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LONDON HOSPITAL.

INTRODUCTORY

CLINICAL LECTURE

BY

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Delivered Nov. 5, 1831.

IN commencing my clinical lectures this session, Gentlemen, I feel called upon to make some observations to you respecting the school which either your friends have selected for you, or yourselves have been "entrapped" into, in answer to statements in the weekly periodicals which pass through our hands, under the heads of "advice to students," and lectures,—statements which might lead you to suppose there were deficiencies here and superior advantages elsewhere, which in reality do not exist, and never have existed.

Now, though were I to make a written communication, I could not subscribe myself "a constant reader," yet I have frequently handled THE LANCET, and yet have never been pricked by it but once. The wound, though slight, festered, and at last I am thought to try and let out the offending matter by the self-same instrument. In LANCET, Sept. 25th, 1830, you will find these words:—"We believe that Dr. Elliotson, Dr. Watson, Mr. C. Bell, Mr. Brodie, and Mr. Earle, are the only physicians and surgeons who regularly deliver clinical lectures in London." I acquit the editor of any intention to withhold the truth for the purpose of injuring us; on the contrary, the forbearance evinced by the "notices to correspondents" (anonymous) respecting the London Hospital at various times, has not escaped my observation. I am at a loss, however, to conceive why, in LANCET 8th October last, the pupils of this hospital were recommended to have recourse to other schools for their surgical lectures, thus condemning unheard, and by

anticipation, as inefficient, one who has proved himself a lecturer of the first quality, besides possessing most ample means of illustration. I really wish, Gentlemen, that some of you who are advanced enough to understand these matters, would visit other museums, and see if there be a superior capability of illustrating lectures on theory and practice of surgery, and on theory and practice of medicine, to those which we possess, in the union of the old museum with those of Mr. Scott, Dr. Davies, and mine, besides our drawings and plates. Some of you, Gentlemen, know whether clinical lectures have been given, and the clinical journal kept for the last two or three years; but in a short sketch of the rise and progress of our school, I shall lay before you an account of the lectures for the last ten years.

Thirty years ago, the surgical and anatomical lectures and demonstrations were conducted by Sir William and Mr. T. Blizard, practice of medicine by Dr. Cooke, chemistry by Dr. Hamilton, materia medica by Dr. Frampton, midwifery by Dr. Dennison. In 1804 Dr. Hamilton read the first clinical lecture given in this school, and in that lecture which lies on the table before you, is ably pointed out the distinction between the two modes of teaching medicine; that which is called theory and practice of medicine, and that which is illustrated by reference to particular cases of actual disease, and is called clinical medicine; and he shows the incompleteness of any system of medical instruction where either is wanting.

In 1807 the school, the hospital, and the public, sustained a real loss in the death of Dr. Hamilton. Dr. Cook resigned soon after the death of his colleague and attached friend; the two physicians who succeeded them quarrelled about the right of lectureship, lectured upon the practice of medicine in opposition to each other, and soon both gave up. Sir William and Mr. Blizard disposed of their lectureships to Mr. Headington and Mr. Frampton, who with Dr. Dennison were the only lecturers here for many years from that time, and yet the school was frequented by pupils who sub-

mitted to the inconvenience of going to a distance for their medical lectures, on account of the advantages of the anatomical department, the surgical celebrity of the Blizards, and our advantageous regulations respecting dressers.

In 1817-18, the lectureships were again filled up; surgery and anatomy by Mr. Headington, demonstrations by Mr. Cobb. Dr. Robinson, who had succeeded on the resignation of Dr. Yellowly, undertook the theory and practice of medicine; myself *materia medica* and the institutes of medicine; Dr. Ramsbotham, an experienced veteran, midwifery; Mr. R. Philips, well known as a scientific pharmaceutical and analytic chemist, the lectures on chemistry. In the mean time, at other hospitals, desultory attempts had been made to carry on clinical lectures both in medicine and surgery, by Dr. Marcet, for one in the Borough, but, from I know not what cause, he discontinued them. Mr. Travers gave some admirable lectures, but from the temporary failure of his health, he was obliged to relinquish the effort.

