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Davis, Henry G  
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MEDICAL TESTIMONY

IN REGARD TO

Dr. Davis's New Mode

OF TREATING

JOINT DISEASES.

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MEDICAL TESTIMONY  
IN REGARD TO  
Dr. Davis's New Mode  
OF TREATING  
JOINT DISEASES.

TO MY BROTHER PRACTITIONERS OF  
MEDICINE AND SURGERY:

I desire to call your earnest attention to my mode of treating diseases of the joints, especially morbus coxarius, and the corresponding affection of the knee-joint. My object in presenting to you the following extracts from the most prominent medical authorities in America is twofold: *i. e.*, both to lay the mechanical part of the treatment before you, and to assert, at last, my right to the honor of having originated it. On the last point, I would here make but the passing remark, that while in this country a medical fellow-townsmen (whose name I need not mention, as it occurs in one of the extracts that follow,) quietly misappropriated, without acknowledgment, the apparatus that I had freely made him acquainted with—in England there are two men fighting, even now,\* over the same apparatus, each claiming its invention prior to the introduction by the other, whereas, in fact, both have borrowed it from me. I have always shrunk from bringing myself before the profession so personally; and, indeed, it required no little effort, and the full consciousness of its necessity,

\* See London *Medical Times and Gazette*, December 21st, 1861, p. 648.

for the sake of truth and justice, to pen the foregoing sentence; and I hasten to the extracts.

#### EXTRACTS.

At a meeting of the *New York Academy of Medicine*, the discussion on the Treatment of Morbus Coxarius was opened by Prof. ALFRED D. POST.\* (See Vol. I., page 196, of the *Bulletin of the Academy*, and *American Medical Times*, No. 17, Vol. II.) Speaking of my method of treatment, he says: "His method is undoubtedly a very great improvement upon all others which had preceded it. We have, in the method described by Dr. Davis, the first intimation of extension being carried out in the treatment of this disease, through all its stages, in a manner which was calculated to relieve the sufferings of the patient, to arrest the progress of the disease, and at the same time to allow active exercise in the open air." After describing the apparatus, &c., he says: "There is no question, Mr. President, that Dr. Davis is entitled to the credit of having introduced this method of treatment to the profession." Again: "The methodical application of the treatment is due to Dr. Davis; and were it not for him, the profession would have known nothing about it."

Dr. GURDON BUCK remarked, (*Bulletin*, Vol. I., page 201; *American Medical Times*, No. 18, Vol. II.,) "I will merely say in regard to this particular mode of treatment introduced by Dr. Davis, that it is in constant use at the St. Luke's Hospital, and has been for nearly a year. We have also several cases in progress in children. We have always regarded it as an admirable mode of treatment, and we see the best effects from it. It has been borne with a great deal of comfort. Those who are brought in in the acute stage, scarcely allowing you to touch them, after the application of the weight and pulley for twenty-four or forty-eight hours, are almost entirely relieved of pain. The effect of this relief upon the patients is to improve their general condition. The treatment is being fully tested there, with satisfactory results."

Dr. JOHN WATSON, referring to the treatment by the old mode of extension with the long splints compared with mine, said, (*Bulletin*, Vol. I., p. 204; *American Medical Times*, No. 19, Vol. II.,) "From the very hour I read Harris's paper, I have always looked upon it as the best plan of treatment, until the new mode introduced by Dr. Davis came into use, which I highly approve."

Prof. RAPHAEL (*Bulletin*, Vol. I., p. 224; *American Medical Times*,) "did not think it made a great difference, as far as the treatment of the disease was concerned, that all the vexed questions in relation to the pathology should be discussed at such length. It seemed to him that a proper treatment for the formidable disease was at last favorably introduced in the shape of the new splint. The splint he consid-

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\* Prof. Post having been the Chairman of a Committee, appointed by the Section on Surgery, for the express purpose of examining into this subject, (the other members of which were Dr. Gurdon Buck and Prof. Willard Parker,) whose conclusions were unanimous.



ered as one of the greatest improvements in surgery that had been made within the last fifty years, anæsthesia alone excepted."

Prof. HENRY H. SMITH, M.D., of Philadelphia, in a letter addressed to me, January 7th, 1862, writes of it "as the best plan of treating the disease, and regards it, as above [before] stated, an improvement worthy of historical record as *the* improvement of this century in surgery."

In the *Philadelphia Medical and Surgical Reporter* of November 23, 1861, p. 178, in a review of the transactions of the American Medical Association, by O. C. GIBBS, M.D., he says: "Perfect rest of the joint, and the removal of friction and pressure of the diseased surfaces by means of extension, are really the all-important objects of treatment. As is generally known, Dr. H. G. DAVIS, (of New York City,) in the spring of 1860, devised [should be, published a full description of,] an instrument, by means of which these ends could be accomplished, and the bedridden patient placed upon his feet without discomfort or injury. Dr. SAYRE has modified this treatment, and, he thinks, greatly improved it. However, as the principles of its action are not altered, the honor of the invention belongs *wholly* to Dr. DAVIS.

