ON THE
SO-CALLED "BONE-SETTING," ITS NATURE
AND RESULTS.

BY WHARTON HOOD, M.D., M.R.C.S.

It is known to most practitioners of surgery, and has been made known to many to their great cost and loss, that a large proportion of the cases of impaired mobility or use-
fulness of limbs after injury fall into the hands of a class
of men called "bone-setters." In all these cases it is the
custom of such men to say that the affected bone or joint is
"out," although there may be an entire absence of the ana-
tomical signs of displacement; and they proceed in due
course to the performance of manipulations by which, in
many instances, the patient is speedily cured. Teachers of
surgery, when they condescend to speak at all of bone-
setters and their works, are more prone to dilate upon the
injury sometimes occasioned by their so-called "rough"
handling, than upon the improvement which it often-
times effects. It is doublets well to caution students
against twisting or pulling an inflamed or ulcerated joint;
but it would surely also be well to inquire carefully what
the nature of the cases in which bone-setters do good, and
what is the change which their manipulations bring about.
Mr. Paget, in a clinical lecture delivered at St. Bartholo-
mow's, and published in the British Medical Journal three
years ago, ventured an attempt at conjecture which was
shrouded by the serious disadvantage of being guided
chiefly by conjecture in his ideas of the nature of the bone-
setter's treatment. I shall hereafter have occasion to show
that his conjectures were in some respects erroneous, and his
conclusions, therefore, not always correct; but at present
I need only cite his authority to show the great practical
importance of the questions at issue. He says to his stu-
dents: "Few of you are likely to practise without having a
bone-setter for your enemy; and it is a matter of case with
you have failed to cure, his fortune may be made and yours
married." It would at first sight seem likely that the condi-
tions thus stated by Mr. Paget could only be realised in the
practice of a surgeon of a slacker degree of skill, and among
the poorer and more ignorant classes of the community.
This surprise, however, would be very wide of the truth, for
I shall have to relate instances in which the failures have
been those of men not less distinguished than the truth,
Paget himself, and in which the patients have occupied positions
of prominence or notoriety. From Mr. Hutton may be
seriously injure the individual practitioner, but they serve
to lower the art of surgery in the estimation of the public.
They render it obligatory, I think, upon anyone who may
possess the power, to place before the profession a clear ac-
count of the so-called bone-setting—of its methods, its
failures, and its successes. Before doing so, however, it is
necessary to relate how I became possessed of the requisite
information.

About four years ago, my father, Dr. Peter Hood, in con-
junction with Dr. Iles, of Watford, attended the late Mr.
Hutton, the famous bone-setter, through a long and severe
illness. On his recovery, my father refused to take any
fees from Mr. Hutton, on account of consideration for the bene-
fit which he had rendered to many poor people. Mr. Hutton
expressed himself as being thereby placed under great ob-
ligation, and as being very desirous to do something to show
his gratitude. He offered, as an acknowledgment of the
kindness he had received, to explain and show all the details
of his practice as a bone-setter. Pressure of work pre-
vented my father from availing himself of this offer, and
Mr. Hutton then extended it to me. After some considera-
tion, I determined to accept of considering, accordingly, I went,
when I could spare the time, to Mr. Hutton's London house,
on the days of his attendance there. My decision was
prompted, not only by the curiosity I felt to see how he treated the cases coming under his care, but also by the de-
desire to publish the proceedings at some future time; any
insight that I could gain into the apparent mystery of his
frequent success. I did not feel justified, however, in pub-
lishing anything during Mr. Hutton's lifetime, because, al-
though he exerted from me no conditions, he was freely
imparting what he thought, and was fairly entitled to think,
an important and valuable secret. I have not hesitated,
however, to discuss his methods with private friends; and
Mr. Hutton's recent death has relieved me from any scruples
about the propriety of making these methods more widely
known.

During a second illness from which Mr. Hutton suffered,
I took absolute charge of the poorer class of patients whom
he had accustom to attend gratuitously, and found that I
could easily accomplish all that I had seen him do. I de-
clined, however, to undertake the remunerative portion of
his practice, and from this and other reasons my intercourse
with him had wholly ceased for about two years prior to his
death. I found, however, that the practical information which
it has given me knowledge of a kind that is not conveyed in ordi-
nary surgical teaching, and that, when guided by anatomy,
is of the highest practical value, as well in preventive as in
curative treatment.