In June 1822 I was elected physician to this hospital, and in the following October commenced clinical lectures, with a clinical journal, on a plan the best I could frame from what I had seen in the schools of Edinburgh, Dublin, Paris, Italy, and Vienna. Any extra trouble that I have had, has been amply repaid by the pleasure of knowing, that they have been of use to those who have been attentive, and especially to the excellent clinical clerks by whom I have had the good fortune to be assisted. My first, Mr. J. M. Ramsbotham, active, industrious, and intelligent, well informed in his profession, and a good classical scholar, was as great an acquisition as a clinical lecturer could have in his first course. This gentleman is now in general practice in London, and I consider those patients are fortunate who happen to be under his care.

Dr. Macbraire, your talented and indefatigable lecturer on medical jurisprudence, though a physician when he first entered at the hospital, for the purpose of improving his practical knowledge, did not consider it *infra dignitatem* to undertake the duty of keeping the journal for me; he afforded me the most ample assistance, not only in recording the cases, but by constantly explaining cases and pathological anatomy to the pupils in my absence.

Dr. Steggall, an accomplished gentleman and scholar, after spending two years with us, went to the Continent, and since his return has become known as the author of some very useful medical class-books, and is a highly respectable practitioner at present.

Dr. A. Frampton having gained honours

at Cambridge, studied his medical profession with us, part of the time as clinical clerk, and is now physician to the London Dispensary.

Johnson, our late assistant-apothecary, another good classic and clear-headed practitioner, by his conduct during the time he was clinical clerk, "eheu miserande," left only those impressions of his worth which will cause him to be long regretted.

I will not detain you to enumerate all, but say that there has not been one who has not reflected credit on the school of which he was a pupil. Mr. R. R. Robinson, I must observe, is still amongst us as honorary secretary of our Medical and Surgical Society; I therefore need not remind you of his activity and intelligence, and the zeal which induces him to devote part of his time to us.

Mr. Little, who was our clerk last year, has commenced his professional career; if he does not succeed, it will not be his fault; he is one of those who may repeat—"We can't command success, but we'll do more, Sempronius, we'll deserve it."

Now, as to regular clinical lectures, they have been kept up regularly ever since 1822, without any extra expense to the pupils. My having begun, obliged Dr. Robinson to give clinical lectures; nay, more, the year following, it forced the other schools to add clinical lectures to their bills of fare. At least, waiving the question of whether it was *post hoc* or *propter hoc*, I claim the credit of having begun the now-established system of clinical lectures. When Dr. Gordon succeeded Dr. Robinson, he took up the clinical business with energy, and pursued it with regularity; his first introductory lecture was published, but was not sent to *THE LANCET* for circulation. Dr. Davies relieves me in the clinical business part of the year, and evinces a lively interest in your advancement. Dr. Macbraire, I need scarcely inform even those who have been here only since the 1st of October, gives much valuable information on the cases he attends to, and in pathological examinations. The surgeons also give ample clinical instruction, if not lectures, and, in fact, what is called a regular or set clinical lecture, runs the risk of dwindling into a lecture on abstract practice of medicine.

Having just mentioned our medical and surgical society, which is by no means like Hudibras's dagger, "little of its age," I recommend you strongly to take advantage of it, whilst you have it in your power; and not only the library, but the meetings every second Friday evening; in the conversational discussion which goes forward on practical points, you hear elicited the opinions of several men of experience. On

some of the cases the students have shown a high degree of practical information and discrimination, when they have taken part in the debates; and even those who are not sufficiently advanced in knowledge or confidence to join in the discussions, will gain much information from this Socratic mode of instruction.

This hospital is the most perfect institution of the kind which exists, whether considered as to the accommodation, comfort, and professional assistance, afforded to the poor patients, or the opportunities of instruction it affords to students; here are constantly above three hundred in-patients of various descriptions of medical and surgical cases. The economical arrangements are such, that there is no species of comfort necessary to health which the patients have not, far beyond what they can afford in their own houses, so that you see them under circumstances much better than at their own homes, as in dispensary practice, and much more nearly with respect to comforts like what you will find among patients in private practice, the wretched situation of dispensary patients often rendering medical aid unavailing; independent of which, the consumption of time, in going from house to house, renders dispensary practice incompatible with the studies of a pupil, though well enough calculated to improve the young physician or surgeon during the early years of his practice, before his time is entirely occupied by private patients. The manner in which the directors of this hospital have executed the sacred trust reposed in them, or I should rather say, which they have imposed upon themselves, is beyond all human praise, and must draw down blessings on themselves, as this their work has already been blessed with success. The patients are supplied with the best of meat, bread, vegetables, beer, wine, porter. Here is every thing to promote cleanliness, well-ordered attendance, and ingenious and efficient apparatus to ensure, at the same time, free ventilation, with graduated temperature; and let me tell you, Gentlemen, that it is no trifling consideration to yourselves, sending so many hours daily as you must in the wards, to breathe a pure instead of a contaminated atmosphere; and this leads me to observe that we may be here said to be almost out of town, and the open space around the hospital is most favourable to the health of patients.