In a review of "The Transactions of the American Medical Association," published in the *North American Medico-Chirurgical Review*, page 1,017, Volume V., November, 1861, under the head of "The Third and Last Paper," entitled "Report on Morbus Coxarius, or Hip Disease, by Lewis A. Sayre, M.D., of New York City," the reviewer, after numerous extracts from the report, for the purpose apparent in the following, says: "These quotations carry to the mind of the reader but one inference, and that is, that the writer of the report first suggested the treatment and devised the instrument, for he positively declares it. Let us see what this instrument is, and who devised it. To do this, let us turn to page 499, where the details of a case commence, in the reading of which we arrive at a seeming solution.

"On page 507 we read a description of the instrument, which is, as we have seen, called his (Sayre's) splint; and we find it to consist of a steel strip, with means of attachment for extending and counter-extending bands, the latter of which is of rubber tubing. The writer goes on to give the directions as to the proper manner of applying the instrument, the style of applying the plaster, bandage, etc. But preceding it all, we find a plate introduced, under which is printed 'H. G. Davis's Splint for Hip Disease, as manufactured by Otto & Reynders, 58 Chatham Street, N. Y., since 1855,' five years ago, accompanied by a full description, and the proper manner of applying it, and the style of applying the bandages, plaster, etc. The one is just like the other; there is not a single difference in any essential point, and all the directions, as given by the author of the report, are the same as those of the inventor of the original instrument, from whom the reporter learned the use and application of the instrument, as noticed in the quotations on the next page. Seeing this, we are led to examine a little more closely, and we find on page 505, that in

November, 1859, a patient came under the care of the reporter, and he desired to make extension of, and still keep up motion in, the affected limb, but was unable to do it. How he succeeded at last, will be seen by the following:

“ He returned to the city under my care, in November, 1859, much improved, but with imperfect motion, and I observed that he always had more or less pain for one or two days after the motion had been applied, which I thought was owing to the fact that I could not keep up *sufficient extension while I was applying the motion.*

“ This was a desideratum I had tried long to accomplish, but never succeeded to my satisfaction until Dr. H. G. Davis, of this city, applied to him one of his instruments, which answered the purpose admirably, and in its construction embraced the very principles I had so long sought to obtain.”

I must here add, that before my seeing this patient, Dr. Sayre came to my office to “inquire about my mode of treating Hip Disease,” saying he had “heard much about it, and would like to have me explain it to him.” After conversing upon the principle of treatment, I took him to see a patient near by that had been under treatment some months, and afforded him every facility in the examination, explaining all the parts and their objects; he expressed himself delighted with the apparatus and the results in the case. By his request, I then went with him to see the patient mentioned in his report, and afterwards applied, before him and several other medical gentlemen, the adhesive plasters and splint, explaining, minutely, the design of all the parts, separately, and as a whole.

It was abundantly evident from his remarks, that he had never had any conception of the principle upon which the treatment was based; the course pursued by him after this is so well known to the Surgical Section of the New York Academy of Medicine, to the members of the New York Medico-Chirurgical College, and is even made so manifest in the foregoing review, that I may spare myself the disagreeable task of uttering reproach against him.

The following is an extract from a review of “A Treatise on Diseases of the Joints, by Richard Barwell, etc., etc.,” in the AMERICAN MEDICAL MONTHLY, December, 1861:

“ Of the chapters on Strumous Articular Osteitis and Hip-Joint Disease, we can say that they, of all others in the book, both please and disappoint us most. We are pleased to find Dr. Barwell follow the right path; we are disappointed to find that he is not fully con-



scious of the principles on which successful treatment depends; that his appliances are inferior, and that he does not even mention the name of their originator. The attention of the profession at large having been called to the proper mechanical treatment, some six years ago, already, in the editorial columns of the MONTHLY, and numerous communications on the subject having appeared in its pages since, we cannot doubt but that most of its readers are entirely conversant with it; and we had intended, therefore, to dismiss these chapters with the above remark. But as an act of justice to American Surgery, no less than to Dr. Henry G. Davis, of New York, the originator of the treatment under consideration—and in the hope that this notice may meet the eye of the honored author, (for we are confident, from the spirit of honest candor and noble manliness pervading the whole book, that he has not *intentionally* failed 'to give honor where honor is due')—we beg leave to dwell a few moments on the facts of the case. We have for reference only a file of the MONTHLY, and that an incomplete one, at hand, but we think this will prove sufficient for our purpose. We remember that even the pseudo-medical Quarterly, the '*North American Journal of Homæopathy*,' gave the 'old school' doctor, as the Hamburgpaths delight, in their mildest moods, to call the regular physician, a willing tribute as amply deserving the appellation 'public benefactor,' several years ago;\* and in a recent discussion before the highest professional tribunal in the Empire City of our State, the NEW YORK ACADEMY OF MEDICINE, the claims of Dr. Davis were fully sustained by the most eminent practitioners. [See *Bulletin*, Vol. I., pp. 191 to 224.]

