

volume. "I have retained the numerous additions and revises made by the late Lord Justice Clerk Hope, as well as by many legal and medical contributors, who have kindly supplied me with facts in correction or confirmation of the views already expressed.

"I cannot close this preface without publicly thanking the Royal College of Physicians, and the Society of Arts, for the honour conferred on this work in awarding to the author in January, 1860, under the will of the late Dr. Swiney, the quinquennial prize of one hundred pounds, and a silver vase of like value."

The American editor, Dr. Hartshorne, has done his duty to the text, and upon the whole, we cannot but consider this volume the best and richest treatise on Medical Jurisprudence in our language.

The publishers, Messrs. Blanchard & Lea, have executed their share of duty with their usual excellence.

PERISCOPIC DEPARTMENT.

SURGERY.

STARCH BANDAGE IN RECENT FRACTURE.

WITH few exceptions authors limit the immovable apparatus to those cases in which the inflammation and swelling following the injury have entirely subsided, and for the best of reasons. If applied as originally recommended, the dressing being perfectly unyielding, if subsequent swelling occurred at the seat of injury the most serious consequences might follow. The compression of the veins would readily become so great as to interrupt the return circulation so far as to produce gangrene of the extremity. Instances of this kind in which, after the dressings were applied, the swelling increased, and mortification occurred, early led to the strict rule of practice, never to apply the immovable apparatus until all danger from the subsequent swelling of the limb had clearly passed. The rule is a just one, and should never be departed from when the dressings are applied in the manner first recommended.

There is a manifest advantage, however, in applying permanent dressings to simple fractures immediately after their occurrence. There is, then, no shortening of the limb to be overcome by subsequent traction, and no painful spasms of the muscles excited by the irritation of the fractured bone. If the displaced fragments are placed and retained in perfect apposition, during the quiescent period that intervenes previous to the commencement of the reparative process, there will be less liability to swelling and subsequent inflammation. Besides, in private practice patients and friends are never satisfied unless the fracture "is set" immediately, the mere manipulations by which the fragments are opposed being with them most important part of the whole treatment.

Admitted that the starch apparatus is well adapted to old fractures, is it possible to render it serviceable as a primary and yet permanent dressing? This question has now been definitively settled affirmatively. By first applying a thick layer of cotton wadding to the limb, as recommended by Burggraevae, of Ghent, adapting it nicely to all the irregularities of the parts, the starch apparatus may be at once applied in simple fractures with the happiest results. The cotton should completely envelop the whole limb, and the first roller be placed over it. This should be applied firmly, and the application of starch should be first made to this bandage. The cotton is so elastic as to