You have another advantage on which great stress is laid in *THE LANCET*, that of having unlimited accommodation for lodgings, within from thirty to one hundred yards of these walls—in fact within hearing of the accident bell. So that, altogether, if the London University, or King's

College, would send us a little colony of language masters, we should be much better off than themselves, as it is much easier to carry about Greek and Latin than a good hospital. Clerical instruction, you know, we are already provided with.

But last, not least, the London Hospital excels in the medical and surgical attendance afforded to its inmates. At all periods since I have known any thing of it, have the highest encomiums been passed by the directors, on the unremitting attention paid not only to the in-patients, but also to the out. As the numbers however increased to which the benefits of the charity were extended, it appeared to the house-committee that it was too great a sacrifice of time to require, however cheerfully submitted to, and that four hours in the middle of the day twice a week must be a serious inconvenience; hence each physician and surgeon was allowed an assistant; and in this respect the London Hospital is unique; every day in the week there is a physician and surgeon devoted entirely to the out-patients. Compare this with the documents respecting some institutions, where once, or at most twice in the week, several hundreds are seen by one assistant; or some other hospitals where an assistant serves not to divide the duty, but to do the whole of it when a senior is laid upon the shelf; I need not tell you the advantage to yourselves of having such an additional number of instructors to answer your questions and direct your studies.

I must now point out the superiority of our system with respect to dressers, not only to the patients but to the pupils; and, Gentlemen, it may be assumed as an axiom most satisfactory to the governors and to yourselves, that the benefit is constantly reciprocal, for whatever regulation tends to the better cure of the patient, most instructs the pupil, and *vice versa*. At some other schools the purchase of the exclusive right of dressing by a few pupils, is not only injurious to those excluded, but is even useless, if not injurious, to those who, by the monopoly, have more patients on their hands than a student can attend to, unless he possess extra activity and talents, and we do not see that the richest pupils who can purchase the monopoly are always the most active or the most talented. With us, where every pupil has the privilege of dressing in turn, he has quite a sufficient number to keep him in practice, without preventing his other studies; the arrangement for a senior and junior pupil being dressers together, has obvious advantages, and each of you has constantly as many patients under your care as you can attend to properly and benefit by. The two dressers, during the

week that they sleep in the hospital in rotation, receive, on an average, thirty in-patients, accidents and diseases, which number is quite enough for them with their proportion of out-patients (upwards of fifty); and, in general, it will come to their turn to be dressers of the week again, before their stock of patients is exhausted; so that, what with witnessing the practice of the whole hospital and their own dressing, I assert that our pupils, without any extra charge, are as well off as the dressers at other schools, and much better than the *οἱ πολλοί*.

Having prefaced so much, I must not allow even the first lecture to pass without entering on the business of the course; and first to explain my method, and how I think you may best follow it up. Each case on admission is entered in the journal, in the first page of which I place a scale of written directions for the clinical clerk, as to how to question the patient, that symptoms not complained of may not be omitted; as for instance, the *complaint* may be chiefly of nausea at the stomach when the kidney is *diseased*, of headach when the heart, of the heart when the uterus, or of a variety of anomalous symptoms, as when the disease is latent ague curable by bark, and so on. At the second visit in the ward, when this statement, with an account of remedies ordered, is read by the clinical clerk at the bedside, I dictate a report of progress, and any additional remedy or alteration necessary, and then moving out of hearing of the patient, mention to you my reasons and make observations on the case. This is a clinical or bedside lecture, and you may wish to know why I trouble you and myself with a lecture once a week in the theatre. In the first place it affords a useful recapitulation; some gentlemen, from being called away or not hearing, may miss the observations made in the wards; but chiefly this gives an opportunity of speaking of and showing, specimens and drawings of pathological anatomy, some perhaps obtained during the week (as that before you now), illustrating the diseases under treatment, or the nature of past cases.