"Both the principle on which the treatment is based, and the apparatus by which it is ordinarily most effectually and conveniently carried out, are referred to in the editorial mentioned, which, as far as we know, is the first published account of either. But Dr. Davis had been in the habit of employing the same method in his limited practice for some ten years previously, and whenever occasion offered verbally explained it to his professional friends, and urged its trial upon them. He would enthusiastically dwell upon the revolution which its introduction must work in surgery; upon the benefits it would confer on humanity; the saving of health, of limbs, and life; and would add substantially, that before he published it to the world he wanted to perfect it so that every possible objection should be anticipated and obviated. The then editor of the MONTHLY, Prof. Parker, spoke in the highest terms of Dr. Davis.

"The March, May, and June Nos., 1856, of the MONTHLY, contain a lengthy article by Dr. Davis, on 'Deformities and their Remedies;' and here the whole plan of mechanical treatment, not only for *hip disease*, but also for *disease of other joints*, *lateral curvature of the spine*, *Pott's disease*, *wry-neck*, *bow-legs*, and *club-feet*, is fully laid down. Nay, more even, the advantages and applicability of the same principle in the treatment of fractures, † wounds, and all injuries about

[\* February, 1857.—ED. MONTHLY.]

† Dr. Gurdon Buck, of New York City, has fully demonstrated the advanta-

the joints, are strongly insisted on. The special treatment under consideration was again taken up at the conclusion of 'A Case of Pott's Disease, with Remarks on Morbus Coxarius, etc.,' MONTHLY, November, 1859; and also in the 'New York Journal of Medicine,' for the same month, (Nov., 1859,) in an article on 'The Effects of Pressure upon the Ulcerated Vertebrae, and in Morbus Coxarius, and the Relief afforded by Mechanical Remedies, with Cases.' Finally, in April, 1860, he published '*On the Mechanical Means adopted in the Treatment of Morbus Coxarius.* By H. G. Davis, M. D. (With a Plate.')

From this full and able paper we quote: 'I have delayed bringing the subject of this paper before the profession until time had given me an opportunity, not only to overcome any minor difficulties that might arise, but to test its application, and compare the results with the modes heretofore practiced. It is an unfortunate circumstance that so many new things are hurried before the profession in a crude state, to be condemned or die of neglect, when they could have been highly useful if the inventor or discoverer had taken time to digest and mature his plans, and then apply them until all objections or difficulties should be overcome.' 'Muscular contractions perform an important part in the destruction of a joint,' and 'elastic extension is the true and philosophical method of overcoming muscular contraction.' He tells us he has 'invented an apparatus for applying these principles to diseased hip, knee, and other joints,' 'a method of treating this disease [morbus coxarius] which I have pursued for twelve years; and as it has never been [thoroughly] brought before the profession, it becomes necessary to describe it minutely.' Then follows a lengthy description of the instrument, its application, &c., &c. We should also here notice that he has introduced, with the instrument, an important arrangement of material for all surgical purposes, viz., corrugated cast steel, giving strength with lightness.

"Thus, surgery is indebted to Dr. Davis not only for the invention of an apparatus really yet unimproved upon, but also for the introduction of a method of treatment based on the true pathology of the disease, and the principles upon which successful treatment depends in all its stages.

"The essential parts of the apparatus are, simply, means of exerting a continuous extending force on one side, and a resisting, counter-extending one on the other. Many persons cannot comprehend in what really consists the difference between Dr. Davis's apparatus and some of the means previously employed, because the word extension misleads them. They do not make the distinction between the force that fixedly sustains a limb in a position previously more or less extended, and the force that is actually extending all the time; *i. e.*, that exerts a constant pulling power, instead of merely preventing immovably the retrocession of pulling previously exerted. Now this continued or 'elastic' extension, as, merely to distinguish it, it might be called,

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ges of the application of the principle to fractures. See *American Medical Times*, and Transactions of the New York Academy of Medicine, Vol. II., Part VII., p. 233.



has been introduced into the treatment of hip-joint disease by Dr. Davis. Whether it is attained by position, or weights, or spring-power, does not change the principle; but Dr. Davis had brought even his mechanical arrangement to perfection before others entered the field. Indeed, priority here has not been attempted to be proved by any one else, as far as we know. Our author candidly tells us that he had used it in private practice for about a month, when, on the 14th of June, 1860, he was allowed to apply it for the first time in Charing Cross Hospital. Early in the year 1860, for a considerable time before the full description in the April No. of the MONTHLY, Dr. Scudder had, at Dr. Davis's request, as we know from his own lips, taken one of the instruments to England, for the purpose of exhibiting it to the profession there, and in Paris. Adhesive plaster and rubber were used by Dr. Davis from the first. The only quotation we will take the space to make is the following, from the AMERICAN MEDICAL MONTHLY, May, 1856, p. 330: 'There is one point in my mode of making extension which I think, from the long experience I have had in its use, would be an improvement on the general modes—and it is equally applicable in all extensions and counter-extensions, those of fractures as well as of contracted muscles—viz., the use of rubber as an extending power. This will act steadily and gradually, without any violence, and with very little suffering in comparison with permanent fixtures. When contracted muscle is to be overcome, it steadily wears it, until it silently comes off conqueror. I would earnestly recommend the profession to give their attention to the use of this article for the accomplishment of extension. What is termed a door-spring is one good form; another, for lighter purposes, is the shirred rubber.'

