moſt diſtinctly, the ſurgeon ſhould endeavour to fix it with his fingers towards the upper part of the joint, after an aſſiſtant has drawn the ſkin as much as poſſible upwards from the part where the inciſion is to be made. The operator with a ſcalpel is now to make an inciſion through the tegu­ments and capſular ligament, directly upon the ſubſtance it­ſelf, of ſuch a ſize as will admit of its being eaſily taken out ; which may be done either with the finger or with the end of a blunt probe. If it is found to be connected by any ſmall filaments either to the capſular ligament or to the cartilages of the joint, they ſhould be cautiously divided, either with a probe-pointed biſtoury, or probe-pointed ſciſſars, af­ter drawing the ſubſtance itſelf as far out as it can be got. When more concretions than one are found, they ſhould all be taken out at the ſame opening, when this can be done ; but when it cannot, it will be better to allow the firſt inci­ſion to heal before attempting the second, ſo as to avoid as much as poſſible the exciting of inflammation.

After the concretion is removed, the ſkin ſhould be im­mediately drawn over the wound in the capſular ligament ; and the lips of the opening in the ſkin being laid together, they ſhould be ſecured in this ſituation by pieces of adhesive plaſter, ſo as to prevent the air from finding acceſs to the cavity of the joint. Till the wound be completely healed, the patient ſhould not only be confined to bed, but the limb ſhould be kept as much as poſſible in one poſture, and a ſtrict antiphlogiſtic regimen ſhould be preſerved.

Sect. IV. *Oſ Spina Bifida.*

Spina bifida, is a tumor which ſometimes appears upon the lower part of the ſpine in new-born children. A fluc­tuation is diſtinctly perceived in it, and the fluid it contains can in ſome measure be pressed in at an opening between the vertebras. In ſome caſes this opening is owing to a na­tural deficiency of bone ; in others, to the ſeparation of the spinous proceſſes of the vertebrae.

The diſeaſe proceeds ſrom ſerum collected within the co­verings of the ſpinal marrow. It is always fatal. Children labouring under it have been known to live for two or three years ; but, in general, they linger and die in a few weeks. All that art has been able to do is to ſupport the tumor by gentle preſſure with a proper bandage. When a tumor of this kind is laid open or bursts, the child dies in a few hours. **A** tumor nearly of the ſame nature with this is ſome­times met with upon different parts of the head in new­born children : it is formed by a fluid lodged beneath the membranes of the brain, which have been forced out at ſome unoſſified part of the ſkull. What we have ſaid with reſpect to the former is exactly applicable to this.

Sect. V. *Of Scrophulous Tumors.*

We ſhall here only mention the ſurgical treatment of ſcrophulous tumors, having ſpoken of ſcrophula in general under the article Medicine. Some practitioners have re­commended poultices, &c. to bring ſcrophulous tumors to ſuppuration ; but the beſt practitioners have laid them aſide, becauſe they increaſe the ſoft and ſpongy ſtate of the parts, by which they are prevented from healing.

As external applications are ineffectual, it is better to al­low ſcrophulous tumors to be as much expoſed as poſſible, as this frequently renders the ſubſequent ulcer more eaſily cured. The other methods recommended for diſcuſſing theſe tumors are, the internal uſe of cicuta, burnt ſponge, muriated barytes, a long continued uſe of the cold bath, par­ticularly of ſea-bathing, and drinking mineral or ſea-water. Theſe, to produce any effect, ſhould be begun early, while the tumors are ſmall, and long persiſted in. When the tumors come to a ſtate of ſuppuration, if they are ſeated up­on the thorax or abdomen, or any of the large joints, free vent ought always to be given to the matter to prevent its burſting into theſe cavities ; and when the abſceſs is large, this ſhould be done with a trocar, or by paſſing a cord thro' it, in order to exclude the external air. When the tumors are not ſituated upon great cavities, it is better to allow them to break of themſelves, as the sores commonly heal more readily, and the ſcar is pretty ſimilar in both. The moſt proper applications to ſcrophulous sores ſeem to be thoſe of the ſaturnine kind, as they diminiſh inflammation, and in ſome meaſure prevent the ſore from ſpreading. When the bones become carious, they are to be treated like carious bones from other cauſes ; but amputation cannot here be attended with advantage, as the diſeaſe proceeds from a fault in the conſtitution. After the sores are healed up, the introduction of an iſſue may aſſiſt in preventing their return.

Tumors of a ſcrophulous nature are ſometimes apt to be miſtaken ſor thoſe of the ſcirrhous kind, and thus may be improperly extirpated. Scrophulous tumors deeply ſeat­ed commonly have a degree of firmneſs, which, if they hap­pen to be ſeated near a ſuſpicious part, as cloſe by the side of a woman’s breaſt, may give occaſion to ſuch a miſtake. But they may generally be diſtinguiſhed by the ſoftneſs even of the firmeſt kind of them, when compared with ſcirrhus. They have always a ſmooth equal ſurface ; whereas ſcirrhus is ſomewhat unequal or knotty, and ſeat­ed in the real ſubſtance of the gland ; and a ſhooting pain is commonly felt in it from time to time, even from its firſt appearance. They are generally accompanied, too, with other ſymptoms of ſcrophula, which is not necessarily the caſe with ſcirrhus.

Sect. V. *Of Bronchocele.*

This is a tumor on the fore-part of the neck, ſeated be­tween the trachea and ſkin, termed in French *goitre.* In this country it is very rare ; but it is frequent among the in­habitants of the Alps, and other mountainous countries, and is ſuppoſed to be owing to the uſe of snow-water. It is ſeated moſt frequently in the thyroid gland ; tho’ in two caſes examined by Mr Benjamin Bell this gland was diminiſhed from the compreſſion of the tumor, which was chiefly form­ed of condenſed cellular ſubſtance, with effusions in different parts of it of a viſcid brown matter. Dr Prosser considers bronchocele as a dropſical affection of the thyroid gland ; and in confirmation of this, he gives an account of a dissection of a diſeaſed gland of this kind by Dr Hunter, who found in it a great number of capſules filled with water. The ſwelling is at firſt ſoft, without pain or any evident fluctuation, and the ſkin retains its natural appearance ; but as the tumor advances in size, it becomes unequally hard ; the ſkin acquires a copper colour, and the veins of the neck become varicoſe ; the face becomes flushed, and the patient complains of frequent headachs, as well as of ſtinging pains through the body of the tumor.

Calcined egg-ſhells have been recommended by authors as a ſpecific for this diſeaſe ; but little dependence is to be placed on ſuch a remedy. Frequent frictions are found uſeful, eſpecially when employed early ; ſaponaceous and mer­curial plaſters, too, have in ſome caſes proved ſerviceable ; and repeated bliſters have been known to retard its progreſs. In the enlarged ſtate of the tumor no remedy yet known is powerful enough to diſcuſs it. When the diſeaſe is far ad­vanced, the removal of the tumor by an operation muſt be attended with great danger, on account of the enlarged ſtate of the arteries, as well as its vicinity to the common carotids. It is therefore thought by ſome of the moſt ex­perienced practitioners, that in ſuch a ſituation it would not