I advise you not to take notes, during the visit, of the reports which I dictate, as you have the clinical journal to copy whatever cases you may wish to preserve, and you may employ eyes and hands better in examining the countenance, tongue, and pulse of the patient. My avocations do not allow me to be daily amongst the pupils as I was twelve or fourteen years ago, but this is unnecessary since we have had assistants, and there is not now a moment during the daylight that you have not some one or other of the medical officers to refer to for information.

PATHOLOGICAL DEMONSTRATION.—EFFECTS OF OSSIFICATION OF THE VALVES OF THE AORTA.

You see here a specimen of *disease of the valves in the commencement of the aorta*, which is so frequent a cause of enlargement of the heart, and dropsy, of which the patient died. The only unusual thing in this case is the early age at which ossification of the valves had taken place, the man being only thirty. In this glass you see a healthy heart well displayed, and now observe the contrast; first instead of the three free transparent valves, you see that in the morbid specimen they are thickened, the edges rough with projecting vegetations, and in various points containing granular portions of white hard bone earth, and that in consequence of the puckering of the edges, and having given way in one place, the valvular structure is imperfect, so that instead of keeping the blood in the aorta, it allowed it to regurgitate into the left ventricle of the heart. You have here an explanation of the symptoms produced; “harassing cough, asthmatic breathing, streaks of blood in expectoration, blood in the urine, dropsical swellings.” The left ventricle, in consequence of regurgitation, not being empty to receive the blood from the left auricle, retarded the blood in the lungs, the congestion consequent causing distress, difficulty of breathing, and cough. This congestion in the lungs preventing the right ventricle from emptying itself, and thus keeping back the blood in the venous system, caused congestion in the capillaries, from which arose oozing of blood, as seen in the urine and expectoration; and oozing of serum into the cellular tissue and cavities, called dropsy.

By comparing with the sound heart you can perceive, that the left ventricle is enlarged and thickened, dilated by the constant distension from the regurgitation, thickened by perpetual over-action to get rid of the load, this increase of size and strength (dilatation with hypertrophy) causing the impulsion communicated by the stethoscope, especially over the left ventricle. You find that the left ventricle had its muscular fibres increased like the legs of a dancer or the arm of a smith, because it had free action, being able to empty itself, though dilated by regurgitation; but the right ventricle is simply dilated, not having free action, as the congestion of the lungs prevented its emptying itself. The *bruit de soufflet* heard, is caused by the ripple in the blood, from the inequalities of the valves, and takes place whenever inequalities, as in this case, or in aneurisms, or even agitation, as Laennec mentions in hysteria, produce a ripple in the stream of blood.

AGUE.

J—S—, ætat 28, sailor.—Ague.

“October 27.—Ten weeks ago was taken ill at Berbice with ague; the fits returned every other day for six weeks, passing through the regular stages of shivering, heat, and sweating, he being only weak on the intermediate days. Latterly the fits returned every day, until five days ago, since which he has had none, but complains of weakness, pains in his loins, and cramps in his legs. Pulse 90, soft; countenance sallow; tongue clean, rather pale; appetite good; bowels alternately loose and costive.

“Took bark and wine on his voyage home but did not retain all on his stomach.

“*Capt. liq. arsenicalis* ℥. v.

Ex Aquæ 3iss ter die. Full diet.”

In this case, though the ague had apparently stopped five days, the man was still so ill as to be compelled to apply to us for relief, and his complexion was peculiarly aguish. I take this opportunity of informing you that the symptoms of ague will sometimes cease spontaneously, especially the mild spring tertians of England, but in other more severe cases when the ague has worn itself out as it is called, or the fits have ceased, without a sufficiency of medicine having been used, as in this case from the bark being rejected, the constitution is left in a state similar to what you have seen here, or with other troublesome ailments, such as chronic headach, want of sleep, pains of the hypochondria, limbs, or back, want of appetite, rather than indigestion, cold extremities, and other affections of the nervous system. I have sometimes found it difficult to persuade patients who have consulted me under similar circumstances, that they were suffering from the effect of ague, which they had got rid of, as they thought, entirely, years before, until they were satisfied by the indirect proof of being cured by the treatment specific for ague.