"The correspondence of this language with that used by our author (page 326, and the bottom of 267,) is quite remarkable.

"The principle of treatment, precisely expressed, consists but in '*ab-traction*' of the joint by *continued-elastic-extension*, securing to the diseased structures support without pressure, and motion without friction. Both of the latter requirements must be satisfied; and though they were equally insisted on by Dr. Davis years ago, already some of the professed improvements on his splint evince the ignorance in this regard (especially as far as refers to motion of the joint) of some prominent members of the profession, even at this day. After Dr. Davis's invention was made, the adaptation of the apparatus to other joints than those he happened to employ it in, hardly entitles a man to any credit; as to the wrist and elbow-joint, we believe ourselves to have been the first to apply the splint.

"We should like to have reproduced here the engravings of the '*Davis Splint*,' that we have employed long before any other splint had been brought forward.\*

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[\* Figs. 1 and 2 have previously appeared in the MONTHLY. We are not certain that these are the illustrations our reviewer refers to, circumstances rendering his seeing proof-sheets of this article impracticable.—Ed.]

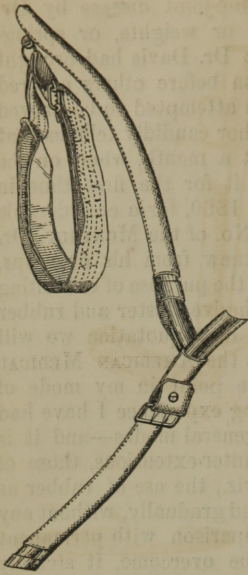


FIG. 1.\*

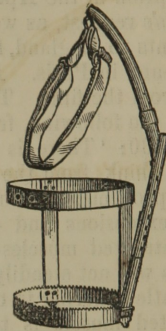
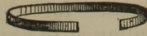


FIG. 2.

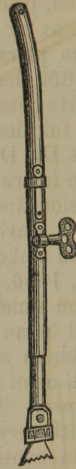


FIG. 3.

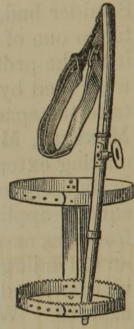


FIG. 4.

"No. 1, an elbow-joint splint. The joint admits of the splint's being shortened during its application. When applied, it is secured straight by a slide. The amount of extension is regulated by the band and buckle at the bottom, or the buckles and cat-gut at top.

"No. 2, the same principle applied to the femur.

"No. 3, the length is varied by a key and ratchet; the key performing the office of a cog-wheel.

"No. 4, the key and ratchet, applied to the thigh portion of No. 2.

"Besides the apparatus described by Dr. Barwell, there have been 'invented' modifications of Dr. Davis's splint, more or less extensive, and, *in our opinion*, more or less spoiling rather than improving it, by Drs. Sayre, Andrews, Hamilton, Taylor, E. S. Cooper, Olcott, Vedder, etc. In passing, we may here also state, that the 'Sayre's Splint,' described in the *Edinburgh Medical Journal*, December, 1860, by A. M. Edwards, defeats, by fixating the knee-joint with a cap and strap, one of its first objects.

"Considering how much we have with the above remarks overrun the space to which we were limited, we must add, that all we have said we felt bound to say, in the cause of truth and in justice to our whole profession, as well as to Drs. Barwell and Davis. We shall never cease, we trust, to raise our voice, feeble though it may be, to uphold the principle, '*Palnam qui meruit ferat.*'"

\* This form of Splint I first used in 1855.



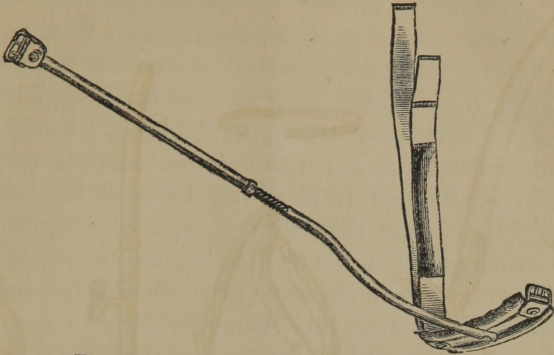


FIG. 5.—*Dr. Davis's last Improved Splint.*

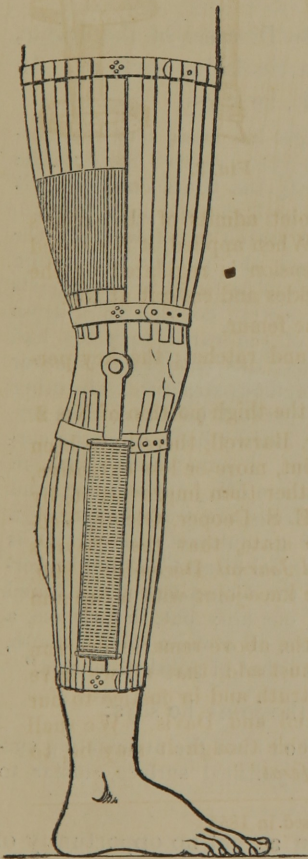


FIG. 6.

