is but little perceptible looseness of the ends of the fractured part or sign of fracture. A case of this kind might easily be mistaken for a mere contusion, which has often been done. Bones are often broken obliquely, and with sharp points, and require skilful treatment both in reduction and the application of splints. Compound fractures, of course, require care and skill, but many fractures are so easy

to understand and rectify, that all is required is a little common sense treatment.

The SYMPTOMS of fracture are :—1. Alterations in shape and general appearance (plate V., fig. 88., pp. xix).—2. Unusual mobility at seat of fracture.—3. Crepitus or crackling in placing hand over the broken part and creating motion with the other.—4. Shortening of limb.—5. Some inequality felt on moving the fingers along the surface of the injured bone.

These have to be distinguished from dislocations, and in doing so, the following facts must be remembered :—

<i>Fractures.</i>	<i>Dislocations.</i>
Crepitus.	No crepitus.
Unnaturally movable.	More or less fixed.
Easily replaced.	Replaced with difficulty.
Limb often shortened.	Limb may be shortened
Seat of injury in the shaft	or lengthened.
or body of the bone.	Seat of injury at a joint.

DISLOCATIONS are partial or complete. Partial dislocations are most common and most difficult to understand, as the ordinary signs are not so clear as in complete dislocations, and may be overlooked or misunderstood, but as Mr. Jackson has before pointed out to the experienced Bone-setter, symptoms, which cannot be described appear; and motions, or want of motions

equally unexplainable, are felt, so that he has very little difficulty in determining the nature of the injury.

Partial dislocations, displacements of tendons, and other injuries of a similar character, may sometimes be rectified a considerable time after the injury has been sustained, but should be attended to within a short time after the accident—at least, within a few days. Much, however, depends upon the nature of the injury, that no definite time can be given which the patient may take before seeking proper advice.

Many of the cases so graphically described in “Chambers’ Journal” and Dr. Hood’s book were evidently not complete dislocations, but partial dislocations of joints or displaced ligaments, etc., which admitted of being rectified by dexterous manipulation.

In plate II., figs. 1 and 2, I have given the appearances of a dislocated thumb and a dislocated finger (2) a very common form of accident ; fig. 3 shows the radius of the arm fixed forward ; fig. 4 shows the dislocation of the radius at the elbow-joint ; and fig. 6 the dislocation of the humerus or upper arm-bone at the shoulder joint ; figs. 6 and 7 the appearances of a dislocated shoulder-joint ; fig. 8 shows the radius dislocated forward a dislo-



cated elbow ; fig. 9 is a painful and yet not uncommon accident, and one that frequently comes under the Bone-setter's care, whilst fig. 8 shows the dislocation of the radius forward ; fig. 10, plate III, page 35, shows its appearance backward.

The dislocation of the jaw is a laughable accident to all but the sufferer (fig. 11), unfortunately it is liable to recur at any time when the patient is laughing or gaping.

The hip is likely to be dislocated by the jerking of the body. Figs. 12 and 13 show two modes in which this accident may present itself when the "hip is out." It is as well to lay the patient on the bed and pack the knee with cushions or pillows so as to relieve the pain. The manner of packing will depend upon the form of dislocation or injury, but the position in which the patient lies the easiest is best, and in that position it should be supported. Bran poultices should be applied ; scald the bran in hot water, or steam it, then put it into a bag and lay it upon the hip as warm as it can be borne, and repeat it until advice can be procured.

Plate IV, page 68, gives representations of five varieties of dislocation. The dislocated shoulder joint is shown at fig. 14. If the elbow hangs off from the side, which will be the case if the dislocation is downwards,



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it is well to place a small cushion between the elbows and the sides and place the arm in a sling. The dislocation of the first, inwards or outwards (figures 15 and 16), are very painful and are frequently accompanied with sprains. Figs. 17 and 18 show the dislocation of the knee and elbow joint and fig. 29, a curious dislocation of the vertebræ of the neck and arm.