The treatment adopted in this case is simply specific; the patient did not require even opening medicine; the liq. arsenicalis was preferred, on account of his experience of the bark producing nausea, as it sometimes does; there was no evidence of derangement of the stomach, the tongue being clean, and as he required strengthening he was allowed full diet at once.

“Nov. 1. Feels better, but still pain in loins: pulse 96, soft; bowels regular, two motions daily; appetite improved; complexion more healthy; sleeps well.

“*Applicetur empl. cantharid. lumbis.*

“4. Feels much better; pain relieved; tongue clean; pulse 100; appetite good; two motions daily; feels only weak still.”

I have only to observe to you one symptom, yesterday, which does not correspond

with the other apparent improvement; the pulse had risen from 90 to 100, but this may be the effect of the liq. arsenicalis, as it is sometimes of mercury.

AGUE.

C—D—, ætat 27, coach-maker.—Ague.
(Extra case, admitted 2 P.M.)

“October 28. Complains of violent singing noise in his head; dyspnœa sometimes at night; oppression at the chest with pain; cough at night; countenance sallow. His illness commenced five weeks since, with severe pain in his head, and for the last month he has had rigors nearly every day, succeeded by heat and sweating.

“At present he is shivering and complains of pain in the back and loins; tongue rather dry and furred; appetite bad; is continually thirsty; bowels open from medicine; pulse frequent and small; skin cold, and covered with clammy sweat; urine scanty and high-coloured.

“*Capt. sulph. quinae* gr. iij.

Acidi sulph. dil. ℥ iij.

Ex inf. rosæ co. 3iss ter die.

Milk diet.

To remain in bed.”

This is one of those cases of ague of the remittent form with no clear intermission, irregular paroxysms threatening to pass into continued fever; there was no apparent immediate danger, however, though the man was ill enough to be made an extra case, and as he was under the influence of medicine, which we could not ascertain, I only prescribed him the mildest specific, taking into consideration the possibility of his having been taking mercury or liq. arsenicalis, &c., and in fact his mouth became sore immediately after his admission, which circumstance, I observed to you, modified my treatment.

“29. No better; no sleep at night in consequence of pain in head and back; was also hot, and sweated considerably; bowels open twice; shivering this morning succeeded by sweat; skin hot at present; pulse 100, and full.

“30. Much headach.

The apothecary gave *pulv. emetic. vesp.*

“31. Headach continues; skin hot.

“*Lotio frigida, capillitio abraso.*

“Nov. 1. Head much better, but still sensation of noise; pulse 96, throbbing, and rather hard; tongue furred and white; soreness of mouth, apparently from mercury, which has been coming on since admission; has had no shivering for last two days; bowels confined; skin soft; perspiring; no appetite; mouth clammy, and thirst; sleeps very ill; cough troublesome.

“*Haust. cathart. statim, et repet.*

altern. auroris. V. S. ad 3xiv.

" 2. No better; no sleep; shivering this morning; pulse 120, weak; bowels open twice; mouth still sore.

" 3. Still pain of head, confusion and noise; slept better.

Mr. Williams applied *Empl. cantharid. nuchæ*.

" 4. 2 P.M. Head not better; cough more troublesome; sounding rather loose, but without expectoration; no ronchus in the chest; complains of being cold; skin of trunk hot and dry, but hands cold and clammy, and tremor of lips; tongue yellowish-white, furred.

" Says he has not sweated since the cold lotion was applied to his head (see report of 1st instant, but it has at least ceased to be grateful); mouth still sore; no sleep; pulse 120, rather hard and jerking.

" *Amoveatur lotio frigida.*

Capt. liq. arsenicalis, m℥.

Ex aquæ, ʒiiss 6tis horis.

R. Tincturæ opii, ʒss.

Tinct. cinchonæ co., ʒij.

Aquæ menthæ, ʒx.

Fiat haustus statim sumendus.

Dein V. S. ad ʒ xii. circiter.