*Dr. Davis's Apparatus for Extension of Knee-Joint.*

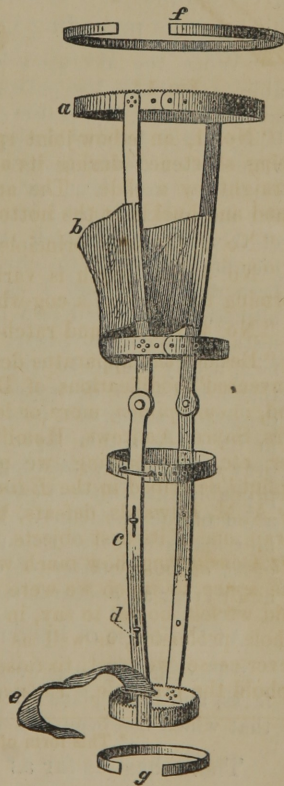


FIG. 7.

I now proceed to answer the question, "Whether, aside from the possibility of exercise, the freedom from pain, and the general comfort to the patient, a recovery to the normal condition of the diseased joint surfaces can take place under this mode of mechanical treatment?" First, I would remind the profession that this is not to be considered the only remedial measure, although it is by far the most important. It can positively be said that, without it, a case would seldom recover with a good joint; with it, when the treatment is fully carried out, (for it requires some experience in its application to a given case,) a large per centage will make a perfect recovery, while others will retain the limb much less deformed, and without ankylosis.

Sir Benjamin Brodie, in his work on Diseases of the Joints, gives the probable condition of the articulating surfaces. In his remarks preceding Case No. XLI., he says:

"When the ulceration of the cartilages has made very considerable progress, if the patient recovers, so as to preserve the limb, he seldom has the use of the joint afterwards, the bones composing it being united by ankylosis; but if it has been checked in a less advanced stage, even though there may be reason to believe that the cartilages have been extensively destroyed, the patient may retain the natural motion of the joint. Cases will be found in other parts of this volume, in which the bony surfaces were covered by a dense membrane, formed to supply the place of the cartilage which had been destroyed; and I cannot assert that this membrane is never ultimately converted into the true cartilaginous structure. In other instances a compact layer of bone is generated on the carious surface, nearly similar to what is seen in the healthy bone, after the cartilage has been destroyed by maceration. I have many times, in dissection, observed a portion of the cartilage of a joint wanting, and in its place, a thin layer of hard, semi-transparent substance, of a gray color, and presenting an irregular granulated surface. It is probable that in these cases, also, the original disease had been ulceration of the cartilages. In a subject in the dissecting-room, I found no remains of cartilage on the bones of one hip; but, in its place, a crust of bony matter, of compact texture, of a white color, smooth, and having an appearance not very unlike that of polished marble."

At the close of his description of the joint, he says:

"The cartilage was everywhere absorbed from the articulating surfaces, and in its place there was a white polished surface, similar to that which has been just described."

There has (as far as I know) been as yet no opportunity of



examining *post-mortem* a patient that I have treated for the disease. It is very desirable that the condition of the joint, after recovery, should be ascertained; and anxious that a possibility of arriving at this information should be improved, I would urge upon my medical brethren the importance of their embracing every opportunity of making *post-mortem* examinations for this purpose.

I have deemed it unnecessary to go here more detailedly into the description of the apparatus, and the manner of applying it, further than appears from the preceding extracts, as I have laid this down at length in the *American Medical Monthly* for April, 1860. To this I would refer any one desirous of making himself fully conversant with my invention.

For the same reason, I introduce the following cuts, with only the references of the cases to which they belong, as heretofore published. The most of these cuts were photographed from life.

#### CASES TREATED.

CASE 1.—R. P. E. Thacher, Esq., of the City of Rockland, Maine, was brought to this city Dec. 10th, 1861, upon a mattress, unable to sit up, in consequence of paralysis from Pott's disease of the lower dorsal vertebra. He had suffered from pain in his spine for several years; had been treated for rheumatism, &c., without any marked relief, the pain being subject to severe exacerbations. He continued, however, to perform the duties of his profession until a year since, gradually losing the use of his lower extremities, until he had quite lost the control over even his sphincters.



CASE 1.

On the 13th of Dec. I applied my apparatus, in order to remove the pressure from the ulcerated surfaces, the figure being at the same time kept erect. There was no diminution of the paralysis for three months; he could eat and digest a full allowance of food, and his general health remained good. After the three months his restoration was steadily progressive, though not rapid. In the autumn of '62 he was able to walk with two canes, the difficulty of locomotion at this time being more in consequence of the feebleness of the muscles, owing to their long disuse,

than of the remaining paralysis.

He sent me his photograph, from which the above cut was taken, from Philadelphia, where he had been spending the winter, saying that he could then walk without the aid of a cane.

