PREFACE TO THE THIRD EDITION

IN this third edition I have persisted in my attempt to write a book on the conservative treatment of fractures which at one and the same time would be a vade-mecum for the junior man and an interesting treatise for the experienced surgeon. It might be considered that these two objectives are incompatible, and that it would have been better to have written a simple textbook for the junior and to have reserved my ponderings on the nature of fracture repair for a separate monograph. In the training of young surgeons I believe that the attempt to foster the habit of making clinical observations and questioning accepted beliefs ought to start from the earliest moment. There is still a great deal of fundamental information concerning the healing of fractures waiting to be deduced, by the process of logic and close reasoning, from clinical facts collected in the operating theatre and out-patient department.

There is a tendency to imagine that serious research nowadays can only come out of a laboratory, and that contributions from the pure act of thinking on clinical facts ended with the great clinicians of the past. The old clinicians had their faculties for observation by sight and touch heightened by the absence of X-rays and laboratory tests. But though the clinical acumen of the old observers was greater than ours, it was frequently offset by a strain of credulity, which is apparent in a different form among clinicians to-day. In the past the clinical philosopher was credulous because he was the victim of inherited beliefs, but to-day our credulity lies in the accuracy which we attribute to our special research tools, such as the electron microscope. We must not forget that sight and touch together make the greatest clinical faculty of all, namely, commonsense. As an instance of this I venture to suggest that the recent failure of 'bone glue' could have been predicted from the facts of blood-supply in the process of fracture repair and that this conclusion could have been reached by arguments from the depth of an armchair without ever resorting to trials on the human subject.

As in the second edition, the chapter on fractures of the shaft of the tibia, of any in this book, has given me the greatest difficulty in writing. There are many fractures of the tibia for which conservative treatment is not adequate by itself and redisplacement of the fragments takes place after what initially was a satisfactory reduction. For these I am now recommending that, in selected cases, conservative treatment should be reinforced by a Rush-type nail and I have attempted to explain my reasons for choosing this particular type of imperfect fixation.

JOHN CHARNLEY.

Manchester, 1961.