A HUNDRED YEARS AGO

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DISLOCATIONS OF THE JAW AND HIP

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Morning yawn dislocations of the jaw

Many years ago I was called to a case about 6 a.m., which seems the regulation time for jaw dislocations; the morning yawn is responsible, invariably in a woman.

I adopted the usual but very undignified method of seating the woman on the floor, protecting my thumbs, trying with all my strength to reduce it, and failed. Reasoning the matter out, I thought so much strength must have been misapplied somewhere; it slipped out easily enough at the end of a yawn at full extension. Why should it not easily return under similar conditions? I reflected that, from nerve habit, the powerful flexors must be relaxed at the moment of full extension to admit of dislocation. I asked the patient to open her mouth a little wider, and gave the jaw a little shake with my thumb and finger when it slipped back instantly. I came to the conclusion that I had invented a new, and delightfully easy, method of reduction.

I waited a long time for a second case, to make sure, and at last, on an early spring morning, I was called to another. I tried the new plan with hopeful confidence and failed. I then tried the ordinary thumb method and also failed.

It was now about 7 a.m. there was a sweet shop next door, and it was shuttlecock season. I went in and bought a wooden battledore, sawed off the end, hollowed it out with a knife, cut down the sides to the right width, placed it on the woman's teeth, which were, fortunately, pretty sound, kept it there firmly by pressing the palm of my right hand under the chin, put the end of the handle on my left shoulder, grasped the middle with my left hand, and was delighted to find that I had leverage enough and to spare for easy replacement.

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Where the teeth are bad or missing, an instrument like a dentist's tray, but with a long handle, is the most suitable; the groove should be filled with gutta-percha, softened with warm water, and then a rough cast taken. Hardened in cold water and then used in the same way as the primitive battledore, this answers the purpose even better.

Dislocations of the hip

Recovering from a septic hand in my middle sixties I was wandering on a moorland with a gun for an excuse and a dog for company, when I came across two men and a boy (sturdy northcountrymen) and stayed a minute or two to talk.

They had stubbed a fence in a bank, and were grubbing up the root of an oak tree with a ton or two of earth attached. It looked dangerous, but they said it was all right; they were used to the job.

Later in the day I heard shouting and saw the lad running about and calling for help. I went over and found that the stump had lurched and a root had pinned the thigh of one of the men to the gravel bank. His mate had gone for ale, and had not returned. There seemed little doubt that the thigh was broken. Though suffering great pain, the man gave me instructions as to underpinning, to prevent, as far as possible, further movement. I calmed the lad, and with his help proceeded to carry them out. Next, with a pick, I removed some of the gravel so as to release the thigh; to get him out of danger was no easy matter, as he was a big, heavy man.

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Fortunately his mate now put in a belated appearance, and between us we managed it, and I then found that the thigh was not broken, but dislocated. With my partially disabled hand and miles from anywhere this was a problem.

I contrived to solve it in the following manner. I seated the man's mate close up and put both legs over his shoulders, so that, grasping them and leaning forward, the injured man's weight gave steady traction. After a time I placed my knee between the trochanter and anterior superior spine, gauging their relation with finger and thumb. Holding the mate's collar at the back, I instructed him to yield, evenly and easily, to the pull or push of my hand in any direction. After a little manoeuvring, I had the satisfaction of hearing and feeling reduction.

I sent for a light cart and blankets to the farm, let down the back of the cart, and we lifted my patient in. When I left the neighbourhood later he was doing well and getting about. The method has the following advantages: you use the two great mechanical appliances, a wedge and a lever; that is your own knee or upper part of tibia as a wedge and a fulcrum and the patient's femur. Having such ample reserve of strength, you can use it with discretion and precision, and the means are always at hand.

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