The cut exhibits a figure that many a man might covet, and proves beyond cavil that deformity need not necessarily result from Pott's disease, if apparatus is properly used that sustains the spinal column in its normal position.

The apparatus devised by me, unlike any other, is applicable to disease in any portion of the spine, from the head to the hips. I cannot too strongly urge upon the profession the advantages to their patients to be derived from my mode of treating this disease.

### ULCERATION OF THE KNEEJOINT.

This disease (generally termed "white swelling") has been more discouraging to the profession than the corresponding affection of the hip-joint. Amputation was formerly considered the only resource, to save the life of the patient; it was therefore a great advance when it was discovered that not only the life, but the limb, could be preserved by exsection of the diseased portion of the joint. How much more valuable, then, must be a mode of treatment which not only preserves the life and limb, but perfectly restores the joint—and this without suffering during the process of cure! This restoration has been accomplished by the plan practiced by me, in cases where the cartilages were destroyed, leaving the articulating surfaces to grate upon each other upon every movement of the joint, and where the system was brought to that point where amputation or exsection becomes necessary.

CASE 2.—Mary E., daughter of Andrew J. Simmons, aged 8 years, light complexion, sandy hair, strumous constitution, suffered, when brought under my care, in June, 1861, from ulceration of left knee-joint. Fifteen months previous she complained, when returning from school, of pain on the inner side of the knee and limb, which, in spite of whatever was done temporarily to relieve her, returned every afternoon and night. In the course of three or four weeks her foot began to turn out in walking, and the disease in the knee steadily increased, until, at the time of my first examination, the general outline of the knee was that of marked white swelling, or ulceration of the knee-joint.



CASE 2.

The cartilages were seriously involved, as evidenced by the roughness and grating sensation felt at every motion. The reflex action of the muscles was constant; the pain intense, depriving her of rest; she had no appetite; hectic fever and the active signs of a rapid decay were present, and the little sufferer was fast sinking.

Amputation or extension were formerly the only resources of the profession under such circumstances. She was put under the treat-



ment of "*continued-elastic-extension.*" In three days her sufferings were so far relieved that she could rest comfortably at night; her appetite began to improve, and her countenance lost that peculiar expression of suffering so common in diseases of the joints.

The constitutional treatment was confined to those tonics that increase the appetite and power of assimilating food, for our reliance for sustaining the body and counteracting the destructive process going on in the joints must be upon the nutritive system. The local remedy used was the corrosive chloride of mercury, applied about the joint. This produced decided effects as a counter-irritant, and also had a well-marked constitutional influence, in a measure localized by its external application. In six months time she had not an unpleasant symptom about the joint, no friction or pain from even severe manipulations. I discovered that the condyles had become flattened by absorption, so that the limb, when brought from a flexed to an extended position, evidently shortened when near full extension.

Her health at present is all that could be desired. This patient was exhibited to the Medico-Chirurgical College, and was examined very thoroughly, the investigation showing the recovery perfect.

CASE 3.—Miss E. B., aged 14, from the State of Illinois, had disease of the left hip-joint when four years old; she recovered, with (what is termed) ankylosis, and two inches shortening. When ten years old the right hip-joint also became diseased; this, too, became fixated.

On examination, in the summer of 1860, by the eminent surgeon who afterwards sent her to me, Prof. Mussey, of Cincinnati, Ohio, both hip-joints were found immovable and flexed upon the pelvis, adducted so firmly that the pressure of the knees against each other had produced ulceration at the points of contact. The inner face of the thighs was excoriated, from inability to protect them from the urine. She was in an uncomfortable condition either for sitting or standing; walking was out of the question, except so far as she could be balanced by support aside from herself, and then, by rising upon her toes, take such steps as the motion of the limbs below the knees would permit, which was about four inches.

It was thought barely possible that I could, by my method, restore some motion to the limb last diseased, viz., the one of four years' standing; it was ten years since the other was first affected, and all hopes of its recovery had long been given up.

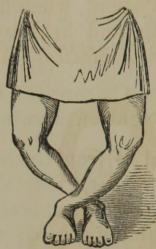
She came under my care in Jan'y, '62. I found her condition still as described. There was some sensibility of the right hip-joint, and it was this that encouraged Dr. Mussey to think that possibly I might obtain motion. I put her under treatment at once. At the end of six weeks the left limb, that of ten years' standing, admitted of unmistakable motion at the hip-joint, both of flexion and abduction; ten days later the right limb could also be moved. It will be observed that the joint that had been apparently perfectly ankylosed for several years was the first to admit of motion. This is a significant fact that will be brought up again, and discussed at length, in a paper which I intend to present to the American Medical Association.

At the end of three months she returned to her home, with the limbs in their natural relative position, and with sufficient flexion and extension to enable her to walk without extraneous aid, taking a step of eighteen inches; and upon a floor, she could even run. Her father wrote me in the summer that she continued to improve in walking, and could then ride on horseback.

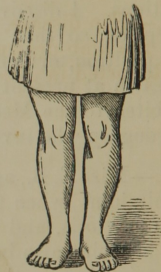


CASE 4.

