-2things relating to surgery, are- the patient; the operator; the; the instruments; the light, where and how; how many things, how; where the body, and the instruments; the time; the manner; place.

3 operator is either sitting or standing, conveniently for himself, the person operated upon, for the light. There are two kinds of, the common and the artificial; the common is not at our disposal, artificial is at our disposal. There are two modes of using each, to the light, or from the light (to the side?). There is littleof that which is from (or oblique to the light), and the degreeit is obvious. As to opposite the light, we must turn the partbe operated upon to that which is most brilliant of present and lights, unless those parts which should be concealed, andit is a shame to look upon; thus the part that is operated uponbe opposite the light, and the operator opposite the part operated, except in so far as he does not stand in his own light; for his case the operator will indeed see, but the thing operated will not be seen. With regard to himself when sitting, his feetbe raised to a direct line with his knees, and nearly in contactone another; the knees a little higher than the groins, and atdistance from one another, for the elbows to rest upon them.robe, in a neat and orderly manner, is to be thrown over the elbowsshoulders equally and proportionally. With regard to the partupon; we have to consider how far distant, and how near,, below, on this side on that side, or in the middle. The measure of distance and proximity is, that the elbows do not press thebefore, nor the sides behind; that the hands be not raised higher the breasts, nor lower than so as that when the breast reposes the knees he may have the hands at right angles with the arm: thusis as regards the medium; but as concerns this side or that, themust not be beyond his be beyond his seat, but in proportion may require turning he must shift the body, or part of the body, is operated upon. When standing, he must make his inspection, firmly and equally on both feet; but he must operate whilehimself upon either leg, and not the one on the same sidethe hand which he makes use of; the knee being raised to theof the groins as while sitting; and the other measures in like. The person operated upon should accommodate the operator withto the other parts of his body, either standing, sitting, or; so as that he may continue to preserve his figure, avoid sinking, shrinking from, turning away; and may maintain the figure and of the part operated upon, during the act of presentation, the operation, and in the subsequent position.

and with both together (for they are both alike), endeavouringdo them well, elegantly, quickly, without trouble, neatly, and.

—-7are two views of bandaging:

that which regards it while doing, that which regards it when done. It should be done quickly, without, with ease, and with elegance; quickly, by despatching the without, by being readily done; with ease, by being prepared for everything; with elegance, so that it may be agreeable to the sight. By whatof training these accomplishments are to be acquired has been. When done, it should fit well and neatly; it is neatly donewith judgment, and when it is equal and unequal, according asparts are equal or unequal. The forms of it (the bandage?) aresimple, the slightly winding (called ascia), the sloping (sima), monoculus, the rhombus, and the semi-rhombus. The form of bandagebe suitable to the form and the affection of the part to which is applied.

to escape above, should be secured below, and vice versa; and where there is noof doing this, as in the case of the head, the turns are tomade mostly on the most level part of the head, and the folds arebe done with as little obliquity as possible, so that the firmestbeing last applied may secure the portions which are more movable. we cannot secure the bandaging by means of folds of the cloth, by suspending them from the opposite side, we must have recoursestitching it with ligatures, either passed circularly or in theof a seam.

10bandages should be clean, light, soft, and thin. One should practice with both hands together, and with either separately. One lso choose a suitable one, according to the breadth and thickness the parts. The heads of the bandages should be hard, smooth, and put on. That sort of bandaging is the worst which quickly falls; but those are bad bandages which neither compress nor yet come.

-11 following are the object which the upper bandage, the under bandage, both aim at: The object of the under bandage is either to bringparts that are separated, or to compress such as are expanded, to separate what are contracted, or to restore to shape what are, or the contrary. It is necessary to prepare pieces of linen, which are light, thin, soft, clean, having no seams nor protuberances them, but sound, and able to bear some stretching, or even a littlethan required; not dry, but wetted with a juice suitable to therequired. We must deal with parts separated (in a sinus?) such wise, that the parts which are raised may touch the bottomproducing pressure; we must begin on the sound part, and terminate the wound; so that whatever humor is in it may be expelled, and it may be prevented from collecting more. And straight parts be bandaged in a straight direction, and oblique obliquely, such a position as to create no pain; and so that there may beconstriction nor falling off on a change of position, either forpurpose of taking hold of anything, or laying the limb; and that, veins, nerves, and bones may be properly placed and adjusted one another. It should be raised or laid in a natural position, as not to occasion pain. In those cases in which an abscess is, we must act in a contrary way. When our object is to bringparts which have become expanded, in other respects we muston the same plain; and we must commence the bringing togethersome considerable distance; and after their approach, we must compression, at first slight, and afterwards stronger, the limitit being the actual contact of the parts. In order to separatewhich are drawn together, when attended with inflammation, we proceed on the opposite plan; but when without inflammation, must use the same preparations, but bandage in the opposite direction.order to rectify distorted parts, we must proceed otherwise onsame principles; but the parts which are separated must be broughtby an underbandage, by agglutinants, and by suspending it(the limb?) in its natural position. And when the deformities arecontrary, this is to be done on the contrary plan. -