" 2½ P.M. Has had the draught five minutes, and ʒxiv of blood have been taken from the arm, towards the conclusion of which the tremors of lips ceased, and he said he felt warmer; pulse 120, weak but still jerking.

" 2½ P.M. Is perspiring freely, and is easier in the head.

" 5. 3 P.M. No headach since until just now a little; slept well; skin soft; mouth better; tongue cleaner.

Capt. tinct. opii, ʒss vesp. si dolor persistit it.

In the progress of this case you have had opportunities of observing many of the peculiarities of aguish disease,—the little or only temporary relief afforded by cold lotion, blister, V. S., emetic, and even salivation, which is so much relied upon by some in continued fevers and inflammations; also the correspondence of pulse with the stage of the fit in which we happened to visit him; the transition from the cold to the hot stage, at the last visit but one, the clammy cold extremities, tremors of lips, and chilliness, whilst the trunk was actually hotter than natural, showing the rigors to be spasmodic convulsive motion from the state of the nervous system, not shivering from cold; the cough, that of congestion without symptom of inflammation. I must warn you, however, of the possibility of the existence of incipient tubercular consumption, which is the principal, if not the only, danger according to appearances.

Under all these circumstances you have seen the decided relief obtained by resort-

ing to the plan of diminishing internal congestion by bleeding, whilst at the same time, by a stimulant anodyne, the irritability of the nervous system is removed, and, through it, tone communicated to the heart and capillary arteries. As explanatory of many of the phenomena of diseases, I recommend you to study carefully Bichat on the reciprocal effect of the brain, heart, and lungs, on each other.

The quinine, or other specific, might cure this disease in time, but the quick relief is of great consequence to the feelings of the patient, besides diminishing the risk of the formation of ague cakes, which takes place in protracted cases.

This patient was bled at the commencement of the hot stage; but there has been much difference of opinion respecting the propriety or even safety of V. S. in the cold stage. You must not in either case neglect the administration of the specifics in the intervals; and doubtless a patient might fall into a state of fatal collapse if bled in the cold stage without the precaution of applying external warmth to the extremities, &c., and giving at the same time a stimulant anodyne like that prescribed.

In the instance of the young man from Bethnal Green, I took the opportunity of his coming in during the cold stage, to prove to you the correctness of my theory and practice; he had been the subject of regular tertian ague above a fortnight, unsophisticated by medical treatment. I ordered him that same stimulant anodyne draught, and to be bled immediately after, his bed being warmed whilst the draught was preparing. He described the effects himself, that the cold had never gone off so quickly, the hot stage had been scarcely perceptible, and not distressing as heretofore, and he sweated very little. He took the same dose of quinine, gr. iij ter die; he had but one very slight fit of the ague from that time, and once or twice what he called a little creeping of the skin.

CHOLERA SPASMODICA.

I wish you, Gentlemen, to transfer the analogy of this practice to a most interesting subject at this present time. You will find upon the most accurate investigation, that cholera spasmodica is precisely analogous to the shivering, or cold fit of an ague; of which the rigors are clonic spasms, and in which cramps are not uncommon. I have pointed out to you elsewhere the morbid sympathies of the rete mucosum, external and internal; and the watery discharge of cholera is (to carry on the analogy) a cold sweat of the bowels. The treatment must be exactly analogous to what I showed in the last-mentioned case, besides that in proportion as the disease is more violent, so

you must resort to a more copious administration of stimulant anodynes.

I formed my opinion from works published on the subject, and from letters of eye-witnesses, pupils of mine, who favoured me with communications from India; and this opinion I published in the "First Principles of Medicine" last December, previous to which the spasmodic cholera was never observed in this country, being totally different from the bilious diarrhoea which bore that name amongst us.

I have just had a most satisfactory confirmation. An English physician at Peterburgh, who has had extensive experience in the disease, writes, that the successful remedies were, uniformly, bleeding with laudanum, brandy, ether, and other stimulants. The necessity for applying external warmth must be obvious to every attending bystander, independent of medical advice. I doubt that the disease is contagious, any more than ague; but this point we must discuss in the lectures on the practice of medicine.

MR. JAMES CORNISH AND SIR ASTLEY COOPER.

To the Editor of THE LANCET.

