are returned, a proper bandage (fig. 103.), is to be applied. Such remedies are afterwards to be exhibited as moſt tend to recover the tone of the parts.

Sect. V. *Of Imperforated Anus.*

This diſorder, though not frequent, now and then occurs ; and when preſent, unleſs ſpeedy relief be given, muſt prove fatal. In ſome cases, the end of the rectum protrudes at the uſual ſituation of the anus, and is only covered with the common integuments ; but in others, no termination of that gut is diſcoverable. Sometimes the rectum ends within an inch of the uſual seat of the anus ; at others, it reaches no farther than the top of the ſacrum. In ſome caſes it ter­minates in the bladder ; in others, in the vagina. In the moſt favourable caſes, where the rectum protrudes, an open­ing may he readily made by a ſcalpel or lancet ; but when no direction of this kind is met with, an inciſion is then to be made in the place where the anus is uſually ſituated, and is to be continued in the direction of the os coccygis and ſacrum, which is the courſe the inteſtine commonly takes. The finger is to be uſed as a director along it ; the parts are to be cut either till faeces are obſerved, or till the inciſion has been made the length of the finger. If ſtill the faeces do not appear, a lancet-pointed trocar is to be puſhed forward upon the finger in ſuch a direction as the operator thinks will moſt probably reach the gut. An artificial anus is likewiſe to be attempted, where the gut terminates in the bladder or vagina. After the operation, the greateſt attention is neceſſary to preſerve the opening which has been made. Subſtances which irritate leaſt are the moſt uſeful ; ſuch as doſſils of lint moiſtened in oil, and rolls of soft bougie plaſter.—We ſhall conclude this chapter with two ſhort ſections of imperforated hymen and prolapſus uteri, though they do not properly come under it.

Sect. VI. *Of an Imperforated Hymen.*

When the hymen is imperforated, the moſt troubleſome ſymptoms, at a certain period of life, may be produced by the accumulation of that fluid, which ought to be diſcharged; for then a tumor is formed, by which the moſt violent bear­ing-down pains are occaſioned. Theſe increaſe in ſeverity to ſuch a degree, as ſometimes to be miſtaken for labour­pains. They diſappear, however, during the intervals of the accuſtomed periods. In the treatment of this diſeaſe, all that is neceſſary is to make either a single or a crucial in­ciſion into the obſtructing membrane, and then to prevent the accretion of its edges by doſſils of lint ſpread with ſome emollient ointment till the parts are healed.

Sect. VII. *Of Prolapſus Uteri.*

This is a falling down of the uterus, occaſioned by de­bility or by exceſſive ſtraining in the time of parturition. The diſorder ſeldom occurs before child-bearing, and is com­monly met with in thoſe who are ſomewhat advanced in life. The parts protruding are to be reduced by gentle preſſure, while the patient is put in an horizontal poſture. Peſſaries (fig. 91. *a* and *b)* are to be employed, which ought to be made of the lighteſt materials, finely poliſhed, and ſomewhat compreſſible ; and none posseſs theſe qualities in a more perfect degree than a peſſary made of the elaſtic gum-bottle. This, or whatever elſe may be uſed to anſwer the purpoſe, is to be retained by a proper bandage till by tonic medicines the parts recover ſtrength to retain their natural ſituation.

Chap. XXXI. *Of Luxations.*

Sect. I. *Of Luxations in general.*

a bone is ſaid to be luxated when that part of it form­ing a joint is moved out of its place. When the bone is forced entirely out of its cavity, the luxation is termed *complete ;* when this is not the caſe, it is *partial* or *incomplete.* When there is alſo a wound of the ſoft parts communicating with the joint, it is called a *compound,* and when there is no wound, a sim*ple luxation.*

The common ſymptoms oſ a diſlocated bone are, inability to move the injured limb ; pain, tenſion, deformity in the part affected ; and ſometimes inflammation, ſubſultus tendi­num, and fever : and theſe three laſt are greateſt in partial dislocations. The ſwelling which first appears is always inflam­matory; but afterwards a ſecondary ſwelling comes on, ſeemingly œdematous, and probably owing to the preſſure of the lymphatics by the diſlocated bone.

In judging of the practicability of reducing a luxation, we ought to attend to its nature and extent, the other circumſtances with which it may be complicated, and the length of time which it has continued. When a bone is only partially diſlocated, it is evident that it may be redu­ced with much more eaſe and certainty than where it is completely diſplaced. It is evident alſo that fracture at­tending diſlocation muſt render reduction much more diffi­cult and uncertain. Indeed, when both the bones forming the joint are broken, there is the greateſt hazard of its re­maining ſtiff during life, even when the greateſt attention has been paid. Luxated bones are moſt eaſily reduced im­mediately after they are diſplaced : the difficulty indeed of reducing them is generally proportional to the time that has intervened ſince the accident happened. When a bone has been ſome time lodged among the contiguous muſcles, it forms a ſocket for itſelf, and is firmly graſped by the fur­rounding ſoft parts. The cavity, too, from which it was diſlodged may be partially filled with ſome of the ſurrounding ſoft parts, or at leaſt diminiſhed by the constant action of the contiguous muſcles on its cartilaginous brim. Diſſections, however, ſhow, that inſpiſſated ſynovia does not, as was formerly ſuppoſed, fill up this cavity. In delicate conſtitutions and advanced periods of life, when the muſcles give little reſistance, dislocations are more eaſily reduced than in the vigour of youth or in robuſt conſtitutions.

In the treatment, we ought, 1. To reduce the diſlocation with as much eaſe and expedition as poſſible; 2. Retain the bone in its ſituation till the parts have recovered their tone; and, 3. Obviate all uneaſy ſymptoms.

1. When the ſurrounding ſkin and muſcles are much contuſed and inflamed, we ſhould endeavour to remove the in­flammation by local blooding, ſaturnme applications, and laying the limb in an eaſy posture, before we attempt to re­duce the bone, as conſiderable injury may be done by ſtretching a limb while the parts ſurrounding the joint are infla­med. The upper part oſ the limb ſhould be kept ſteady while the ſurgeon endeavours to replace the under bone, which alone is commonly diſplaced. This is not eaſily done; for the contractile power of the muſcles acts ſtrongly againſt every attempt, and not only draws it beyond the contiguous bone againſt which it ſhould be placed, but frequently forces it out of its natural ſituation, and fixes it firmly in ſome neigh­bouring cavity, from which it is with difficulty removed. To prevent this reſiſtance as much as poſſible, the muſcles ought to be put into a ſtate of relaxation. If this is pro­perly done, the force neceſſary for reducing a luxated bone may generally be obtained from assiſtants alone ; ſometimes, however, machinery is required, and various instruments have been invented for this purpose. Freke’s machine is the moſt generally uſed. The force ought always to be ap­plied in a gradual manner, and to the diſlocated bone alone, and not to any more diſtant parts of the limb. After the end of the diſlocated bone is brought into a line with that to which it