In treating of fractures, two points have to be considered ; 1.—To reduce the fractured ends or portions to their natural positions ; secondly, to retain them there immovable till nature has effected a permanent cure, or otherwise the result will be similar to fig. 19, plate V. It should be borne in mind that there is no urgency in treating a broken limb, provided no attempt is made to remove the person, but if the patient must be moved in the absence of a skilled “ Bone-setter,” it is an absolute necessity to secure the limb by putting it in splints, which can be easily extemporised in the manner taught in the ambulance classes of the Order of St. John of Jerusalem.

A stretcher is the only safe means of conveyance for cases of fracture. Unskillful handling may cause either serious mischief or even loss of life ; the dangers are pressing the sharp ends through the flesh, blood-vessels, nerves, or into some internal organ, such as the lungs.

## SPECIAL FRACTURES.

FRACTURE OF THE SKULL is caused by blows or falls. The external signs are not always present. In fracture of the base there may be hæmorrhage from ear, mouth, or nose ; red patches of blood under conjunctivæ of eyes ; and oozing of watery fluid from the ears. Accompanying these there may be symptoms of concussion, or symptoms of compression.

*Treatment.* Place the patient in a dark and quiet room on his back, with head slightly raised. Apply cold to head as soon as reaction sets in and patient gets hot and feverish, and send for a surgeon.

FRACTURE OF LOWER JAW (Fig. 23, plate V.), is caused by direct blows ; falls on chin. The symptoms are irregularity in the line of the teeth and the outline of the lower margin of bone ; inability to move jaw ; The treatment is simple. First fix lower jaw to upper jaw by a bandage, until the Bone-setter or surgeon connects the fractured parts.

FRACTURE OF COLLAR-BONE is caused by blows on shoulder ; falls on elbow or hand. It is a frequent accident, and when it occurs the shoulder sometimes drops ;

finger along the arm is helpless, and there is an irregularity on drawing surface of bone ; a pad should be placed in arm-pit, bind the arm to side just above elbow, and sling forearm, as when a " shoulder is out."

FRACTURE OF RIBS are variously caused by blows, falls, weight passing over chest or back ; there is pain and difficulty in breathing, and the usual signs of fracture. All that can be done at first is to apply a broad roller bandage firmly round chest, so as to prevent all movement ; or strap the injured side with adhesive plaster.

FRACTURE OF THE HUMERUS (Fig. 21). It is caused by direct falls on elbow (fig. 26). The symptoms are mobility at seat of fracture, crepitus, or crackling, shortening, usually present when fracture is oblique, as in fig. 25. Apply first a roller bandage from hand to elbow, abduct arm and apply three or four splints from shoulder to elbow. Support arm in a sling. If there is looseness about the part apply a splint ; if the flesh is broken stop the bleeding as directed elsewhere ; if, however (as is often the case in a fracture of the forearm), there is no particular looseness of the bones, the case may be treated as dislocations and injuries to muscles, ligaments, &c. (see page 36.)

**FRACTURE OF THE FOREARM** is variously caused by direct violent blows, falls, &c. The symptoms are crepitus, mobility, alteration in shape of arm (fig. 27), and in treating it, semiflex forearm with thumb pointing outwards. Apply two splints, one in front from bend of elbow to the tips of the fingers, and one behind from elbow to knuckles. The splints should be well padded. Place arm in sling.

**FRACTURES ABOUT WRIST AND HAND** are caused by blows or other injuries. There is pain, swelling, irregularity in the outline of the bones and crepitus. The limb must be bandaged to a flat board or splint, and supported by sling.

**FRACTURE OF FEMUR OR THIGH-BONE** (fig. 24) are caused by blows or falls, and pain and loss of power is instantly felt with crepitus, shortening, or the broken ends may be felt and the foot turned out.

**FRACTURES** (both of the leg or thigh).—First straighten the limb if bent, then tie a handkerchief round the fractured part, after which place a splint made of a broad lath, or something like it, from one joint to the other—say from the knee to the hip, if it is a broken thigh—and then tie handkerchiefs above and below the fracture,

near the ends of the splint, tie the limbs together at the ankles, knees, and elsewhere, so that one supports the other. The object is to prevent motion of the fracture while the injured person is being moved, either to home or hospital. In doing this care should be taken to avoid jolting or shaking, as far as possible.