In the following papers, therefore, I propose giving a brief
account of the salient features of Mr. Hutton's method of
procedure in the treatment of damaged joints, of the re-
results of that treatment, and of the class of cases in which it
was successful. And here, in the first place, I must bear
tribute to Mr. Hutton's perfect good faith and honesty. He
had received but a plain education, was entirely destitute of
anatomical knowledge, and firmly believed the truth of
his ordinary statements about the "joints" to which he had
previously had no other evidence than the return of a bone to its place. When this to him pleasant
sound was heard, he would look in his patient's face and
say, in his broad dialect, "Did ye hear that?" The reply
would be, "Yes"; and his rejoinder, "Now ye're all
right!" I am very glad to see the patients (probably
ignorant of anatomy as Mr. Hutton himself), who had hobb-
ed in to crutches, often after prolonged surgical treatment,
and who went away "walking and leaping." It can be no matter for surprise that the explanation was also
fully sufficient.

When I first knew Mr. Hutton, I often tried to argue the
point with him, and to explain what it really was that he
had done. I soon found, however, that, if I wished to learn
from him, I must simply content myself with listening and
observing. He had grown old in a faith which it was im-
possible to overturn.

On my first visit to Mr. Hutton's house he asked me to
accompany him to a gentleman whom I will call Mr. A—
and whom Mr. Hutton had seen two years previously. This
gentleman, when sitting on a stool in his office, hastily des-
cended to welcome a friend. As soon as his foot reached the
ground he turned his body without moving them, and in doing
so, his left knee was put in a position of the joint, which
must change to the knee. 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 Lon-
don, and he had the best surgical advice that London could
afford. He was ordered to rest the limb, and to apply heat
and moisture, but obtained no alleviation of the pain, but the swelling continued. He left last year for
Mr. Hutton, who at once declared that his knee was "out,"
and proposed to replace it. An appointment for this pur-
purpose was made, but in the meantime the patient had again
suffered from coming. Two years of unsatisfactory surgical treatment
passed without improvement, and then Mr. A—
went for Mr. Hutton again. It was on this, the second visit,
that I happened to be present; and what I have to relate
impressed on my mind. We found the joint-enveloped in
strapping; and when this was removed the joint was seen
to be much swollen, and the skin shining and discoloured.
The joint was immovably put on a level with the other
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.

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A- replied, "You said my knee was out." "And I tell you so now, and have been so ever. 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 surrounded with sponges and resolute, and rubbed with oil, and made an appointment, and took his leave. During the dialogue I had carefully examined the limb, had satisfied myself that there was no dislocation, and had arrived at the conclusion that rest, and not movement, was the treatment. 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." "Have you been able to move it?" "No!" "Give it to me to be stretched out." and Mr. Hutton stood in front of the patient, who hesitatingly brought his lower leg forward. "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 that I think he has given me a 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 maintaining pressure. He had lowered 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.

A case less remarkable than that of the Hon. Spencer Ponsonby, which attracted considerable attention at the time. As Mr. Ponsonby has kindly written out for me the history of his case, and as his description is very graphic, I cannot do better than give it in his own words. I need only add to it that the initials A, B, C, &c., represent the names of men of considerable standing in the profession.

On Nov. 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 rose 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 consulted a medical man of my neighborhood. He 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 (Dec. 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 1st 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 23rd. 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 make it.

Aug. 14th.—As I did not improve, Mr. C put my leg into a gum plaster for a month. I then went yachting, and gave my leg perfect repose for that time. My health, which had been getting bad, was improved by the sea air, but my leg was still the same. The surgeon and the board of the vessel, 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 Sept. 7th the gum plaster was removed, and galvanism was then tried for about three weeks. One afternoon 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 remained the same as before, and had shrunk to about half its proper size.