proportion.upper bandages should take in a considerable portion of the sound. We must attend to the number, length, and breadth of the bandages;number must be such as not to be inferior to what the injury requires,occasion compression with the splints, nor prove cumbersome, norany slipping of them, nor render them inefficient. As toand breadth, they should be three, four, five, or six cubitslength, and as many fingers broad. The folds of the strings (selvages?)be such as not to occasion pressure; they are to be soft andthick; and all these things are to be proportionate to the length,, and thickness of the part affected. The splints are to be, even, and rounded at the extremities; somewhat less all alongthe upper bandaging, and thickest at the part to which fracture. Those parts where there are tuberosities, and which areof flesh, such as the ankles or fingers, we must guard fromsplints which are placed over them, either by position, or byshortness. They are to be secured by the strings in such a mannernot to occasion pressure at first. A soft, consistent, and cleanshould be rubbed into the folds of the bandage.

the water used, its heat shouldjust such as the hand can bear, and it ought to be known that aquantity is best for producing relaxation and attenuation, whereas moderate quantity is best for incarnating and softening. The limit affusion is, to stop when the parts become swelled up, and the swelling subsides; for the parts swell up at first, and afterward.

14object on which to (the limb?) is laid should be soft, smooth, sloping upwards toward the protuberant parts of the body, such the heel or hips, so that there may be no projection, nor bending, nor turning aside. The canal (spout or gutter?) should rather the whole limb than the half of it, attention being paid the injury and to whatever else appears to create inconvenience.

at the extremities; the parts should be adjusted butpressed together, and that rather by the number of the bandagesby the force of the constriction; and the tightness should ratheron the increase during the first day and night; but on the nextshould be less, and on the third the bandages should be loose.the next day a soft swelling should be observed in the extremities; on the third day, when the bandaging is loosed, the swelling shouldfound diminished in size, and this should be the case every timebandages are removed. At the second application of the bandage, should be made, and with more bandages; on the third, still greater, and still more. On the seventh daythe first dressing, when the bandages are loosed, the limb shouldfound slender and the bones mobile. We must then have recourse the splints, provided the limb be free of swelling, pruritus, and, and allow them to remain until twenty days after the accident; if any suspicions arise, the bandages must be loosed in the interval.splints should be tightened every third day.

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-21 should be produced

contusions, sprains, or swellings not attendedinflammations, blood is to be expelled from the wound, in greatestto the upper part, and in smallest to the inferior; neitherarm nor the leg should be placed in a declining position: theof the bandage should be placed on the wound, and there the greatestshould be made; the least at the extremities, and intermediatelythe middle; the last fold of the bandage should be at the upperof the body. As to binding and compression, these objects arebe attained rather by the number of the bandages than the forcethe constriction; and moreover, in these cases the bandages shouldthin, light, soft, clean, broad, sound, so that they may effect purpose, even without splints. And we must use affusions.

-24treating parts which are atrophied, we must comprehend a considerable of the sound limb with the bandage, so that by the influx thereby, the wasted part may acquire a supply greater than its loss, may be thus disposed to growth and restoration of its fleshy parts. is better also to bandage the parts above, as the thigh in theof the leg, and also the thigh and leg of the opposite side, that they may be placed in similar circumstances, and may bothbe deprived of motion; and that the supply of nourishmentbe alike curtailed and open to both. The compression should beeffect rather of

the number of the bandages than of their tightness.relax first the part most requiring it, and have recourse to that of friction which will promote the growth of flesh, and to affusion.splints.