FRACTURE OF PATELLA OR KNEE-CAP (fig. 33) may be caused by blows, or excessive muscular action, and the person is made to stand upon leg first. Fragments can also be felt. Raise limb to a position at right angles to body, and apply a figure-of-eight bandage around the knee, including the fragments.

FRACTURE OF BONES OF THE LEG (fig. 28), are frequent from blows, falls, crushing weight, such as wheels passing over the limb. There is pain and loss of power; alteration in shape; crepitus, and the broken ends may be felt. Apply two splints, one inside and one outside the limb, as directed above, and elevate limb.

FRACTURES ABOUT FOOT AND ANKLE. These are various results of blows or other injuries—(see figs. 30, 31, 36, and 37)—pain, swelling; alteration in outline of bones; crepitus. *Treatment.*—Elevate foot; apply cold water.

It must be remembered that the treatment for fractures here given is only temporary, to enable the patient to be moved without further injury, which which might result in the loss of the limb or even life, till advice can be had.

When the fractured bone protrudes through the flesh, and there is much bleeding, first straighten the limb and close the wound, and tie a handkerchief tightly round over the wound, until a pad can be made, then as quickly as possible make a pad by folding old rags or cloth, or anything of the kind to be got closely together, of some thickness, and broad enough to cover the wound well, then remove the handkerchief already tied on, and place the pad over the wound and tie it lightly, so that the pad presses hard upon the wound and stops the bleeding ; the bandage or handkerchief cannot well be too tight. Many a life might be saved, which is now lost if this or a similar method were adopted promptly. The materials are almost always at hand, and the application of them easy and simple. Immediately after the bleeding is stopped remove the sufferer, and call in professional advice without delay.

The stoppage of bleeding from arteries is taught prae-

tically in the ambulance classes, and though it forms no part of the Bone-setter's art, yet many a life may be, and has been saved by this little knowledge, so I subjoin the directions given in the hand-book of the order of St. John, by the lamented Surgeon-Major Sheppard, whose humanity cost him his life after the battle of Isandula.

*“The following situation of the main arteries in the different regions of the body, and their treatment when wounded.”*

IN THE REGION OF THE HEAD there is the *Temporal Artery* in front of ear, one *P. Auricular* at the back of ear at the *Occipital*, back of head. Compress over the wound, and bandage.

IN THE NECK the *Carotid Arteries* ascend in a line from inner ends of collar-bones to angles of jaw. Digital compression in line of vessels above and below the wound, or directly into wound on the mouths of the bleeding vessels.

IN THE ARMPIT, the *Auxillary Artery* lies across hollow space of armpit. Compress subclavian artery behind middle of collar-bone, or digital pressure into the wound.

IN THE UPPER ARM, the *Brachial Artery* lies on



inner side of arm, in a line with seam on coat sleeve— from inner fold of armpit to middle of bend of elbow. Compress artery by a tourniquet above wound.

IN THE FORE-ARM the *Radial and Ulnar Arteries* begin below the middle of bend of elbow, and descend one on each side of the front of the arm to the wrist. Compress Brachial artery in the upper arm by a tourniquet, or place a pad in hollow of elbow and bend fore-arm against arm.

IN THE PALM OF THE HAND, the *Radial and Ulnar Arteries* give a number of branches, which spread out and supply the palm. Apply two small firm pads to arteries at wrist, or forcibly close and fix hand over a piece of stick or hard substance, and bandage.

IN THE THIGH, the *Femoral Artery*, from middle of fold of groin runs down the inside of thigh in its upper two-thirds. Pressure at middle of fold of groin, with fingers or by tourniquet above wound.

IN THE HAM, the *Popliteal Artery* lies along the middle of ham. Compress popliteal artery above wound, or compress femoral artery in front of thigh by tourniquet.

IN the BACK OF THE LEG are the *Post, Tibial* and



*Peroneal Arteries* descend the back and outside of leg from below ham, passing behind ankle-bones. Compress at ham or in front of thigh or double leg on thigh with a pad in the ham.

IN FRONT OF THE LEG AND INSTEP the *Anter. Tibial Artery* descends along middle of front of leg and instep. Compress artery above wound.

