

him together the following morning. This we did, and found matters much as I had left them. Chloroform having been administered by Mr. Douglas, I proceeded to attempt reduction nearly in the manner described by Dr. Bigelow in his papers (*vide The Lancet*, June 15th and 29th, 1878). Having turned the man on his back, I placed my foot on the anterior superior spine of the ilium, expecting to have to use considerable force, and, bending the thigh to a right angle with the trunk, I grasped the ankle and knee and lifted the limb straight up. *Instantly* the head of the femur returned to the acetabulum. As near as I can tell, the force exerted would raise about thirty pounds from the ground. A long splint was applied for about ten days, and then removed, and the man went about on crutches.

This case illustrates the extreme ease and simplicity of Bigelow's method, as recently enunciated, compared with the elaborate direction formerly given. Seeing such cases so seldom, one is apt to forget the more complex formula of "flexion, a little inward rotation, then abduction of the thigh, circumduction and rotation outwards." Even the concise directions, "Lift up, bend out, roll out," do not always come to the memory of the operator when wanted. The mechanism of the accident is of interest, and it agrees with the case of Pierre Guillemot, quoted by Mr. Rivington from Dupuytren. My patient was pushing a heavily-laden tub up an incline; his right leg was extended and his left advanced; consequently the left thigh was flexed; it was adducted also. This can be demonstrated by placing the body in the position indicated, and attempting to push a heavy weight. The foot is turned on its outer edge to obtain a better grip of the ground, and the one thigh is carried somewhat across the other.

#### LISTON AND WATER DRESSING.

Dr. Erichsen, of London, gives the following account of Liston's water-dressing in the *London Lancet* for Jan. 11th, 1879:—Liston, undoubtedly thought and taught that water-dressing was the perfection of the treatment of wounds. And so it certainly was when compared with the other methods of treating incised wounds that were generally adopted by his contemporaries. It was the perfection of lightness compared with a poultice; the perfection of cleanliness contrasted with ointments, often irate, sometimes rancid. That Liston rode his hobby of water-dressing in the treatment of wounds rather hard is undeniable. But I doubt much whether, in this respect even, he has been beaten by more recent innovators in the same field.

Liston died in 1847, and it would be eminently unfair to contrast the views which he entertained

up to the time of his death with those subsequently promulgated, and yet more so with those which are the outcome of the great advance in physical science since his day. Liston's mind was eminent'y plastic. He was always ready to receive and act upon suggestions from others, and had he lived it is probable that his views with regard to the value of water-dressing might have been modified. His death occurred at the most critical period in the history of modern surgery—at that period, indeed, which, if I mistake not, the future historian of our art will date as the commencement of a new era in the treatment of wounds; for his death was almost contemporaneous with the introduction of anæsthetics into practice, and anæsthesia revolutionized the treatment of operation-wounds.

I believe that an erroneous impression prevails as to Liston's method of using "water dressing" in the treatment of large incised wounds, such as are occasioned by the amputation of a limb or the removal of a breast; and as, with one conspicuous exception, that of Mr. Cadge of Norwich, there is probably no one now living who has seen so much of his practice as I have, I may be excused for describing his manner of using this dressing.

It was as follows:—After the operation was finished the cut surfaces were deluged with cold water, so as to wash away all coagula, &c. A large piece of wet lint, doubled, was then placed between the flaps, which, being laid down on it, were covered with another large piece of doubled lint soaked in cold water. The stump was then put upon a pillow, exposed to the air, and left quiet, though wetted from time to time, for from four to six hours. By this time all oozing had ceased, and the cut surfaces were "glazed." The lint was then removed from between and upon the flaps; and if any vessel started bleeding it was immediately secured, and the "glazed" and nearly dry surfaces were carefully brought together by a few points of suture, and supported with strips of isinglass plaster. A slip of wet lint was then placed along the edge of the wound; the stump laid at rest on pillows, but otherwise exposed, without any covering except that afforded by the sheet thrown over a cradle. In this simple way the most favorable results were often obtained—quite as good, I do not hesitate to say, as can be shown by any of the more complicated modern methods of treatment. And it is not a little amusing to see many of those who have obtained their surgical experience during the last decade look upon the primary union of wounds as a modern invention unknown to surgeons who practised and taught thirty years ago. Such error is but an additional proof of that lamentable ignorance of the history of the surgery of the past which is so prevalent in our profession.

On the "glazing" of the wound—the coagulation of the fibrin of the liquor sanguinis over the cut surfaces—Liston laid great stress, and at the