the knee or of the elbow, as it relaxes the artery a little, renders this part of the operation more eaſily effected than when the limbs are kept fully ſtretched out.

The artery being thus gently ſeparated from the conti­guous parts, a firm waxed ligature muſt be paſſed round it, about the eighth part of an inch or ſo above the orifice, and another muſt in the ſame manner be introduced at the ſame diſtance below it.

The ligatures being both finiſhed in the manner directed, the tourniquet is now to be made quite looſe ; and if no blood is diſcharged at the orifice in the artery, we may then reſt ſatisfied that the operation is ſo far properly com­pleted.

The wound is now to be lightly covered with ſoft lint, with a pledgit of any emollient ointment over the whole ; and a compreſs of linen being applied over the dresſings, all the bandage in any degree requiſite is two or three turns of a roller above and as many below the centre of the wound, making it preſs with no more tightneſs than is ab­ſolutely neceſſary for retaining the application we have juſt now mentioned.

The patient being now put into bed, the member ſhould be laid in a relaxed poſture upon a pillow, and ought to be ſo placed as to create the leaſt poſſible uneaſineſs ſrom the poſture in which it is laid.

As the operation for the aneuriſm is always tedious, and produces much pain and irritation, a full dose of laudanum ſhould be given immediately on the patient being got into bed. In order to diminiſh ſenſibility during ſome of the more capital operations, different trials have been made of opiates given an hour or ſo before the operation. On ſome occaſions this proved evidently very uſeful ; but in others it ſeemed to have the contrary effect ; particularly in weak nervous conſtitutions, in which with any doſes, how­ever ſmall, they appeared to be rendered more irritable and more suſceptible of pain, than if no opiate had been given. Immediately after this operation, however, an opiate ought to be exhibited, to be repeated occaſionally according to the degrees of pain and reſtlessneſs.

In ſome few caſes of aneuriſm, it has happened that the pulſe in the under part of the member has been diſcovered immediately after the operation. This, however, is a very rare occurrence : For as this diſorder is ſeldom met with in any other part than at the joint of the elbow as a conſe­quence of blood-letting, and as it rarely happens that the brachial artery divides till it paſſes an inch or two below that place, the trunk of this artery is therefore moſt fre­quently wounded ; and when, accordingly, the ligature, in this operation, is made to obliterate the paſſage of almoſt the whole blood which went to the under part of the arm, there cannot be the leaſt reaſon to expect any pulſation at the wriſt, till in a gradual manner the anaſtomoſing branches of the artery have become ſo much enlarged as to tranſmit ſuch a quantity of blood to the inferior part of the member as is ſufficient for acting as a ſtimulus to the larger branches of the artery.

Immediately after the operation, the patient complains of an unuſual numbneſs or want of feeling in the whoſe mem­ber ; and as it generally, for a few hours, becomes cold, it is therefore right to keep it properly covered with warm ſoft flannel ; and in order to ſerve as a gentle ſtimulus to the parts below, moderate frictions appear to be of uſe. In the ſpace of ten or twelve hours from the operation, although the numbneſs ſtill continues, the heat of the parts generally begins to return ; and it frequently happens, in the courſe of a few hours more, that all the inferior part of the mem­ber becomes even preternaturally warm.

Immediately after this operation, the want of feeling in the parts is often very great ; and in proportion as the cir­culation in the under part of the member becomes more conſiderable, the degree of feeling alſo augments. If we could ſuppoſe the nerves of the parts below to be always included in the ligature with the artery, that numbneſs which ſucceeds immediately to the operation might be eaſily ac­counted for ; but it has been alſo known to happen when nothing but the artery was ſecured by the ligature.

In the mean time, the patient being properly attended to as to regimen, by giving him cordials and nouriſhing diet when low and reduced, and confining him to a low diet if his conſtitution is plethoric, the limb being ſtill kept in an eaſy relaxed poſture, towards the end of the fourth or fifth day, ſometimes much ſooner, a very weak feeble pulſe is diſcovered in the under part of the member, which becoming ſtronger in a gradual manner, the patient in the ſame proportion recovers the uſe and feeling of the parts.

So ſoon as there is an appearance of matter having form­ed freely about the sore, which will ſeldom happen before the fifth or ſixth day, an emollient poultice ſhould be ap­plied over it for a few hours, in order to ſoften the dreſſings, which may be then removed. At this time the ligatures might be taken away ; but as their continuance for a day or two longer can do no harm, it is better to allow them to remain till the second or third dreſſing, when they either drop off themſelves, or may be taken away with perfect ſafety. The dreſſings, which ſhould always be of the ſofteſt materials, being renewed every second or third day ac­cording to the quantity of matter produced, the ſore is in general found to heal very eaſily ; and although the patient may for a conſiderable time complain of great numbneſs and want of ſtrength in the whoſe courſe of the diſeaſed limb, yet in moſt inſtances a very free uſe of it is at laſt obtain­ed.

Very often after the artery ſeems to be ſecured it gives way, and fatal hemorrhagies enſue ; nor is the patient free from this danger for a great length of time. In one of Mr Hunter’s operations the artery gave way on the 26th day. It is to this difficulty of procuring adheſion between the ſides of the artery that a great part of the danger of this operation is to be aſcribed.

Chap. **XII.** *Of Affections of the Brain from Exter­nal Violence.*

When the brain is compreſſed, a ſet of ſymptoms enſue extremely dangerous, though ſometimes they do not make their appearance till after a conſiderable interval. But at whatever time they appear, they are uniformly of the same kind, and are in general as follow : drowſineſs, giddineſs, and ſtupefaction, dimneſs of sight, dilatation of the pupil ; and, where the injury done to the head is great, there is commonly a diſcharge of blood from the eyes, noſe, and ears. Sometimes the fractured bone can be diſcovered through the integuments, at others it cannot. There is an irregular and oppressed pulſe, and ſnoring or apoplectic ſtertor in breathing. There is likewiſe nauſea and vomiting, with an involuntary diſeharge of faeces and urine. Among the muſcles of the extremities and other parts, there is loſs of voluntary motion, convulſive tremors in ſome parts of the body, and palſy in others, eſpecially in that ſide of the bo­dy which is oppoſite to the injured part of the head.

Some of the milder of theſe ſymptoms, as vertigo, ſtupefac­tion, and a temporary loſs of ſenſibility, are frequently induced by slight blows upon the head, but commonly ſoon disap­pear, either by reſt alone, or by the means to be afterwards pointed out. But when any other ſymptoms enſue, ſuch as di­latation of the pupils, and eſpecially when much blood is