EMERGENCY SURGERY. By Hamilton BAILEY, F.R.C.S., F.A.C.S., F.R.S.E., Emeritus Surgeon, Royal Northern Hospital, London. Seventh edition. 10×7 in. Pp. xvi+1,197, with 1,576 illustrations, many in colour. Index. 1958. Bristol: John Wright and Sons Limited. Price £9, 9s.

This compendious volume upon emergency surgery has reached a seventh edition and nearly thirty-eight thousand copies, which testifies to the regard with which it is held. A companion for the young surgeon as well as for the man in training, it is practical and thoughtful, full of common sense while teaching surgical first principles. The good teacher must appear dogmatic; he often gives an air of infallibility, yet remains a student and is inwardly humble. Hamilton Bailey is of this type and his humility is still found in his charming testimony to his "Masters" whose portraits adorn a frontispiece. There has been no major change in this edition.

In the foreword there is one sentence that particularly catches the eye: "Notwithstanding its manifold tribulations, it is my belief that there is no career that brings greater satisfaction and more lasting interest than that which is reflected in the pages of this book." Which career: the specialist in "Emergency surgery"? We in orthopaedics would answer this exactly as we do in respect of a career in traumatology. In certain emergencies and in remote parts of the world, every surgeon, no matter what his special interest, should be capable of dealing with affairs outside that field, but under normal conditions the surgeon who is specially trained and skilled in dealing with visceral disease should be the one most capable of dealing with emergency problems in that field; and so with cranial, thoracic or skeletal emergencies. Hamilton Bailey's book is written from the point of view of the surgical teacher in a busy city general hospital. In all such there should be a twenty-four-hour service available in orthopaedics dealing at once with the injuries of the locomotor system, the emergencies of which cannot as here be regarded as more or less limited to open fractures. Numerous details are foreign to common practice in Great Britain, for instance the use of the Böhler distraction frame. Furthermore there is much that only by a very wide interpretation can be called emergency surgery, such as the treatment of chronic infection secondary to compound fractures, certain tendon operations including grafting, and operations for spina bifida in infancy. Under the surgery of the hand the descriptions are based upon sound principles although most surgeons would not agree with frequent changing of dressings: they would not agree that the inexperienced surgeon should think that the ban on the repair of tendons in Bunnell's "No-man's-land" can be "lifted" by any but the most experienced surgeons; for other people the correct emergency treatment is closure of the skin only. Who would agree (page 921) that, as an emergency procedure, a flexor digitorum profundus tendon divided just distal to the insertion of an intact sublimis should be sutured after excision of the sublimis? How many of us would allow our juniors to sacrifice the sublimis also in multiple tendon division at the wrist (page 923)? The illustration of Bunnell's "pull-out" suture (Fig. 1,273) is seriously at fault because the loosely tied pull-out wire as illustrated, coming out through the skin at two points, could not in fact pull out the active suture wire. Split-skin grafts are often needed at once where there is wide loss of skin. Nowhere are the methods adequately described; at the same time undue prominence is given to flap grafts of various types.

In the discussion of spinal injuries, a detailed description is given of laminectomy, but no details are given of the open reduction of fracture-dislocations, when indicated, although it is mentioned. Reference here to the work of Holdsworth and of Meurig Williams is suggested for future editions. Also mention might be made of the immediate treatment of acute spinal strain (whether or not due to protrusion of intervertebral disc substance), an event that can be catastrophic to the patient and needs skilful relief as an emergency. Some few paragraphs on the principles of the immediate treatment of the common closed injuries of bones and joints would not come amiss in a volume that clearly is meant as a "midnight companion," although one hopes that in Great Britain consultants in charge of fracture services are readily available at all times for the supervision of this work.

Modifications such as have been suggested might readily be made by the elimination of the irrelevant and the out of date, for instance an illustration on page 762 showing an unnecessary adventure in radiography of the hyperextended spine, with a radiographer getting the full exposure of the x-ray tube.

One is apologetic for making what seem to be carping criticisms of what is a monumental literary achievement.—Norman CAPENER.