the whole bears such evident signs of careful study of disease, that we are sorry to see it marred by a somewhat slipshod and obscure style. This is no doubt owing to the alterations and additions which have been successively made to the second and third editions of the work; and we should gladly welcome a fourth edition, which might be freed from this defect, and give us still further information on a subject of so much practical importance.

ART. XIV.—*Conservative Surgery in its General and Successful Adaptation in cases of Severe Traumatic Injuries of the Limbs; with a report of cases.* By ALBERT G. WALTER, M.D. Pittsburgh, 1867. Pp. 213.

THIS treatise is intended to prove the importance, in surgical injuries of the limbs so severe as to raise the question of the necessity of amputation, of a free division of the fascia and deeper parts of the limb. We leave Dr. Walter to state his own case in the following words:

"A limb, thus injured, should be placed, without delay, in its whole length, upon a well-cushioned sheet-iron or tin splint, and the detached pieces of bone, followed by resection of their shattered extremities—if splintered, very obliquely fractured, or extensively denuded of periosteum—removed. The *wound should then be freely enlarged* (slitting up skin and fascia), or, if no breach of surface should exist, but mere bruising and swelling be present, indicating the extent and severity of the injury, a *free* incision in the long axis of the limb should *at once* be made through dermis and fascia, which will liberate the muscles, blood-vessels and nerves, from the pressure of blood effused in the areolar meshes of the different tissues, and give relief to the subsequent swelling of muscles, and extravasation of serum, which always follow in the course of such injuries, with gangrenous destruction of the skin and fascia superadded.

"That such a practice, however, may be productive of all the beneficial results, it is imperative that the incision should be *deep* and *free*, reaching down to the bottom of the injured tissues, and extending, above and below, into sound ones. The cut thus made should embrace the whole length and depth of the limb, rather than be too short and shallow, not reaching beyond the injured structures, nor down to the bottom of the crushed muscles. That no harm can result from free and deep incisions, thus practised, will be admitted: phlegmonous erysipelas, for instance, being relieved by the same treatment, while great injury will follow their limited extent, as experience has proved." (P. 10.)

That the practice is, in well-selected cases, a judicious one, we believe there is no English surgeon who would deny; and we can

hardly say that we think it is sufficiently often followed in our hospitals. The incision should extend through the whole area implicated in the lesion, and less danger would follow from too extensive than too restricted a cut. The patient may well be under the influence of chloroform meanwhile.

Dr. Walter's pamphlet consists almost entirely of cases illustrating the effects of this treatment; and they seem not unfairly selected, since it appears clear that, in some of them at least, the surgeon would have done better to have amputated at once. We can hardly describe Dr. Walter's treatment as novel, but we have no doubt that it is less widely followed than with advantage it might be.

In claiming, however, Mr. Lister's practice as an evidence of the success of his treatment, Dr. Walter adds another to the many amusing instances of the influence of a favorite theory in blinding a man's visual powers. There can be little doubt that there are many cases of injury and operation in which the patient suffers because the wound has been too strictly closed; many others, on the other hand, in which closure of the wound and equable pressure much facilitate and quicken recovery. In the latter class of cases, Mr. Lister's plan of treatment meets with striking success, and it appears to us, to say the least, doubtful whether the good effects which follow the carbolic acid treatment do not depend mainly on the complete closure and equable support of the wounded surfaces. But to say, as Dr. Walter does, that Mr. Lister's treatment is successful because it prevents the agglutination of the lips of the wound, appears to us merely to prove that the author has had no experience of the treatment in question. The following are Dr. Walter's words:

"To the practice of *leaving the wound unstitched and open*, for the free escape of all subsequent extravasata and secreta—their edges, moreover, being prevented from agglutinating by the methodical introduction of the acid, as Mr. Lister directs, into all the recesses of the lacerated structures—and *not to the exclusion of air*, is, in fact, due the success which, under the garb of *carbolic acid*, he claims to have achieved." (P. 203.)

Ever since we have been practically occupied with the treatment of wounds, it has seemed to us one of the hardest problems in surgery to know when to close a wound, and when to leave it open. Dr. Walter's pamphlet is an evidence, and, as far as we see, a trustworthy one, of the benefits which follow from free exposure and free incision of the wounded parts. Mr. Lister's practice, as far as it is successful, testifies to the success of the opposite principle. The selection of cases is possibly not a matter for rule and theory, but must be trusted to individual tact. Meanwhile, Dr. Walter's pamphlet, though written in a style not very grateful to English taste, contains matter well worthy of consideration.