

Book Reviews.

Notes on the Modern Treatment of Fractures. By JOHN B. ROBERTS, A.M., M.D., Professor of Surgery in the Philadelphia Polyclinic, Mütter Lecturer on Surgical Pathology of the College of Physicians of Philadelphia. 162 pages, 16mo, with 39 illustrations. New York: D. Appleton & Co. Toronto: Geo. N. Morang & Co. 1899. Price, \$1.50.

The book is compiled from a series of essays by the author, now collected and arranged, not as an exhaustive work on all the fractures, but containing a number of useful hints and *cautions*, and emphasizing certain points. The author seeks to shake off much of the old routine; he advocates cutting down—when necessary, and, as he insists, not otherwise—and combats the undue fear of converting a closed into an open fracture-wound, undue under our present aseptic and antiseptic technique (which we dislike to see spelled as by our American brethren, “technic,” when used as a noun). He thinks this fear prevails to a mischievous extent, especially in allowing cranial injuries to set up pathological changes in the endocranium both immediate and remote in their effects. He gives a lengthy “Syllabus of a Treatment of Fractures [and suspected fractures?] of the Cranium,” which space excludes, but which covers seventeen possible combinations. Advantages gained by cutting down on fractures (of various bones) where necessary he enumerates: 1, 2, 3. Exact line of separation may be seen, and accurate coaptation fitly made. 4. Pegs, nails, screws, bone suture or ferules may be applied—although he advocates the use of nails through the skin when necessary, the nails being removed when union has taken place. 5. Avoidance of pain by letting out clots and effusion; and 6, Lessening motion. 7. Avoidance of fat embolism by accurate apposition; and 8, of ankylosis from inaccurate adjustment. 9. Opportunity of seeing wounds of tendons, muscles and other soft structures. 10. More rapid union. 11. Avoidance of change of axis and consequent disability. 12, 13 deal with the cutting down in cases of fracture and old luxations, and we are sure most of us have met with cases where we have had to cut down after using a good deal of force, when we would have saved some bruising and straining if we had hesitated less about making an open wound. The author speaks of the advantage in treatment from division of the *tendo Achillis* in certain cases, and hints at similar measures with the *ilio-psoas*, *quadriceps extensor*, and *sterno-cleido-mastoid triceps*, though not speaking from experience in these. He devotes much space to Colles’s fracture and the avoidance of