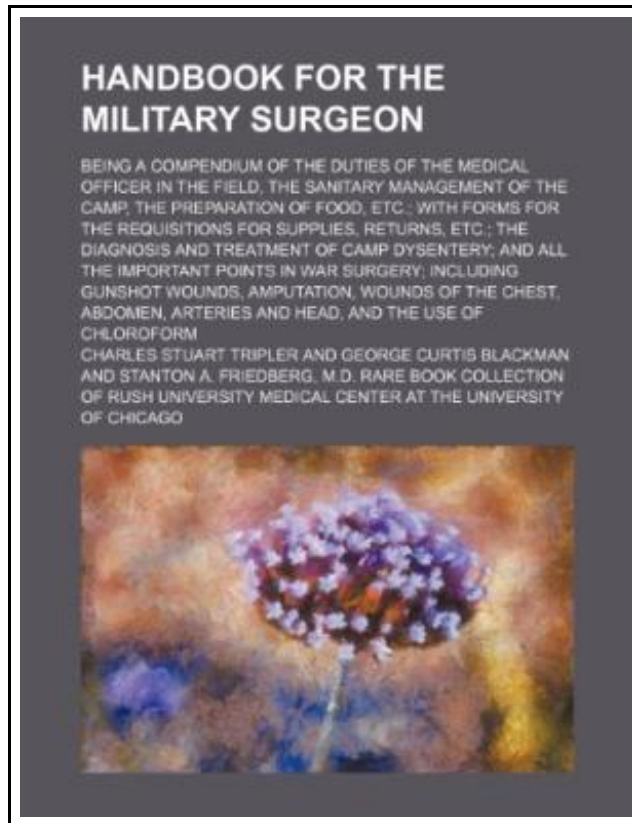


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RareBooksClub. Paperback. Book Condition: New. This item is printed on demand. Paperback. 50 pages. Dimensions: 9.7in. x 7.4in. x 0.1in. This historic book may have numerous typos and missing text. Purchasers can download a free scanned copy of the original book (without typos) from the publisher. Not indexed. Not illustrated. 1861 edition. Excerpt: . . . both bones of a limb are injured, amputation was, but excision is now the rule. Saurel reports two similar cases, ankylosis in both, with discharge of fragments. Query: Which is preferable: operation with fair chance of mobility, or no operation and certain ankylosis Amputation of the forearm is rarely required; as the fragments may be easily removed, and the arteries tied. In wounds of the hand, Guthrie says, we should saw through the metacarpal bones, and not open into the wrist, if possible to avoid it, though I acknowledge th is does well if we can make sufficient flap to cover it Stromeyer thinks that wounds of the wrist do not require amputation, unless there is extreme laceration. A case which occurred when the second row of carpus was traversed by a bullet, and yet recovery followed without the least interference with motion of the hand. When cases require active local depletion, use leeches or incisions to Relieve tension of fibrous coverings. Removal of fragments of the metacarpal bones in preference to exarticulation, would be now adopted, either as a primary or secondary operation. Amputation of a finger is attended with very little danger. Tetanus has sometimes, though rarely, followed. Stromeyer says there is not the least danger in primary operations, but after forty-eight hours, they may be followed by violent inflammation and obstinate suppuration, and not unfrequently by the stiffness of several fingers, or of the whole hand. We may say generally, that the...



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