dom diſcovered until ſome time after the effect has taken place. The child is ſaid to be uncommonly backward in the uſe of his legs, or it is thought to have received ſome hurt in the birth. When the child is of an age ſufficient to have already walked, and who has been able to walk, thc loſs of the uſe of his legs is gradual, though in general not very slow. He at firſt complains of being very ſoon tired, is languid, liſtleſs, and unwilling to move much or at all briſkly. Soon after this he may be obſerved frequently to trip and ſtumble, though there be no impediment in his way ; and whenever he attempts to move briſkly, he finds that his legs involuntarily croſs each other, by which he is frequently thrown down without ſtumbling ; and when he endeavours to ſtand ſtill in an erect poſture without support, even for a few minutes, his knees give way and bend for­ward. As the diſtemper advances, it will be found that he cannot, without much difficulty and deliberation, direct ei­ther of his feet exactly to any one point ; and very ſoon after this, both legs and thighs loſe a good deal of their na­tural ſenſibility, and become quite uſeleſs. In adults, the progreſs of the diſeaſe is much quicker, but the ſymptoms nearly the ſame.

Until the curvature of the ſpine is diſcovered, the com­plaint generally paſſes for a nervous one ; but when the ſtate of the back bone is adverted to, recourſe is almoſt al­ways had to ſome previous violence to account for it. That this might have been the caſe in ſome few inſtances might be admitted ; but in by far the greateſt number ſome prediſpoſing cauſe muſt be looked ſor.

Mr Pott, who has written a treatiſe upon this diſeaſe, re­commends it to our obſervation, that though the lower limbs are rendered almoſt uſeleſs, or even entirely ſo, yet there are ſome circumſtances in which it differs from a common nervous palſy. The legs and thighs, though ſo much affected, have neither the flabby feel of a truly para­lytic limb ; nor have they that ſeeming looſeneſs at the joints, nor the total incapacity of resiſtance which allows the latter to be twiſted almoſt in all directions : on the con­trary, the joints have frequently a conſiderable degree of ſtiffneſs, particularly the ankles ; by which ſtiffneſs the feet of children are generally pointed downward, and they are prevented from ſetting them flat upon the ground.

At firſt the general health of the patient ſeems not to be at all, or at leaſt not materially affected ; but when the diſeaſe has continued for ſome time, and the curvature is thereby increaſed, many inconveniences and complaints come on ; ſuch as difficulty in reſpiration, indigeſtion, pain, and what they call *tightneſs at the stomach,* obſtinate conſtipations, pur­gings, involuntary flux of urine and feces, &c. with the addition of ſome nervous complaints, which are partly cauſed by the alterations made in the form of the Cavity of the thorax, and partly by impressions made on the abdominal viſcera.

Mr Pott was led to a knowledge of the true cauſe and cure of this diſtemper, from obſerving the caſe of a youth of 14, who was reſtored to the uſe of his limbs immediately after a ſeemingly accidental abſceſs near the part. From this he was inclined to think, that the curvature of the ſpine was not the original cauſe of the diſorder, but that the ſur­rounding parts were prediſpoſed towards it by ſome affection of the ſolids and fluids there ; and he was confirmed in theſe ſuſpicions by a variety of appearances, which he obſerved both in the living body and upon dissection of the ſubject after death ; all of which are narrated at full length in his treatiſe upon this ſubject.

“ The remedy (ſays he) ſor this moſt dreadful diſeaſe conſiſts merely in procuring a large diſcharge of matter, by ſuppuration, from underneath the membrana adipoſa on each side of the curvature, and in maintaining ſuch diſcharge un­til the patient ſhall have perfectly recovered the uſe of his legs. To accompliſh this purpoſe, I have made uſe of dif­ferent means, ſuch as ſetons, iſſues made by inciſion, and isſues made by cauſtic ; and although there be no very material difference, I do upon the whole prefer the laſt. A ſe­ton is a painful and a naſty thing: beſides which it frequent­ly wears through the ſkin before the end for which it was made can be accompliſhed. Issues made by inciſion, if they be large enough for the intended purpoſe, are apt to be­come inflamed, and to be very troublelome before they come to ſuppuration ; but openings made by cauſtic are not in general liable to any of theſe inconveniences, at leaſt not so frequently nor in the ſame degree : they are neither ſo troubleſome to make or maintain. I make the eſchars about this ſize and ſhape on each side the curve, ta­king care to leave a ſufficient portion of ſkin between them. In a few days, when the eſchar begins to looſen and ſeparate, I cut out all the middle, and put into each a large kidney-bean: when the bottoms of the sores are be­come clean by ſuppuration, I ſprinkle, every third or fourth day, a ſmall quantity of finely powdered cantharides on them, by which the sores are prevented from contracting, the diſcharge increaſed, and poſſibly other benefit obtained. The iſſues I keep open until the cure is complete ; that is, until the patient recovers perfectly the uſe of his legs, or even for ſome time longer: and I ſhould think that it would be more prudent to heal only one of them firſt, keeping the other open for ſome time ; that is, not only until the pa­tient can walk, but until he can walk firmly, briſkly, and without the aſſiſtance of a ſtick : until he can ſtand quite upright, and has recovered all the height which the habit or lather the necessity of ſtooping, occaſioned by the diſtem­per, had made him loſe.”

Chap.VIII. *Of Blood-letting.*

Sect. I. *Of Blood-letting in general.*

Blood-letting is performed either to lessen the quan­tity of circulating fluid, or to relieve a particular part : hence we have the terms of *general* and *local* blood-letting.

*General* blood-letting is either performed upon a vein or an artery ; and from this circumſtance ariſe the appellation of *phlebotomy* and *arteriotomy.*

*Local* or topical blood-letting is performed by ſcarificators and cupping-glaſſes, by leeches, or by punctures made with a lancet, as may be moſt ſuitable to the nature of the diſ­eaſe it is intended to remedy.

There are ſome general rules and obſervations which re­late equally to this operation in whatever part of the body it is practiſed : theſe we ſhall in the firſt place enumerate, and ſhall afterwards proceed to treat particularly of blood­letting in the arm and other parts.

I. In this, as in every other operation, the ſituation of the patient, and of the operator likewiſe, ought to be precisely fixed. The ſituation of a patient, during the operation of blood-letting, has a conſiderable influence on the effects pro­duced, and therefore merits particular attention. In ſome diſorders, it is the object of this remedy to evacuate a con­ſiderable quantity of blood without inducing fainting : When this is the caſe, and when from former experience it is known that the patient is liable during the evacuation to fall into a faintiſh ſtate, a horizontal poſture ought to be preferred to every other; for fainting is not near ſo ready to occur in a horizontal as in an erect poſture. It now and then happens,