by barbers, farriers, and sow-gelders. Barbers and ſurgeons continued, for 200 years after, to be incorporated in one company both in London and Paris. In Holland and ſome parts of Germany, even at this day, barbers exerciſe the razor and lancet alternately.

It is within the laſt three centuries that we have any con­ſiderable improvement in ſurgery ; nor do we know of any eminent Britiſh ſurgical writers until within the laſt 130 years. “ In Germany (ſays Heiſter) all the different ſur­gical operations, at the beginning even of the 18th century, were left to empirics ; while regular practitioners were con­tented to cure a wound, open a vein or an abscess, return a fractured or luxated bone ; but they ſeldom or never ventu­red to perform any of the difficult operations.” He alſo ſpeaks of their groſs ignorance of the Latin language.

The firſt ſurgical work of the 16th century worthy of notice is that of J. Carpus. F. ab Aquapendente, an Ita­lian, publiſhed a Syſtem of Surgery, containing a deſcription of the various diſeaſes, accidents, and operations. Boerhaave pays this author the following compliment: *Ille ſuperavit omnes,et nemo illi hanc disputat gloriam ; omnibus potius quam hocce carere possumus.* About the ſame period, A. Parey, a French­man, made ſeveral important additions to ſurgery, particular­ly in his collection of caſes of wounds, fractures, and other accidents which occur during war. The ancients, who were ignorant of powder and fire-arms, are defective in this part of military ſurgery. Parey pretends to have firſt in­vented the method of tying with a needle and ſtrong ſilk- thread waxed the extremities of large arteries, after the amputation of a member. The ligature of the blood- vessels is, however, merely a revival of the ancient practice, which had fallen into diſuſe : Throughout the dark ages, the hot iron, cauteries, and ſtrong aſtringents, were ſubſtituted in its place. B. Maggius and L. Botallus wrote on the cure of gunſhot wounds. J. A. Cruce wrote a ſyſtem of ſurgery

In the 17th century, ſurgery was enriched with ſeve­ral ſyſtems, and with detached or miſecllaneous obſervations. The principal authors are, Μ. A. Severinus, V. Vidius, R. Wiſeman, Le Clerc, J. Scultetus, J. Mangetus, C. Magatus, Spigellius, F. Hildanus, T. Bartholin, P. de Marchett.

Since the commencement of the preſent century, ſurgery has been enriched with many valuable and important improve­ments, of the greateſt part of which we have availed ourſelves in the courſe of the following treatiſe. But as it would far exceed the limits of a work of this nature to enumerate the names and writings of ſuch authors as have lived within the above period, and beſides, as it appears very unimportant to do ſo, we ſhall at once proceed to the next part of our ſubject.

**CH**aP**. II.** *Of Wounds.*

Sect. I. *Of Simple Wounds.*

The firſt thing to be conſidered in the inſpection of a wound is, whether it is likely to prove mortal or not. This knowledge can only be had from anatomy, by which the ſurgeon will be able to determine what parte are in­jured ; and, from the offices which theſe parts are cal­culated to perform, whether the human frame can ſubſiſt under ſuch injuries. It is not, however, eaſy for the moſt expert anatomiſt always to prognoſticate the event with certainty ; but this rule he ought always to lay down to himſelf, to draw the moſt favourable prognoſis the caſe will bear, or even more than the rules of his art will allow. This is particularly incumbent on him in ſea-engagements, where the ſentence of death is executed as ſoon as pronoun­ced, and the miſerable patient is thrown alive into the ſea, upon the ſurgeon’s declaring his wound to be mortal. There are, beſides, many inſtances on record, where wounds have healed, which the moſt ſkillful ſurgeons have deemed mortal. The following wounds may be reckoned mortal.

1. Thoſe which penetrate the cavities of the heart, and all thoſe wounds of the viſcera where the large blood-vessels are opened ; becauſe their ſituation will not admit of pro­per applications to reſtrain the flux of blood.

2. Thoſe which obſtruct or entirely cut off the paſſage of the nervous influence through the body. Such are wounds of the brain, cerebellum, medulla oblongata, and ſpinal marrow ; though the brain is ſometimes injured, and yet the patient recovers. Wounds likewiſe of the ſmall blood-vessels within the brain are attended with great danger, from the effuſed fluids preſſing upon the brain. Nor is there leſs danger where the nerves which tend to the heart are wounded, or entirely divided ; for, after this, it is impoſſible ſor the heart to continue its motion.

3. All wounds which entirely deprive the animal of the faculty of breathing.

4. Thoſe wounds which interrupt thc courſe of the chyle to the heart ; ſuch are wounds of the receptacle of the chyle, thoracic duct, and larger lacteals, &c.

5. There are other wounds which prove fatal if neglected and left to nature : ſuch are wounds of the larger external blood veſſels, which might be remedied by ligature.

In examining wounds, the next conſideration is, whether the parts injured are ſuch as may be ſuppoſed to induce dan­gerous ſymptoms, either immediately or in ſome time during the courſe of the cure. In order to proceed with any degree of certainty, it is necessary to be well acquainted with thoſe ſymptoms which attend injuries of the different parts of the body. If the ſkin only and part of the cellular ſubſtance is divided, the firſt conſequence is an effusion of blood ; the lips of the wound retract, become tumefied, red and inflamed, leaving a gap of conſiderable wideness according to the length and deepneſs of the wound. Be­ſides, if a very conſiderable portion of ſkin and cellular ſub­ſtance is divided, a slight fever ſeizes the patient ; the effuſion of blood in the mean time stops, and the wound is partly fill­ed up with a cake of coagulated blood. Below this cake, the ſmall veſſels pour forth a clear liquor, which in a ſhort time is converted into pus (ſee the articles Pus and Mu­cus). Below this pus granulations of new fleſh ariſe, the cake of coagulated blood looſens, a new ſkin covers the place where the wound was, and the whole is healed up ; only there remains a mark, called a *cicatrix* or sc*ar,* ſhowing where the injury had been received.

All wounds are accompanied with a conſiderable degree of pain, eſpecially when the inflammation comes on, though the diviſion reaches no farther than the ſkin and cellular ſubſtance. If the muſcular fibres are divided, the pain is much greater, becauſe the sound part of the muſcle is stretched by the contraction of the divided part and the ac­tion of the antagonist muſcle, which it is now leſs fitted to bear. The wound also gaps much more than where the cellular ſubſtance only is divided, inſomuch that, if left to itself, the ſkin will cover the muſcular fibres, without any intervention of cellular ſubſtance ; and not only a very unſightly cicatrix remains, but the uſe of the muſcle is in ſome meaſure lost. — If the muſcle happens to be totally divided, its parts retract to a very conſiderable diſtance ; and unleſs proper methods be taken, the uſe of it is certainly loſt ever afterwards.

If by a wound any conſiderable artery happens to be di­vided, the blood flows out with great velocity, and by ſtarts ; the patient ſoon becomes faint with loss of blood ;