April 5th.—Mr. F began his system to cure my leg. His idea was that the muscles were separated, but that if brought together, 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 examining my high-heeled boot, 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 that 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 27th, telling him that I had in the meantime consulted surgeons, and assured him that there else might all am, 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 ground joint, and at the knee, and proceeded to the malady which hurt me a good deal, and produced a sensation of a sharp pricking 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 not to take any 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 in the 14th October, having missed a train, walked home fifteen miles on the high road. In the following spring, I played cricket, tennis, and other strong exercise, and have continued them ever since.

I omitted to mention that on July 5th, 1866, about a week after my first operation, I hurt my leg again by over-exertion, and was as lame as ever. But Mr. Hutton repeated his treatment, and I have never had another relapse. His statement to me was that, the ankle-joint being misplaced, the muscles were also misplaced, and would not heal.

These two cases, selected from others, to the explanation of the facts of which I shall come hereafter, are mentioned in order to show that the art of the bone-setter has been required to supplement the best surgery attainable in the North, and, that this surgery has been considered as sufficient. For the same purpose I transcribe a letter which appeared in the Echo newspaper in March of last year, and which serves to exhibit the kind of effect which Mr. Hutton's successful treatment was calculated to produce upon the general public:

"Sir,—A short time ago, a painter, working for me, fell from one floor to another, was much hurt, and sent to Bartholomew's Hospital. After remaining there about three weeks he was sent out as cured, although he could not walk without crutches. After about a fortnight, seeing that he was going better, I sent him to Mr. Hutton, of Windmill place, Crawford-street, W., who found that his left hip and knee were both dislocated, which since then he has put into their right places, and the man now comes to his work as he used to do before the accident."

I have several cases showing the incapacity of the surgical profession. They, the students, are taught to know how to amputate legs and arms and make cripples, but of them one of whom, with dislocations, and thus save the necessity of amputation, have been the cause of saving, through Mr. Hutton, two legs from being cut off. Of this I am ready to give positive proof. This question is worth attention, with the view to establish a hospital for dislocations. I am quite ready to assist and be a considerable subscriber, in case the project can be realised.—Yours respectfully,

65, City-road."

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THOMAS LAWES.

It can be no matter of surprise that the man who is able to cure a defect should be believed in his account of its
nature; and a surgeon would only excite incredulity in the minds of non-professional people if he were to deny that any dislocations had ever existed in any of the instances referred to. Such, however, is the fact; and dislocations, in the ordinary sense of the term, formed no part of the cases which Mr. Hutton managed successfully.

I have already referred to the descriptions given by lecturers of the "rough handling" of bone-setters, and of the injuries thereby arising. Bone-setters, about, and, for all I know, many of them may deserve to be thus spoken of. But, as far as Mr. Hutton was concerned, the censure was uncalled for. Like other people, he may have made mistakes, and may have moved joints that would have been better let alone, but the instances were certified. Fairly exceptional. He had indications to which he trusted, and which told him when he could be of use; and I shall have to show that these indications, which with him were either traditional or results of experience, were in perfect harmony with anatomical and pathological facts, and were, therefore, not calculated to mislead. With regard to "rough handling," he certainly used force; and, in my own earlier attempts to deal with cases, I frequently failed because, restrained by fear of doing mischief, I did not use force enough. But the force was applied in a perfectly definite way, for the attainment of a definite end, and ceased as soon as that end was arrived at. There was no objectless movement hitherto and thither; but only a movement every step of which was considered and planned beforehand, like the movements of a surgeon in the reduction of an actual displacement.

In the next paper I will proceed to describe the cases treated by Mr. Hutton, as observed, and as presented to the non-professional observer, and also in accordance with what I imagine to have been their actual pathology.

To be continued.

REPORT OF A CASE OF INTUSSUSCEPTION.

