but ſarcomatous tumors are likewiſe found in various other parts of the body, and are diſtinguiſhed from ſteatoma by being firmer to the touch ; internally they are found of a redder colour, or approaching that of muſcles, in conſequence of the greater number of veſſels entering into their ſubſtance. Theſe are to be treated in the ſame manner as ſteatoms ; but the operation ought to be performed early, as they are more apt to degenerate into cancer.

Sect. II. *Of Ganglions, or Swellings of the Burſae Mucosae.*

Ganglions of the tendons are likewiſe tumors of the encyſted kind, ſeated in the bursæ mucoſae, or ſheaths of the tendons which belong to ths extremities. They are moſt frequently met with over the tendons upon the back of the wriſt, and often likewiſe about thoſe of the ankle and other parts of the extremities. When preſſed, they are found to poſſeſs a conſiderable degree of elaſticity, from which, and from their ſituation, they may generally be diſtinguiſhed from other encyſted tumors. They ſeldom arrive at any great bulk, are not often attended with pain, and common­ly the ſkin retains its natural appearance. On being laid open, they are found to contain a tough, viſcid, tranſparent fluid, reſembling the glaire of an egg.

They are generally produced by ſprains, or contuſions of the joints, or by rheumatism. in many inſtances, they go off inſenſibly, without any aſſiſtance from art ; but as this is often not the caſe, means ought to be uſed for removing them. For this purpoſe, moderate friction frequently re­peated, or gentle compreſſion applied to them by means of thin plates of lead, &c. ſometimes remove them. In ſome inſtances they have been removed by the application of bliſters ; but the moſt certain method is, to make a ſmall puncture into the ſac, and to draw a cord through it ; or, after the puncture is made, to preſs out the contents, and then inject ſome gently ſtimulating fluid, as port wine and water heated blood-warm. Sometimes, in tumors of this kind, bodies of a cartilaginous nature, and of different ſhapes and ſizes, are found ; ſome quite ſmooth, others with pedun­cles ; by which they are ſuppoſed by Dr Monro, in his work upon the bursæ mucosae, to have been attached to the bursæ. As theſe cannot be removed by any remedy with which we are yet acquainted, it is found necceſſary to diſ­charge them. But as the parts may ſometimes ſuffer from inflammation when the tumor is laid fully open, it may be punctured at each end; and, after preſſing out the contents, a ſmall cord may be introduced ; after which gentle preſ­ſure may be applied with a compreſs and bandage over the courſe of the tumor. The cord however ſhould not be continued so long as to induce any great degree of inflam­mation, for it is found that a slight degree of this ſufficiently anſwers the purpoſe.

Sect. III. *Of Collections within the Capſular Ligaments of Joints, and of Cartilaginous Bodies contained there.*

Collections here may conſiſt of ſerum, blood, or pus and ſynovia combined. They are moſt frequently met with in the joint of the knee, and may be produced either by inter­nal or external cauſes. Theſe kinds of collections may in general be diſtinguiſhed from each other.

Watery effusions, commonly called *dropsical* ſwellings of the joints, ariſe chiefly in conſequence of ſevere rheumatic complaints; and when the tumor is not very large, the fluc­tuation of the fluid may be felt by preſſure. When a large effuſion appears immediately after a violent bruiſe, it is pro­bable that it conſiſts chiefly of blood : but when it ſucceeds a violent ſprain, attended with great pain, inflammation, and ſwelling, terminating in an effuſion, there is every reaſon to think that the contained fluid conſiſts of pus mixed with ſynovia.

Swellings of the joints are moſt apt to be confounded with collections in the bursæ mucosæ, or with matter effuſed in the adjacent cellular ſubſtance. From the firſt of theſe they are generally diſtinguiſhed by the contained fluid paſſing readily from one side of the joint to the other, and from its being diffuſed over the whole of it ; whereas, when it is contained in the bursae, the tumor is confined to a particu­lar part, and is ſeldom attended with much pain.

When ſuch collections can ſafely be allowed to remain, the capſular ligament ought never to be opened, as they can often be removed by diſcutients. Even conſiderable collec­tions ariſing from rheumatiirn may commonly be discuſſed by friction, fomenting the parts with warm vapour, keeping them conſtantly moiſt with ſaturnine solutions, covering them properly with flannel, and applying blisters. When theſe fail, ſupporting the part with a laced stocking, or with a roller, has frequently been of ſervice. But whether a rheumatic tumor can be discuſſed or not, it ought not to be opened ; for the inconvenience attending it is more in­tolerable than the pain and inflammation which may enſue. But when the matter would do miſchief by lodging, it ſhould be diſcharged. Effuſed blood and matter which ſucceed high degrees of inflammation are of this kind. Blood is frequently extravaſated among ſoft parts without much detriment ; but when in contact with cartilage or bone, it ſoon hurts them materially. The matter ought to be diſcharged ſo as moſt effectually to prevent the admiſſion of air into the cavity of the joint. For this purpose the open­ing ſhould be made with a trocar ; and the ſkin, previouſly drawn tight to the upper part of the tumor, ſhould be pul­led down immediately on withdrawing the canula. A piece of adheſive plaſter ſhould be directly laid over the opening, and the whole joint ſhould be firmly supported by a flannel roller properly applied. If thc patient be plethoric, he ſhould be blooded to ſuch an extent as his ſtrength will bear ; he ſhould be put upon a strict antiphlogistic regi­men, and in every reſpect ſhould be managed with caution ; for inflammation being very apt to enlue, we cannot too much guard againſt it.

Joints are ſometimes rendered painful and ſtiff by the for­mation of different ſubſtances within the capſular ligaments. Theſe are ſometimes looſe, and as firm as cartilage ; and ſometimes of a ſoft membranous nature, ſimilar to thoſe al­ready obſerved in treating of ſwellings of the burſae mu­cosæ.

In ſome caſes theſe ſubſtances, eſpecially the laſt ſpecies, retain nearly the ſame ſituation, without being much af­fected either by preſſure or by the motion of the joint ; in that caſe the pain is constant, but ſeldom ſevere. The firſt ſpecies, however, is commonly very moveable ; and on being touched, they slip with ſuch facility that it is difficult to fix them even with the fingers. Theſe are only painful in par­ticular ſituations.

Where theſe concretions appear, upon examination, to be perfectly looſe and detached, if the pain which they excite is very ſevere, we ſhould venture in a cautious manner to take them out, by making an inciſion into the joint. But if there is reaſon to ſuspect that they are connected with any part of the joint, the patient ought to be adviſed to ſubmit to the pain they induce, which in general will be rendered moderate by ſhunning exerciſe ; but if, notwithstanding this, it becomes insupportable, amputation is the only reſource.

The limb being firmly ſecured by aſſiſtants, in that poſ­ture which admits of the body to be taken out being felt