the diſcharge of slatus procured by the punctures would at all be a recompenſe for the bad conſequences produced by the increaſed inflammation. The method of Celſus is much more eligible : It is to dilate the wound ſo as *to* reduce the inteſtine with eaſe. Sometimes part of the inteſtine is loſt either by ſuppuration or gangrene. In this caſe, all that can be done is to ſtrike a ſingle ſtitch through the wounded bowel, and to six it to the external wound by paſſing the suture alſo through the ſides of the wound. The ends of the inteſtine may perhaps adhere ; or at any rate the wound will continue to perform the office of an anus, out of which the faeces will continue to be diſcharged during life. The directions given by ſome ſurgeons about inſerting the upper end of the gut into the lower, and stitching them together, are perfectly impracticable, as Mr John Bell has ſhown in his important Diſcourſes on Wounds@@\* ; and even if they were practicable, would certainly produce new mortification, which could not but be fatal.

When the omentum appears prolapſed, the ſame general treatment is to be obſerved ; only that, when it is dry and mortified, the dead part may ſafely be extirpated.—We ſhall conclude the article of abdominal wounds with a caſe from the memoirs of the academy of ſciences for the year 1705, which ſhows that we ought not to deſpair, even though the moſt deſperate ſymptoms ſhould take place, as long as any vis vitæ remains. A madman wounded himſelf in 18 different places oſ the abdomen. Eight of theſe pe­netrated the cavity, and injured the contained viſcera ; he had a diarrhoea, nauſea, and vomiting, tenſion of the abdo­men, with difficult reſpiration and violent fever, ſo that his life was deſpaired of. During the firſt four days he was blooded ſeven times ; and during the greateſt part of the cure his diet conſiſted almoſt entirely of fleſh-broths, with the addition of ſome mild vegetables. By theſe means he was not only cured of his wounds, but reſtored to his right ſenſes. Seventeen months after, he went mad again, and threw himſelf over a precipice, by which he was inſtantly killed : on opening the body, the wounds were found to have penetrated the middle lobe of the liver, the inteſtinum jejunum, and the colon.

Such extraordinary cures are to be imputed, according to the ſatisfactory explanation of Mr J. Bell, to the abdo­men being perfectly full, and conſtantly ſubjected to ſtrong preſſure between the diaphragm and abdominal muſcles ; which keeps the parts contiguous to a wound closely ap­plied to it, prevents the diſcharge of fæces or even of blood in ſome meaſure, and gives an opportunity for a very ſpeedy adhesion between the parts.

In wounds of the head, where the cellular membrane only is affected, and the aponeuroſis and pericranium un­touched, phlebotomy, lenient purges, and the uſe of the common febrifuge medicines, particularly thoſe of the neutral kind, generally remove all the threatening ſymptoms. When the inflammation is gone off, it leaves on the ſkin a yellowiſh tint and a dry ſcurf, which continue until perſpiration takes them away ; and upon the removal of the diſeaſe, the wound immediately recovers a healthy aſpect, and ſoon heals with­out further trouble. But in the worſt kind of theſe wounds, that is, where a ſmall wound passes through the tela celluloſa and aponeuroſis to the pericranium, the patient will admit of more free evacuations by phlebotomy than in the former. In both, the uſe of warm fomentations is required ; but an emollient cataplaſm, which is generally forbid in the cryſipelatous dwellings, may in this latter caſe be uſed to great advantage. Where the ſymptoms are not very preſsing, nor the habit very inflammable, this method will prove ſufficient ; but it ſometimes happens that the ſcalp is ſo tenſe, the pain ſo great, and the symptomatic fever ſo high, that by waiting for the slow effect of ſuch means the pa­tient runs a riſk from the continuance of the fever ; or else the injured aponeuroſis and pericranium, becoming ſloughy, produce an abſceſs, and render the caſe both tedious and troubleſome. A diviſion of the wounded part, by a simple inciſion down to the bone, about half an inch or an inch in length, will moſt commonly remove all the bad ſymptoms ; and if it be done in time, will render every thing elſe unneceſſary.

The wounds penetrating into the cavities of the joints do not ſeem at firſt alarming ; yet, by expoſure to the air, the lining membrane of ſuch cavities acquire ſuch a degree of ſenſibility as to endanger life when they are large. As ſoon therefore as any extraneous body, puſhed into the joint, is removed, the admiſſion of the external air is to be guarded against as much as poſſible. If the wound be not too large, this may be done by pulling the ſkin over the wound of the joint ; and, to prevent its retraction, rather adheſive plaſter, with proper bandaging, is to be uſed. But when inflam­mation is come on, repeated and copious blood-letting, to­gether with fomentations, become neceſſary ; and as the pain, in theſe caſes, is apt to be violent, opiates muſt be adminiſtered ; but ſhould matter be formed in the cavity of the joint, free vent muſt be give to it.

Sect. II. *Of contuſed and lacerated Wounds.*

When the ſmall veſſels arc broken by a blow with any hard inſtrument without penetrating the ſkin, at the ſame time that the ſolid fibres of the part are cruſhed, the in­jury is termed a *contusion :* and when at the ſame time the ſkin is broken, it is termed a *contuſed and lacerated wound ;* becauſe in this caſe the parts are not fairly di­vided as with a knife, but torn aſunder or violently ſtretched.

Every contuſion therefore, whether the ſkin is broken or not, may properly be reckoned a wound ; for where the injury is ſo slight that none of the contents of the ſmall veſſels are extravaſated, it ſcarce deferves to be mentioned. The immediate conſequence of a contuſion, therefore, is a ſwelling, by reaſon of the extravaſation juſt mentioned ; and the ſkin becomes diſcoloured by the blood ſtagnating under it : but as this fluid, even though covered by the ſkin, can­not long remain in its natural ſtate, it thence happens, that the contuſed part ſoon loses its florid red colour, and be­comes blue or black ; the thinner parts being in the mean time gradually taken up by the abſorbent veſſels, which at laſt happens to the blood itſelf; the blue diſappears, and is ſucceeded by a yellowiſh colour, showing that the blood is now diſſolved ; after which the part recovers its former ap­pearance, and the ruptured veſſels appear to have united as though nothing had happened.

Theſe are the ſymptoms which attend the slighteſt kind of contuſions ; but it is evident, that where the blow is ſo violent as to rupture or cruſh ſome of the large nerves, or blood-veſſels, all the bad conſequences which attend ſimple wounds of thoſe parts will enſue, and they will not at all be alleviated by the circumſtance of the ſkin being whole. Hence it is eaſy to ſee how a contuſion may produce ulcers of the worſt kind, gangrene, ſphacelus, carious bones, &c. ; and if it happens to be on a glandular part, a ſcirrhus or cancer is very frequently found to enſue. Even the viſcera themſelves, eſpecially of the abdomen, may be injured by contuſions to ſuch a degree as to produce an inflammation, gangrene, or ſcirrhus, nay inſtant death, without rupturing the ſkin.

@@@[m]\* Part II. Discourses 4th and 5th.