uſed when the diſorder has either proceeded to ſuppura­tion, or when, on a removal of a portion of the cranium, the dura mater is obſerved to be ſloughy with a tendency to gangrene ; and this includes the third and fourth indica­tions of cure.

The ſuppurative ſtate of the diſeaſe is known by the inflammatory ſymptoms, inſtead of yielding to the remedies already adviſed, increaſing in violence ; and being ſucceeded by coma, dilatation of the pupils, a slow and full pulſe, in­voluntary discharge of fæces and urine, pally, and irregular convulſive motions, and eſpecially when theſe ſymptoms are ſucceeded by fits of rigor and ſhivering.

The exiſtence of matter within the cranium being aſcertained, as no other remedy can be depended upon for re­moving it, the operation of the trepan ſhould be immedi­ately employed, and as many perforations ought to be made as may be ſufficient for evacuating the matter. But if, after the ſkull is perforated, little or no matter appear between the bone and membranes ; if the dura mater ſeem more tenſe than uſual ; this membrane is likewiſe to be opened, ſo as to give a free diſcharge to any matter which may be between the brain and its membranes.

When it is perceived that the dura mater has already be­come ſloughy, with ſome tendency to gangrene, the great­eſt danger is to be dreaded. If mortification has commen­ced, there will be much reaſon to think that death will ſoon follow ; but different inſtances have occurred of ſloughs forming upon the dura mater, and of cures being made af­ter theſe have ſeparated. All that can be attempted is to keep the sores clean, to give a free diſcharge to the matter, to apply nothing but light eaſy dreſſings, and to give bark in as great quantities as the ſtomach can bear. If there be still ſome tendency to inflammation, the diet ſhould be low and cooling, the patient ſhould drink freely of whey or other diluent liquors, and the bowels ſhould be kept moderately open : But if, on the contrary, the ſyſtem be low and the pulſe feeble, wine is the moſt effectual cordial.

Sect. IV. *Of Fisſures, or simple Fractures of the Skull.*

The term is here meant to imply a mere diviſion of one or both the tables of the ſkull, with or without a wound of the integuments, not attended with depreſſion. Fractures of this kind are not dangerous as far as affects the ſkull on­ly, for it frequently happens that extenſive fissures heal without producing bad ſymptoms. But as they are fre­quently attended with effuſions of blood or ſerum upon the brain or its membranes, or as they may tend to excite in­flammation in theſe, they require particular attention.

When effusions occur, ſymptoms of compreſſion imme­diately follow. The remedies beſt ſuited to this diſeaſe muſt then be applied ; and the trepan is alone to be de­pended upon. The fissures ſhould be traced through their whole extent, and a perforation made on the moſt depend­ing part of each of them. If this be unſucceſsful, the ope­ration ſhould be repeated along the courſe of the fissures as long as ſymptoms of a compressed brain continue ; and as the effuſed matter will commonly be found contiguous to the fissures, they ought to be included in each perforation.

If the fissure be ſo large as to produce an obvious ſeparation of the two ſides of the bone, the nature of the caſe will be at once rendered evident ; but where it is extreme­ly ſmall, there is difficulty in diſtinguiſhing it from the na­tural sutures, or from sutures ſurrounding ſmall bones, which ſometimes occur, and get the name of *oſſa triquetra.* But this may be known by the firmer adheſion which always exiſts between the pericranium and sutures ; whereas this mem­brane is always ſomewhat ſeparated from that part of the bone where a fissure is formed. When the pericranium is ſeparated by the accident for a conſiderable way from the ſurface of the bone, various means have been contrived for diſcovering the nature of the caſe ; as pouring ink upon the part ſuſpected to be fractured, which in caſe of a fracture cannot be wiped entirely off ; or making the patient hold a hair or piece of catgut between his teeth, while the other extremity of it is drawn tenſe, which, when ſtruck, is said to produce a diſagreeable ſenſation in the fractured part. But such teſts are little to be depended on ; ink will pene­trate the futures ; and the others are ineffectual, unleſs the fracture be extenſive, and the pieces conſiderably ſeparated from each other. The oozing of the blood from a fiſſure is a better mark. The aſcertaining of this point, how­ever, appears not very material ; for unleſs alarming ſymptoms are preſent, although there ſhould be a fiſſure, no opperation is neceſſary ; and if ſuch ſymptoms occur, the bone ought to be perforated whether there be a fiſſure or not.

When a fissure is not attended with ſymptoms oſ a com­preſſed brain, the trepan ought not to be applied, eſpeci­ally as the operation itſelf tends in ſome degree to increaſe inflammation of the part. The fiſſure ſhould be treated merely as a cauſe which may induce inflammation. The patient ſhould be blooded according to his ſtrength ; the bowels ſhould be kept lax, and the ſore treated with mild, eaſy dreſſing ; and violent exertion ſhould be avoided as long as there is any danger of inflammation occurring.

Chap. XIII. *Diſeaſes of the Eyes.*

Sect. I. *Of Wounds of the Eyelids and Eyeball.*

In caſes of ſuperficial wounds of the eyelids, it will be ſufficient to bring the edges of the wounds together and retain them in their place by slips of adheſive plaſter : but when a wound is deep, particularly when the tarsus is di­vided, it will be neceſſary to employ either the interrupted or the twiſted future, care being taken that the sutures be not carried through the inner membrane of the eyelid, otherwiſe the eye would be irritated and inflamed. After ſuch an operation, the motion of both eyelids ſhould be pre­vented as much as poſſible, elſe no union of the divided parts can be obtained. After the futures are finished, the eye­lids ſhould be cloſed and covered with a pledget of emollient ointment, and over this ſhould be laid a compreſs of ſoft lint, and one of a ſimilar nature ought likewiſe to cover the found eye ; then a napkin ſhould be made to preſs equally on both eyes, and be properly fixed. Inflammation ſhould be guarded againſt, or, if already preſent, it muſt be remo­ved in the manner directed under the article *Ophthalmia,* (see Medicine.) The sutures may be removed in about three days from their introduction, when the parts will commonly be found reunited.

When a portion of the eyelids is ſo much deſtroyed, or perhaps ſo completely removed, as to prevent the remaining parts ſrom being brought together, without obſtructing the motion of the eye, the beſt method will be to treat them with light eaſy dreſſings, truſting to nature for ſupplying the deficiency.

If the cornea be wounded, it will commonly be attended with partial or total blindneſs. If any of the other parts of the ball be wounded, the danger will generally be in pro­portion to the extent of the wound. The principal atten­tion ought to be directed to the prevention or removal of inflammation. When pain occurs, it ought to be removed by opiates; and with theſe a ſtrict antiphlogiſtic courſe is to be enjoined.

When the wound is large, and the humours completely