DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY. By Hamilton BAILEY, F.R.C.S. (Eng.), F.A.C.S., F.I.C.S., F.R.S.E., Surgeon, and Surgeon-in-charge of the Genito-urinary Department, Royal Northern Hospital, London; Senior Surgeon, St Vincent's Clinic and the Italian Hospital; Surgeon, Consolation Hospital, Lambeth; General Surgeon, Metropolitan Ear, Nose, and Throat Hospital, London. Eleventh edition. In four parts, Parts II, III and IV. $8\frac{1}{2} \times 5\frac{1}{2}$ in. Pp. 101-426, with 657 figures, many in colour. Index. 1948. Bristol: John Wright & Sons, Ltd. Price 8/6 each part. Paper cover.

In August 1948 we reviewed the first part of "Demonstrations of Physical Signs in Clinical Surgery" and now the remaining three parts have been published, of which the fourth is of most interest to orthopaedic surgeons in so far as it includes examination of the major joints, the peripheral nerves and the peripheral blood-vessels. The succinct text and the many telling illustrations are noteworthy. There is probably no surgeon who would fail to benefit from reading this work. For the postgraduate student this book is particularly helpful. He might perhaps find an easier discipline in a more systematic approach, particularly, for example, in the examination of joints. This is certainly true of the undergraduate, who would be sadly misled by such a statement as "mensuration is the first step in the examination" of the hip.

There are some shortcomings in the clinical pictures. In a description of sciatica, physical signs in the lumbar region are omitted altogether; in considering derangements of the knee joint a torn medial ligament is described as common, whereas a strain is not mentioned; calcaneal spur is regarded as a source of pain distinct from plantar fasciitis, and with a different site of tenderness; neurosis is implied to be the only cause of glove or stocking anaesthesia; and there are further examples. On the other hand, we welcome the common sense of such quotations as, "No orthopaedic surgeon draws Bryant's triangle. It suffices to kneel, facing the patient, and to put the thumbs on his anterior superior iliac spines, the middle fingers on the tips of the great trochanters and the ring and little fingers behind the great trochanters. Slight differences in the height of the trochanters are detected easily in this rapid way" (Alan Todd). We applaud the measurement of shortening by making the patient stand on wood blocks instead of making estimates with a tape-measure. The authors of signs and symptoms are quoted freely, and invariably their names are given in footnotes with an account of their principal appointments, together with the dates of birth and death of those no longer living. It would be even better if each name could be followed by a reference to the classical description of the eponymous observation.—H. JACKSON BURROWS.

PHYSICS AND THE SURGEON. By H. S. SOUTTAR, D.M., M.Ch. (Oxon.), F.R.C.S. (Eng.), Hon. M.D., Trinity College, Dublin; Hon. F.R.A.C.S. Consulting Surgeon, London Hospital. $8\frac{1}{2} \times 5\frac{1}{2}$ in. Pp. vii+60, with 41 figures. 1948. Oxford: Blackwell Scientific Publications, Ltd. Price 7/6. (This volume will be No. 48 of the American Lecture Series.)

This neat slim book is full of interest though its few pages cannot hope to cover a very wide field, especially when over half are devoted to atomic physics. The mechanical principles of perennial interest to orthopaedic surgeons are illustrated by a number of line drawings, several of which, however, are hardly worthy of the text. For instance, in one figure the terminal phalanx appears to fuse with the nail, while the portly outlines of an oarsman are unflattering to British sportsmen, and make one inclined to doubt the magnitude of the forces developed in rowing. Abduction of the arm is described as taking place entirely at the shoulder till the right angle is reached, whereas it is now generally recognised that there is a gradual transition to scapulo-thoracic movement almost throughout this range. The account of atomic physics is clear and fascinating.—K. I. NISSEN.

ANATOMY AND BALLET. By Celia Sparger, M.C.S.P., C.C.P.E., Consulting Physiotherapist to the Sadlers Wells School. Foreword by S. L. Higgs, F.R.C.S., Orthopaedic Surgeon, St. Bartholomew's Hospital. Introduction by Ninette de Valois, C.B.E. $9\frac{1}{4} \times 7\frac{1}{4}$ in. Pp. 77. with 43 figures. 1949. London: A. & C. Black, Ltd. Price 12/6.

This book on Anatomy is written for teachers of Ballet. The orthopaedic surgeon will be surprised to read that the function of the infrapatellar fat pads is to prevent friction between the patella and tibia. But he will find much to interest him in the radiographs of hip and ankle joints taken in various dancing positions, and in considering the relationship to ballet of hallux valgus, internal derangement of the knee-joint and postural deformities of the spine.—R. WATSON-JONES.