IN the SOLE OF THE FOOT the *Post. Tibial and Peroneal Arteries* descend behind ankle-bones; the former supplies branches, which spread out on sole of foot. Compress by a pad behind inner ankle-bone; if this fails, place pads behind outer ankle-bone and on middle of front of the ankle.

In dislocations generally, and displacement of Cartilage, tendons &c., and also sprains and bruises, flannels soaked in warm water may be applied frequently, or warm bran poultices. This kind of treatment will almost always be suitable in the first instance. After some time has elapsed, when a little inflammation sets in, which mostly occurs some hours after the injury has been sustained, apply cloths soaked in cold water or cooling lotion, and repeat them as often as they get dry; if they are pleasant when applied, that will be an indication that they are suitable.

Displacement of cartilage, tendons, and similar injuries as Mr. Jackson points out are of frequent occurrence, and require very close attention and considerable experience to understand them. Theory is quite insufficient of itself to enable an operator to ascertain the nature of, and rectify the displacement. Such cases may be remedied by a simple manipulation, but it must be a carefully studied one, and acquired by constant practice.

Another form of accident is that of ruptured muscles which frequently come under the Bone-setter's care; an illustration of a ruptured biceps is given in fig. 35 and fig. 38, shows the *rectus femioris* rupture.

These useful hints can hardly be called superfluous in a manual on the art of the Bone-setter, which is admittedly "a neglected corner of the domain of surgery."

## CHAPTER IX.

*THE TESTIMONY OF MY PATIENTS.*

————— “ If our virtues  
 Did not go forth of us, 'twere all alike as if we had them not.”—  
*Shakespeare.*

—————

IN the foregoing pages I have quoted the testimony of many persons of eminence who have been relieved of their ailments and cured by the art of the Bone-setter, when regular surgeons have failed to accomplish that desirable result. One, at least, of the cases thus published was contributed by one of my own patients without my knowledge. I have thought it my duty in vindicating my special art to give prominence to the opinion of others. I have shown how the sneers of the faculty have been turned to doubts, and under many who went forth to scoff at the despised “ Bone-setter ” remained to pray. Our so-called secrets have been appropriated and pub-

lished, but our skill and reputation remain. In justice to myself I have added the testimony of a few of the many hundred patients who have sought and found relief at my hands. These testimonies are very gratifying to me as they include the Lord-Lieutenant of Warwickshire, and many clergymen and gentlemen of reputation and position, as well as a few of the general patients who from day to day and from week to week seek relief at my hands.

STONELEIGH ABBEY, KENILWORTH

*April 22nd, 1881.*

Lord Leigh has much pleasure in stating that Mr. Matthews Bennett is a very skilful operator, and has attended him and several of his neighbours and servants on various occasions with very great success.

SPOTTISWOOD,

*July 10th, 1882.*

Lady John Scott begs to say that she has known several cases which were in the hands of Mr. Matthews Bennett, and she has always heard his treatment spoken of with the greatest praise, and in many instances which has come under her observation he was invariably successful. She has more than once sent for him in preference to any one else, for people in whom she was interested.

WILLOUGHBY HOUSE, LEAMINGTON,

*February 14th, 1883.*

Miss Holy has taken every opportunity of mentioning Mr. Matthews Bennett's skill in his profession.

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Of his successful treatment of her sprains, she can speak with confidence—not only from her own experience, but from personal knowledge of other cases.

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RUGBY,

*March 17th, 1882.*

I have much pleasure in stating that Mr. G. Matthews Bennett attended me for a broken foot, and that his treatment was so successful, that for the last eight years I have been able to walk with much ease and comfort.

R. DIXON, D.D.,

*Hon. Canon of Worcester, and Vicar of  
St. Matthews, Rugby.*

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12, CALTHORPE ROAD, BANBURY,

*January 9th, 1882.*

The Rev. C. F. Nightingale has known Mr. Matthews Bennett for several years, and can testify with pleasure to the great skill with which Mr. Bennett has treated him, as also friends of his.

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DONINGTON RECTORY, WOLVERHAMPTON,

*December 11th, 1883.*

I have great pleasure in bearing testimony to the proper attention and remarkable skill shown by Mr. G. Matthews Bennett, of Leamington, in every case which has come under my cognizance.