CASE 4.—Pott's disease of dorsal and lumbar vertebræ, with paralysis of motion and sensation for more than a year. A remarkable recovery, considering the amount of suppurating surface in connection with the perfect paralysis for so long a period. Reported in *American Medical Monthly*, Nov., 1859, p. 358.



Before Treatment.



After Treatment.

CASE 5.

CASE 5.—Bow-legs. The deformity was so great that the patient stood with the limbs crossed, to relieve the unnatural position of the hip-joints.



Before Treatment.



After Treatment.

CASE 6.

CASE 6.—Pott's disease of cervical vertebra, with paralysis. The difficulties encountered in restoring the head from such a position will be apparent when it is remembered how readily any pressure upon the spinal cord as high up as the point diseased would stop respiration,



and consequently destroy life. It was, therefore, with intense anxiety that the attempt was made. Reported in *N. Y. Journal of Medicine*, November, 1859.



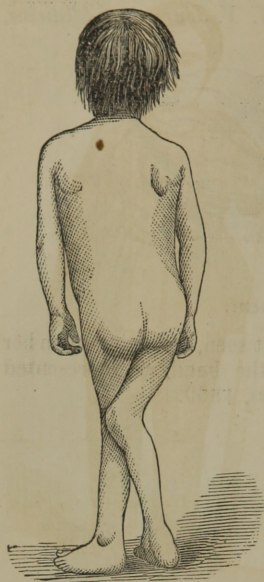
CASE 7. *Before Treatment.*

CASE 7.—Hip disease. Patient, when first seen, was lying upon her side, with the limb drawn up, and held by the hand, as represented in cut. Reported in *American Medical Times*, 1860.

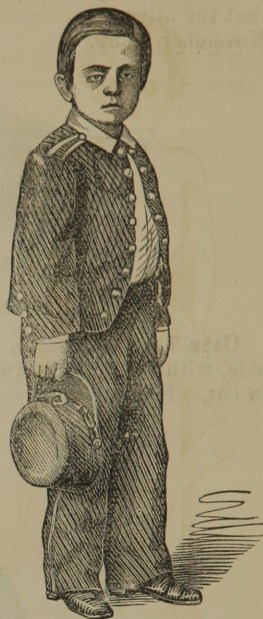


CASE 7. *After Treatment.*

[During the past year (ending April, 1863,) I have treated upwards of sixty cases of hip disease, and all with markedly favorable result. This formidable disease, baffling as it does the skill of the most skillful in the profession, has truly been robbed of its terrors, being, as stated in the preceding extracts, entirely controllable by my mode of treatment.]

*Before Treatment.*

CASE 8.

*After Treatment.*

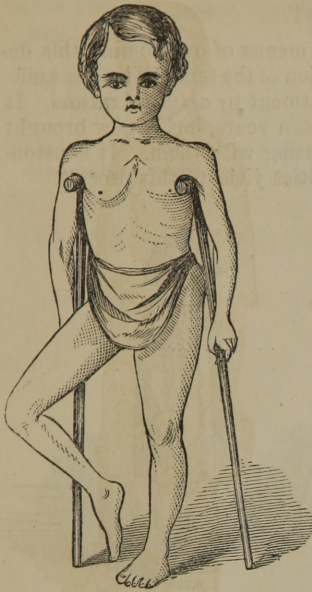
CASE 8.—The worst deformity of the kind I have ever seen; the entire knee of each limb passed the centre of the body, and the joints were twisted upon themselves. The patella of each limb was dislocated outside of the condyles, so that the extensor muscles were constantly increasing the deformity in efforts of locomotion. This case was seen by a number of eminent medical gentlemen, and was considered as affording very little encouragement to the surgeon.

The change exhibited in the cuts was effected in four months, without the use of the knife.

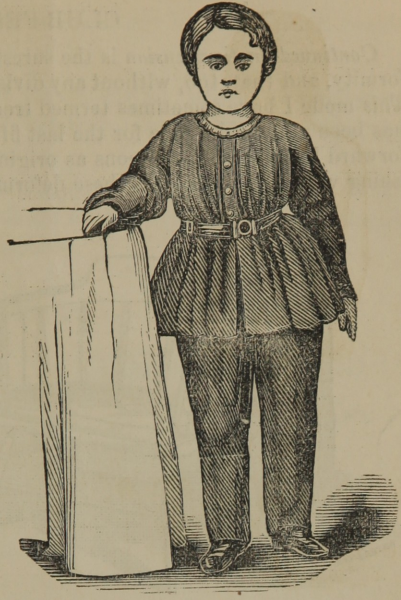
CASE 9.—The history of the boy whom the following cuts represent before and after treatment, illustrates a new application of the principle of my peculiar treatment of joint diseases. It was the first case in which reduction of an old dislocation was effected by first elongating the attachments about the head of the bone, by means of "continued-elastic-extension." It has opened a new field in this direction, and one that affords much encouragement in the management of cases that were necessarily hitherto given up as entirely hopeless. I shall add the details of the case but briefly.