SIR,—I venture to trouble you with a narrative, which, though somewhat lengthy, will I think not be uninteresting. The case remained among my papers almost forgotten, when a visit from Sir Astley Cooper to our neighbourhood revived its recollection. I am mistaken in your character for professional liberality, if you will not find a corner for an account of this affair. With much gratitude for the efforts you continue to make to rescue our profession from corporate thralldom, I remain, your very obedient servant,

JAMES CORNISH, M.R.C.S.L.
Falmouth, October 22, 1831.

In the *London Medical Repository* of March, 1822, and in Dr. James Johnson's *Medico-Chirurgical Review*, No. 9, June, 1822, a case was inserted of dislocated thigh-bone,* which was accidentally re-

* *London Medical Repository*, March, 1822.

CASE OF DISLOCATION OF THE THIGH BONE. By JAMES CORNISH, Surgeon, Falmouth.—Dislocations so frequently occur, and so frequently baffle the best-directed attempts to effect their reduction, that every circumstance connected with the history of these accidents that has the least practical value is worthy of attention. Under this consideration I beg to relate the following case:—In 1812, McFadden, a seaman, about twenty years of age, coming up from Greenwich to London on the outside

placed after the lapse of five years from the period of the injury. As some circumstances connected with the history of this case have subsequently occurred which require an explanation, allow me, although at so late a period from its origin, to give them through the medium of *THE LANCET*.

Having learnt that Sir Astley Cooper was preparing a work on dislocations, in December 1821 I sent him a relation of the case in question, and supposing that, as the man had been his patient, he might feel

of one of the stages, fell from the coach and injured his hip. He was carried into St. Thomas's Hospital, where his case was treated as fracture of the neck of the thigh bone. Having, after the lapse of some months, experienced no relief from the means that were adopted, he was discharged with the assurance that his limb would be useless to him as long as he lived. The man was subsequently taken into Guy's Hospital. Sir Astley Cooper, whose patient he became, thought the head of the femur was out of its socket, and after bleeding him, putting him into the warm-bath, and administering nauseating doses of emetic tartar, attempted to replace the dislocated bone. The attempt was unsuccessful, as were also others that were afterwards made, and he was again dismissed as an incurable cripple. In 1813, about twelve months after the accident, the man presented himself on crutches at the Falmouth Dispensary for admission, when he gave me the foregoing history of his case. On examining him, I found the limb about two inches and a half shorter than the other, entirely useless, producing great pain on putting it to the ground, and the knee and foot turned inward. There was considerable distortion about the joint, and the head of the bone appeared to have formed a socket for itself on the dorsum ilii; in short, he had every diagnostic symptom of the dislocation upwards, which Sir Astley Cooper has so accurately marked in his valuable essay on this subject. In consequence of the duration of the accident, and the failure of the attempts at reduction under the skillful management of Sir Astley Cooper, his case was considered irremediable, and nothing was done for him. In March, 1818, I met the man walking without the least degree of lameness, carrying a heavy basket on each arm. On satisfying myself that he was the patient I had examined at the Falmouth Dispensary, and on inquiring into the cause of his cure, he informed me that in the summer of 1817, five years after the accident, whilst on a passage from Falmouth to Plymouth, in a little coasting vessel, the ship made a lurch which knocked him down. At the moment he fell he heard a loud crack in his hip, and from that time he put aside his crutches and perfectly recovered the use of his limb. The man is now doing duty as an able seaman on board a ship which trades from this port to London. The practical importance of this case is not perhaps equal to the curiosity of its termination. It shows, however, the possibility of reducing a displaced joint, even after the lapse of years when every impediment to reduction may be fairly supposed to exist, more particularly the obliteration of the acetabulum, and when most surgeons would judge the attempt hopeless. And it also serves to illustrate in a very striking manner the proposition of Sir Astley Cooper, that "a slight effort when the muscles are unprepared will succeed in reduction of dislocation after violent measures have failed."—Cooper and Travers' *Surgical Essays*, vol. 1. Sir Astley Cooper's diagnostic accuracy in this case is also worthy of remark. ** I was a pupil in the Borough Hospital in the years 1810-11-12, in which time I saw Sir Astley Cooper reduce a dislocation of the hip, which had been out six months, and this, I think, he then spoke of as the most protracted case he knew in which surgical attempts at reduction had been successful.