In two cases especially he has been enabled to restore the use of limbs, which had become useless partly from accident and partly from the insufficient or defective treatment which they had before received.

H. G. de BUNSEN, M.A.,

*Rector of Donington, Rural Dean  
of Shifnal.*

The Rev. H. G. de Bunsen also writing under date December 1st, 1882, gives particulars of one of the cases he mentions :—

“ My dear Sir,—It was only yesterday that I could catch the wife of Richard Wood, of Albrighton, to give me particulars of his accident, of his lameness, and your care. He is about 50 years old. It was in April, 1880, that he “sprained” (or I believe rather dislocated somehow) his foot by its turning on one side when he trod on and slipped from a brick. He had his club doctor, who treated it and called it a sprain, sent lotion, &c. But for 17 weeks he could not tread on it, and was in pain all the time. Then me hearing of it sent him to you in August. He was driven to the station at Albrighton, and from Snow Hill to Bullivant’s Hotel, where you saw him, moved his foot up and down, then gave a strong jerk up, it snapped, and you bandaged it, and he walked up and down the room for the first time after the accident ! He came again to you a fortnight after driving to the Albrighton Station, and from Snow Hill to your Hotel. But he walked back to the station by your permission ; his wife accompanied him both times. He came once more to show you his foot a fortnight after that, but his wife did not think it necessary to accompany him, and he walked both ways without feeling any the worse.

It was not till April, 1881, that he went regularly to work again, and he has continued at it without intermission.”

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WHILTON RECTORY, DAVENTRY,  
*April 28th, 1881.*

Dear Sir,—I have pleasure in stating that you successfully replaced a dislocation of my knee-joint some years since, and that I have every confidence in your skill as a Bone-setter. I shall be glad to learn that your practice is extending and with every good wish.

I am, yours faithfully,  
R. SKIPWORTH.

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KILBY HOUSE, LEAMINGTON,  
*December 6th, 1883.*

Dear Sir,—I have much pleasure in bearing testimony to the skilful manner you treated me for a contracted shoulder some years since, having now free use of the shoulder, and suffering no ill effects from the injury.

Yours truly,

J. GLOVER, J.P.

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CLIFF HILL, WARWICK,  
*April 27th, 1881.*

Dear Sir,—I have great pleasure in saying that I am indebted to your skill in curing my knee after twelve months' treatment of surgeons, except a twinge now and then I believe the joint is perfectly sound.

Yours,

JAMES PLUCKNETT.

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51, ST. JOHN STREET, COVENTRY,  
*December 31st, 1880.*

Sir,—It is with a spirit of deep thankfulness that I write to tell you that I have now been able to resume my duties to-day.

On February 19, while in performance of duty I was knocked down and severely injured by an infuriated cow. For these injuries I was treated first at the Coventry Hospital, and afterwards at the General Hospital, Birmingham, also by an eminent physician or surgeon, but from these institutions nor from the gentleman mentioned did I seem to derive any benefit, and it was only when examined by you (Nov. 8th) that I was aware that any bone was injured. From that time my improvement has been rapid, and to-day I am able to work again.

I need scarcely say I consider myself under a deep debt of gratitude to you, and shall at all times be anxious to serve you by any means in my power.

I am, yours obediently,

HENRY ALLEN,  
*Foreman Porter, Coventry Station.*

14, PORTLAND ROAD, LEAMINGTON,

*November 29th, 1883.*

Dear Sir,—I have very much pleasure in testifying to the marked ability with which you restored my arm in 1880 when suffering from a very severe sprain of the ligaments in consequence of being thrown from my trap. Medical men, whom I called in at the time, failed to discern the real diagnosis of the case.

I am, dear Sir, Yours very truly,

J. CROAD.

CUBBINGTON, LEAMINGTON,

*December, 1883.*

Dear Sir,—I hear you are publishing a book, and thought, perhaps, you would like my case. On April 4, 1882, I came to your house at Milverton suffering from a dislocation of the jaw which you reduced at once. I might add that a medical man had been attending me for a week previously, but could not reduce the dislocation.

Yours very gratefully,

ELLEN STANLEY.