Charley, a son of Henry D. Smith, Esq., of Plantsville, Conn., æt. 8 years, had been able to walk well for some months, until he had become affected with partial paralysis at 2 years of age, following convulsions while cutting his last teeth.





Before Treatment.



CASE 9.

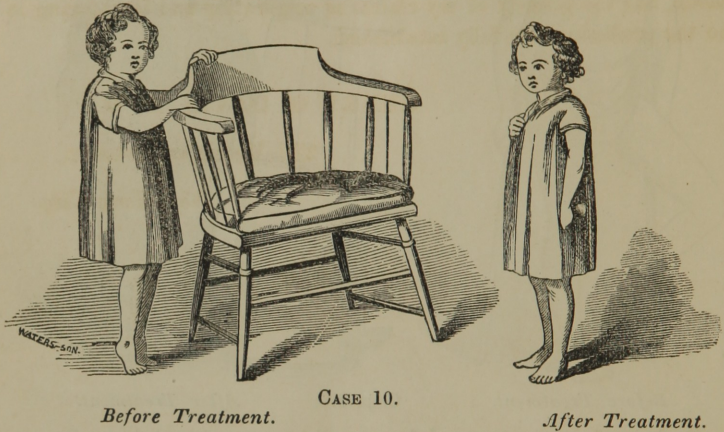
After Treatment.

On being brought to me, I found a dislocation of both hips of some five years' standing. Neither the precise time nor manner of the occurrence of the dislocation could be ascertained, the parents not being even aware of the nature of this difficulty. The head of the right femur was resting in the thyroid foramen; that of the left, upon the dorsum of the ilium. A reduction of the right femur had been attempted by an eminent surgeon of this city, but found to be impossible. My method of extension was carried out for several weeks, when the head of the bone was found withdrawn an inch from the foramen. The length of the attachments about the head allowed of its easy removal to the acetabulum, where it was confined for two weeks by retentive apparatus, although it never manifested any disposition to leave its regained locality. During the same space of time, the left femur had been brought down into its natural situation by the same method, and also retained by apparatus. He was removed to his home, where, after but a few days, he was so unfortunate as to fall down stairs and dislocate the right hip again. Before he was returned to the city several weeks elapsed, and, when again placed under my care, examination showed the limb in its former abnormal position. The dislocation was now readily again reduced by the same process of "*continued-elastic-extension.*"

At present, the boy is not only most decidedly improved in appearance, but also able to walk; the limb is in perfectly proper position, and from being a hindrance, has become a useful member.

## CLUB-FEET.

*Continued-elastic-extension* is the surest means of overcoming this deformity, and that, too, without any division of the tendons by the knife. This mode I have sometimes termed treatment by *artificial muscles*. It has been practiced by me for the last fifteen years, but is now brought forward by European surgeons as originating with them. It is astonishing with what readiness these deformities yield to this process.



CASE 10.—Willie Barret, aged four years, congenital deformity; walked upon his toes; could not balance himself when standing without support. Was put under treatment by artificial muscles, to counteract the extensors of the foot; in three weeks time could place his foot flat upon the floor. Has been without apparatus for some months; when excited and attempting to run, however, he will rise a little upon his toes.

## LATERAL CURVATURE OF THE SPINE.

*Elastic extension* is as applicable to this deformity as to any other arising from muscular action. My apparatus is based upon this principle, and acts by wearying and exhausting the power of those muscles that drag the spine to one side, while, at the same time, it not only permits, but aids, the muscles of the opposite side to bring the spine into its normal position.

Slight cases, and severe ones, after the deformity has been partially overcome by the use of apparatus, I have been accustomed, for the last twenty-five years, to treat by exercising and developing those muscles that were not sufficiently vigorous to sustain the spine in its normal position. This mode of treatment has been recently brought forward as something new, under the popular title of "*Swedish Movement Cure.*" That it is not entitled to any consideration as a novelty, is evident from the fact that it has been in use in this country for twen-



ty-five years by myself; and how much longer by others, I am unable to say.

It would appear a work of supererogation to add the names of other prominent surgeons and the numerous medical journals who have recommended the treatment.

From the testimony introduced, not only the superiority of the mode, but the priority of my claims as originating and introducing it to the profession, are fully established.

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*New York City.*

*100. East 23<sup>rd</sup> St*

*New York*

# DR. DAVIS'S INSTITUTE,

Corner of 37th St. and Madison Avenue,

NEW YORK.

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This Institution is established for the purpose of carrying out in the most appropriate manner the Treatment introduced by the undersigned for Diseases and Injuries of Joints, including *Old Dislocations* and Deformities.

The principles of his treatment, its benefits and its applications, have freely been communicated to the profession. The advantages of having the patient constantly under personal control and supervision, are too obvious to all medical men to require elucidation. Indeed, the Institute is established in compliance with frequent requests of physicians as well as patients from abroad.

The Institute is arranged with all the comforts of a private family home, without any of the repulsive accompaniments of a hospital. Further particulars obtained on applying to

HENRY G. DAVIS.