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On the 10th December, 1870, I was requested by a medical man in town to make a post-mortem examination of the body of a child aged five years, who had died after an illness of eight days' duration, the principal symptoms during that time being referable to the abdomen. As far as I could learn, the symptoms were briefly these:—Great tenesmus (nearly constant, but subject to well-marked exacerbations and remissions), accompanied with scanty stools of bloody mucus, though once or twice at first pure blood, which afterwards coagulated, was passed in considerable quantity; at no time during the illness was faecal matter present. There was pain, at first referred to the symphysis pubis, extending in the middle line upwards to the umbilicus, but afterwards there was very distressing pain proceeding from the right iliac fossa upwards as high as the lower margin of the liver; no pain was ever complained of in the left iliac region. Vomiting did not occur, but the patient died on the fourth day of the illness, and not till the sixth day did it always follow the exhibition of food. The vomited matters consisted invariably of the aliment of which the patient partook, with a little mucus, the whole having the odour and colour of bile; no stercoraceous matters were ever observed. There was considerable tympany, but nothing was ascendent to throw light on the case either by percussion or by examination of the rectum by the finger. The pulse was generally described as weak, and the fever of extreme violence, and on the fourth day of the illness, the temperature was 101° F. The pulse was generally described as weak, but on the fourth day of the illness, the temperature was 101° F. The face was pale and livid throughout.

During the first part of the illness turpentine—whic had been taken for a considerable time, but came away very slightly altered from the condition in which they were given, without producing any natural evacuation—the blood to a certain extent coagulated, and which now on appearing to be mucus which was passed at intervals rarely longer than one hour in duration, any attempt at movement of the bowels being accompanied by great tenesmus. Mercury-eem did not coagulate; the cures were continued, and subsequently Laudanum essencata were ordered, the case being then suspected to be one of ulceration of the bowel with spasm, giving rise to obstruction, probably near the ileo-cecal valve, though some suspicion of intussusception was increased. Cauterizations of the bowels were performed, and subsequently Laudanum applied to the abdomen, together with warm fomentations. Besides this, tincture of asafoetida, in ten-minia doses, was administered in cold whisky-and-water every four hours, with a view to relieve as much as possible the flatulent distension of the stomach, which was so distressing to the little sufferer. During the last two days of his illness he partook only of whisky-and-water, but this, after being retained for a short time, was always ejected in much the same condition in which it was swallowed. On the evening of the eighth day of the disease a sudden pain, felt universally over the abdomen, came on, with great tenesmus and pain; the pulse was small and barely receivable; and there were general symptoms of collapse,—in which state he continued till the hour of his death.

From the general symptoms, the case was viewed by the two medical men who attended him as one of ulceration of the bowels, caecum, or appendix; suspicion was expressed to the non-professional observer, and also in accordance with what I imagine to have been their actual pathology.

The following is a report of the appearances found in the abdomen, to which, by request of the parents, the examination was limited:—Externally the body was well nourished, and there was observed a considerable deposit of adipose tissue on cutting through the abdominal walls. The abdomen was to a considerable extent, tympanitic, and its surface felt deep, olive-green colour. On opening the abdominal cavity, no appearance of inflammation of the peritoneum was found, and there was but a small quantity of clear serum in the lower part of the cavity. There were no adhesions and no appearance of hernia, strangulation, intussusception, or ulceration in the small intestines, which contained in their lower portions a small quantity of faecal matters, and were much distended with gas. The omentum and mesentery contained a considerable quantity of fat; the liver was healthy, and the kidney healthy, and nearly empty. Attention was then directed to the large intestine, in which a large resistant body was found, occupying the descending colon, and passing through the sigmoid flexure into the upper part of the rectum; the cecum was found rather in the hollow of the iliac fossa. A double ligature was applied to the ileum about two inches from its connexion with the cecum and the intestine, the gut being divided between the two points of constriction. A similar procedure was adopted in severing the upper portion of the rectum. The colon, having been removed, was opened in its whole length, and the resistant body above noted was found to consist of an invaginated piece of intestine seven and a half inches long, there being within this a piece of small intestine not perforated near the region, the circumference was around the internal portion of the volvulus a considerable quantity of bloody mucus, but no faecal matter, and this being removed, the invaginated intestine was found to be of a reddish or brownish grey colour, apparently passing into gangrene. There was no appearance of true ulceration, though there were several points at which there was marked congestion. The rest of the colon, including the cæcum and vermiform appendix, was perfectly healthy, as also were the kidneys, bladder, and ureters.

In this case the following peculiarities may be noticed, and may perhaps guide to a correct diagnosis in future cases:—The long duration of the symptoms; the gradual appearance of vomiting; the absence of any stercoraceous character; the absence of pain from the left side, where alone the lesion existed, and its presence on the right, without any apparent pathological change to account for it.

Newton-terrace, Glasgow, December, 1870.