44, PORLEN ROAD, WEST KENSINGTON PARK, LONDON,

*February 23rd, 1882.*

Dear Sir,—About nine years ago I consulted you about my knee. I had been under treatment for synovites in my right knee by two eminent surgeons for twelve weeks, and afterwards an in-patient of Leicester Infirmary. I left the latter institution on crutches and with a stiff joint. After six weeks of your treatment I had recovered full use of my leg and resumed my ordinary employment. Since then I severely injured my other knee, and your treatment of that was eminently satisfactory.

Yours faithfully,

WILLIAM KNIGHT.



THOMLY HALL, THAME, OXON.  
*November 28th, 1882.*

Dear Sir,—It is a pleasure as well as a duty to bear testimony to the great benefit I have derived from your skill in restoring my shoulder. It had been out of joint nine months, and was very badly contracted, now I can use it as well as the other.

I am, dear Sir, Yours very truly,  
 ELIZ. WIGGINS.

36, MARKET PLACE, BANBURY,  
*November 9th, 1882.*

Dear Sir,—I feel great pleasure in sending you my testimonial to your skill. Having been under Dr. Deyons, of Fenny Stratford, with fractured and dislocation of elbow for three months, and who left me at that time a complete cripple, I was not able to feed myself or do anything at my trade. I then had advice from two prominent medical doctors of this town, but neither would undertake the operation, and the advice received from both was go to Guy's Hospital. I then presented myself to you, and you have succeeded far better than I anticipated, for I am now able to work at my trade and earn my living, and my arm is getting stronger every day.

I am, gratefully yours,  
 FRED. H. HARTALL.

POUNDON, NEAR BICESTER, OXON,  
*December 1st, 1883.*

Dear Sir,—About twelve months ago I was suffering from pains in my left shoulder which I thought was rheumatism. After waiting about four months I consulted my medical man, who said the collar-bone was broken. He set it and attended me about a month. Being no better I was advised to go to you. You told me it had not been broken, but that the ligaments of the shoulder were contracted, and I could not get my hand higher than my head. After your treatment and advice I am happy to say it is now well and strong, and had it not been for your skill, I feel sure I should have lost the use of it.

Yours,  
 SARAH DEELEY.

GUY'S CLIFFE, WARWICK, 1875.

Dear Sir,—I have great pleasure in stating I am quite sound again. Also allow me to state I have every confidence in your skill as a practical Bone-setter. You relieved me after suffering for two months with dislocation of my knee. I could not get my heel to the ground till one Sunday morning (which I shall never forget) when I sent for you and you put my knee in. I was able to walk at once free from pain. I had been under our local surgeon some time and received no benefit.

I am, yours respectfully,

HEAD COACHMAN to the Lady Charles Bertie Percy.

SNITTERFIELD, STRATFORD-ON-AVON,  
*January 27th, 1883.*

Dear Sir,—It is with much pleasure that I write to thank you for your kindness and skilful attention to my arm. I may mention on the 10th of October, 1882, I was thrown from my bicycle near Dunchurch, and severely fractured my left elbow. I saw a surgeon at Stratford-on-Avon on the 12th and 16th of October after the accident, who said there was no fracture or dislocation. Not feeling satisfied, my employer gave me a ticket to go into the Kidderminster Hospital. The doctor there told me my elbow was ruined for life—that I should have a stiff joint; the thought of it gave me an awful turn, knowing that the means of earning my living would be very much impaired. I therefore made up my mind to go to you, and am now very thankful I did go, for after two months of your skilful treatment I can use my arm again quite freely. I find it no detriment to my work whatever, and am able to follow my occupation as well as before the accident.

With very many thanks, I remain,

Yours very gratefully,

JOHN NEAL.

FLOODE ROW, CHILVERS COTEN, NUNEATON,  
*August 9th, 1881.*

John Knight wishes to say that he has every confidence in Mr. Matthews Bennett's skill having been under his treatment several times with broken bones and dislocations, the last of which was a fracture of both thighs and a collar bone caused by a fall of earth in a coal pit belonging to Mr. Newdegate, M.P., January 2, 1875, and with God's blessing and Mr. Bennett's kind skill and attention he is now perfectly well.

(Signed) JOHN KNIGHT.

To G. Matthews Bennett, Esq.,

Specialist, &c., Milverton, Leamington.

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