and ſwelling of the parts continuing, convulſive affections of the muſcles at laſt occur, all tending to indicate the moſt imminent danger. In this ſituation of matters, if we have not immediate recourſe to ſome effectual means, the patient will ſoon fall a victim to the diſorder ; and the only reme­dy from which much real advantage is to be expected, is a free and extenſive diviſion of the parts in which the orifice producing all the miſchief was at firſt made. We know well, from the repeated experience of ages, that much more pain and diſtreſs of every kind is commonly produced by the partial diviſion either of a nerve or of a tendon, than from any of theſe parts being at once cut entirely acroſs. Now the intention of the operation here recommended, is to produce a complete diviſion of the nerve or tendon we ſuppoſe to have been wounded by the point of the lancet, and which we conſider as the ſole cauſe of all the ſubſequent diſtreſs.

This operation being attended with a good deal of pain, and being put in practice for the removal of ſymptoms from which it is perhaps difficult to perſuade the patient that much danger can occur, all the remedies we have men­tioned should be firſt made trial of before it is propoſed : but at the ſame time, care ought to be taken that the diſorder is not allowed to proceed too far before we have re­courſe to it ; for if the patient ſhould be previouſly much weakened by the feveriſh ſymptoms having continued vio­lent for any length of time, neither this remedy nor any other with which we are acquainted would probably have much influence. So ſoon therefore as the courſe already preſcribed has been fairly tried, and is found to be inade­quate to the effects expected from it, we ought immediately to have recourſe to a free diviſion of the parts chiefly af­fected.

Wherever a wounded or ruptured tendon may be ſituated, the limb ſhould be placed in ſuch a manner as will moſt readily admit of the retracted ends of the tendon being brought nearly together ; and when in this ſituation, the muſcles of the whole limb in which the injury has happened muſt be tied down with a roller, ſo as to prevent them from all kinds of exertion during the cure, endeavouring at the ſame time to keep the parts eaſy and relaxed. Thus in a wound or rupture of the tendon of the rectus muſcle of the thigh, the patient’s *leg* ſhould be kept as much as poſſible ſtretched out during the cure, while the thigh ſhould be in ſome degree bent, to relax the muſcle itſelf as far as poſſible.

In ſimilar affections of the tendo Achillis, the *knee* ſhould be kept conſtantly bent to relax the muſcles of the leg, and the foot ſhould be ſtretched out to admit of the ends of the ruptured tendon being brought nearly into contact. A roller ſhould be applied with a firmneſs quite ſufficient for ſecuring the muſcles and tendons in this ſituation ; but care muſt be taken to prevent it from impeding the circulation. With this view, fine ſoft flannel ſhould be preferred either to linen or cotton ; for being more elaſtic, it more readily yields to any ſwelling with which the limb may be attacked.

The late Dr Monro was the firſt who gave any accurate directions for the treatment of rupture in the large tendons; and it is perhaps given with more precision, from his having himſelf experienced the effects of this misfortune in the tendo Achillis.

He uſed a foot-ſock or flipper, made of double quilt­ed ticking, and left open at the toe ; from the heel of which a ſtrap went up above the calf of the leg. A ſtrong piece of the ſame materials went round the calf, and was fastened with a lace. On the back part of this was a buckle, through which the ſtrap of the foot-ſock was paſſed, by which the calf could be brought down, and the foot ex­tended at pleaſure. Beſides there was a piece of tin ap­plied to the fore part of the leg, to prevent the foot from getting into any improper posture during sleep. After propoſing to walk, he put on a ſhoe with a heel two inches deep ; and it was not till the expiration of five months that he ventured today aside the tin plate ; and he continued the uſe of the high heeled ſhoe for two years. The whole ap­paratus is repreſented Plate CCCCXCII. fig. 124.

From this treatment a knowledge may be formed of the treatment necessary to be followed in the laceration of ten­dons of other parts of the body.

In wounds of the thorax, even though none of the viſcera ſhould be wounded, we may yet reaſonably expect that a conſiderable quantity of blood will be extravaſated ; and this, if very large, muſt be evacuated if poſſible. However, it ought to be particularly obſerved, that this extravaſated blood ſhould not be diſcharged before we are assured that the wounded veſſels have done bleeding. When the pulſe appears ſufficiently ſtrong and equal, the extremities are warm, no hickup or convulſion appears, and the patient’s ſtrength continues, we may then know that the internal hæmorrhagy has ceaſed, and that the means for diſcharging the blood may now be ſafely uſed. Matter, water, blood, &c. have ſometimes vaniſhed from the cavities oſ the thorax, and been afterwards diſeharged by ſweat, urine, &c. Yet this but ſeldom happens ; and if we were to truſt to nature only in theſe caſes, it is certain that many would periſh from a deſtruction of the vital viſcera by the extravaſated and putrid blood, who by an artificial extraction of the same, blood might have been ſaved.

Wounds of the abdomen muſt be cloſed as ſoon as poſſible, and then treated as simple wounds; only they ought to be dressed as ſeldom and expeditiouſly as may be. A ſpare diet, with other parts of the antiphlogistic regimen, is here abſolutely neceſſary. It ſometimes happens, that, thro’ a large wound of the abdominal integuments, the inteſtine comes out with­out being injured ; yet, if it remains for any time expoſed to the air, the caſe is commonly very dangerous. The moſt certain method, in all ſuch caſes, is to return the protruded part as ſoon as poſſible ; ſor although writers in general formerly recommended warm fomentations, &c. to be pre­viouſly applied, the lateſt authors upon this ſubject conſider the moſt natural and proper fomentation to be that which is produced by the heat and moiſture oſ the patient’s belly, and that therefore the inteſtines, if no mortification has taken place, are to be cleared from extraneous matter, and imme­diately returned.

When the wound of the abdomen is large, the inteſtines eaſily prolapſe, but are as eaſily returned. But when part of an inteſtine has been forced through a narrow wound, the diſorder is much more dangerous; For the prolapſed. inteſtine being distended by flatus, or the ingeſted aliments driven thither by the peristatic motion, it will be inflamed, tumefied, and incapable of being returned through the stricture of the wound ; whence a stoppage of the circulation and gangrene will ſoon follow. In this caſe the utmoſt care, is to be taken to reduce the inteſtine to its natural ſize. When this cannot be accompliſhed by other means, ſome practitioners of great eminence have even adviſed the punc­turing of the inteſtine in different places in order to diſ­charge the slatus. This practice has alſo been recommend­ed in an incarcerated hernia, but is exceedingly diſapproved of by Mr Pott and later writers ; and it ſeems to be very dubious whether any good can poſſibly ariſe from it. To puncture any part that is already inflamed, must undoubted­ly add to the inflammation ; and it is very improbable that