In this, the third edition of Dr. Hamilton's work, the author has added, from Gray's Anatomy, several good woodcuts, showing the separation of the epiphyses of the long bones, in order to distinguish between epiphyseal separations and fractures. He has also availed himself of the large sphere of observation placed at his disposal by the late war to improve the treatise on Gunshot Injuries of Bones and Joints. We cannot but regret that in a work intended to be a complete treatise on fractures, and which descends to such minutiae as fractures of the cartilages of the larynx, the very important subject of fractures of the skull should find no place; and we would suggest to the author that in future editions he should give the profession the benefit of his large experience in this class of injuries.

In the chapter on Diagnosis, and again in speaking of the general treatment of fractures, the author calls attention to a point well worthy of notice by the younger members of the profession—i. e., the handling of a broken limb. "Rude or awkward manipulations," he says, "by which needless pain is inflicted, are not simply acts of wanton cruelty, but they are frequent sources of inflammation, suppuration, gangrene, death." Dr. Hamilton claims to have arrived at the same conclusions with regard to the repair of broken bones as have been long since published by Mr. Paget, independently of and contemporaneously with the latter gentleman, but gives the English observer the credit of having drawn much more complete and detailed inferences from his observations.

Dr. Hamilton enumerates six different methods of reunion:—

1st. By what is called, in speaking of the soft tissues, "direct union."

2nd. By interposition of plastic material between the broken ends when the fragments are in apposition, but direct union fails.

3rd. By the method described by Dupuytren—the formation of an "ensheathing" and "interior" callus, and subsequently by a "definitive" callus between the extremities of the bones.

4th. By an "ensheathing" and "interior" without a "definitive" callus.

5th. By the formation of an "intermediate" callus between the overlapping extremities of the fragments.

6th. By the deposit of a large amount of callus upon and around the bones, and in the tissues with which the fragments are connected.

The fifth and sixth forms seem to be only modifications of one another.

In the chapter on "General Treatment" Dr. Hamilton passes in review all the materials used in the formation of splints, from a simple splinter of wood to a starch bandage; and, when treating of particular fractures, describes and illustrates by numerous well-executed drawings all the forms and modifications of apparatus used in the respective cases, up to the most complex fracture bed ever invented for the treatment of fracture of the thigh. Throughout the book the drawings are exceedingly good, and render the descriptions very easy to be understood.

The student will thank Dr. Hamilton for the trouble he has taken in tabulating the differential diagnoses throughout the work, as, for instance, on pages 226, 229, and 386. The concise manner in which these difficult points of discrimination are put will render the student's preparation for the examining boards a comparatively easy matter.

The chapters on Colles' Fracture, and Fracture of the Shaft of the Femur, are full of important information, and show that Dr. Hamilton has made himself familiar with all that has been said or written on these subjects. After reviewing every appliance which has been invented for the treatment of Colles' fracture, and ignoring the idea of the use of a pistol splint on the ground of its retaining the lower fragment more securely in its place, the author confesses his own preference

for that form of apparatus only because "it enables the surgeon better to judge of the accuracy of the reduction, and to recognise more readily the condition and situation of the compresses," &c. Quoting from Dupuytren, he brings a terrible bill of indictment against some of his brethren for the frequent occurrence of gangrene owing to tight bandages and over-tension in the treatment of this fracture. We think the plan now adopted in some of our metropolitan hospitals, of securing the splint with a strip or two of adhesive plaster before bandaging, so as to enable the bandage to be subsequently removed and the limb examined without disturbing the bone, would obviate this danger.

Part II., on Dislocations, is amply illustrated with woodcuts, showing not only the relative positions of the various bones, but also the mode of manipulation for effecting the reduction of the misplacement.

Dr. Hamilton's style is easy and agreeable, and the work cannot fail to be eminently useful to all practical surgeons and to students.

In conclusion, we would draw the attention of English publishers to the neat appearance presented by the volumes sent over from America; the trimming of the edges of the leaves not only giving the book a more finished appearance, but saving the reader the annoyance of cutting almost every page he wishes to consult.

OVER-DISTENSION AND RUPTURE OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—A very few words will suffice in reply to Mr. Holt's argument respecting my method of treating stricture by over-distension. Mr. Holt makes a theoretical objection to it because I pass a bougie after the operation; and draws the inference, for which there is not an iota of ground, that no benefit results from opening the stricture to the full size of the bulbous urethra—viz., about No. 16 or 18,—instead of stopping at No. 12, the size to which his method is limited. I pass a bougie after the operation *for the same reason* which leads Mr. Holt to pass a bougie after his operation; that is, because we know that without the subsequent use of the bougie no treatment whatever can be relied on as permanently useful. Since recontraction always takes place to a greater or smaller extent, I hold it rational to believe that it is better that such recontraction should commence from No. 16 than from No. 12, and my experience corroborates that belief.

Mr. Holt says, "the benefit to be derived from this treatment" (of mine) "is entirely opposed to not only my experience, but the experience of a large number of surgeons who adopt my operation." If Mr. Holt has tried it, he is entitled to say this; if he has not, I think he is not capable of judging. I have tried both methods many times, and have no hesitation in preferring over-distension for the majority of cases; while I should, and do, adopt (as I have before said) "rupture" for a much smaller number. It is only fair to add that my instrument is quite capable of producing rupture, if desired, when rapidly opened, and to a greater extent than by the other method.

I am, Sir, yours obediently,

Wimpole-street, Dec. 11th, 1866. HENRY THOMPSON, F.R.C.S.

SANITARY REFORM IN MANCHESTER.—The ladies of Manchester are energetically setting to work to aid in the cause of public health. The General Sanitary Association, which is doing good work, held its annual meeting recently, and was presided over by the mayor, who observed that after the corporation had carried out the duties of the office which devolved upon them, a large amount of help might be given by ladies by house-to-house visitation, in diffusing useful knowledge in matters of health amongst the poor, and encouraging and directing habits of cleanliness. Some of the speakers called attention to the fact that the destruction of house property by the recent floods affords an opportunity of erecting more desirable and healthy dwellings for the poor.