given of those conditions where open reduction or fixation of fractures may be required, without providing technical details which would be required by an expert only. The general practitioner, however, needs more than this. For example, even though he may not reduce a single fracture, it may be important for him to know the symptoms of avascular necrosis of the head after fractures of the femoral neck. No mention is made of this complication. Again, non-union of the ulnar styloid is common after Colles' fractures and often leads to persistent tenderness. The doctor who knows that this disability is nearly always temporary can reassure his patient. Except for these omissions the book is excellent, clearly expressed and very well produced with good line drawings and radiographs. It can be most strongly recommended as a shorter text-book for students.—V. H. ELLIS.

MAJOR ENDOCRINE DISORDERS. By S. Leonard SIMPSON, M.A., M.D., F.R.C.P., Physician, Willesden General Hospital, with charge of Diabetic and Endocrine clinics, Endocrinologist, Princess Louise Children's Unit of St Mary's Hospital, Consulting Physician and Endocrinologist, Soho and Samaritan Hospitals for Women, London. Second edition. 9×6 in. Pp. xxii+532, with 89 figures. Index. 1948. London: Oxford University Press. Price 42/—.

This, the second edition, has been brought up to date, much having been rewritten. It reflects very largely the considered opinions of the author, and so provides stimulating reading at the expense of balance in the attention given to various subjects. The reader will not, therefore, find it suitable as a reference for many endocrine conditions which are treated somewhat scantily, although there are many sections that he will find very profitable. This is by no means a reflection on the book, and in fact this is not intended to be a text-book or a complete book of reference. The discussion of conditions such as adipose gynandrisms, the recognition of which is largely due to the work of the author himself, is well done; but here again the discussion reflects very largely his own ideas, which are of interest to the specialist but may prove somewhat difficult for the student. The illustrations are good but still leave room for improvement and addition. These criticisms are minor ones in a book of great merit, which can be strongly recommended to anyone who has an interest in the subject of clinical endocrinology.—E. F. SCOWEN.

ARMY FOOT SURVEY. An Investigation of Foot Ailments in Canadian Soldiers. By Colonel R. I. HARRIS, M.C., R.C.A.M.C., and Major T. BEATH, R.C.A.M.C. 11×8 in. Volume I—Main Report. Pp. ii+143, with 36 figures. Volume II—Appendices, with 77 figures and many charts. 1947. Ottawa: National Research Council of Canada. Price \$1.00.

This survey is based on the examination of the feet of 3,619 recruits for the Canadian Armed Forces, both on enlistment and during their period of training. The examinations were carried out with great thoroughness, the clinical findings being correlated with radiological and footprint examinations. A standard radiological method was worked out which can be recommended for general adoption. The footprints were obtained by a new and ingenious method, using a rubber mat marked with five ridges of differing heights, which gives a clear visualisation of the amount of pressure falling on any area. The facts were recorded on punched cards, so that a valuable mass of information is readily available for further study.

It is unfortunate but perhaps inevitable that in a study of this sort the presentation of the facts elicited can be influenced so much by the personal bias of the investigators. For example, they were very conscious of Morton's thesis on atavistic conditions of the first metatarsal segment, and by the presentation of their observations they convincingly disprove certain of his tenets concerning the effect on function of such structural variations. On the other hand, except for passing mention in the summary, they have ignored the functional effect of a relative elevation of the first metatarsal head either as a primary abnormality or in consequence of supination of the forefoot. They noted abnormal weight-bearing on the pad of the great toe, a frequently associated valgus deformity at the ankle and the associated hallux rigidus, but they did not correlate these observations, and attributed the hallux rigidus to the secondary contracture of the plantar fascia. Perhaps the functional significance of the syndrome could still be unravelled by further analysis of their records. They rightly lay great stress on the association between postural valgus at the subtalar joint and equinus at the ankle caused by short calf muscles. This they regard as a new observation, though its importance has long been recognised here. They consider the structural weakness of the subtalar joint to be the primary defect and dismiss the short calf muscles as a secondary phenomenon. This is the reverse of the usual view of cause and effect, so that further study is clearly needed on this problem.

The authors bring out once again, and rightly stress, the fact that shape is a poor criterion of function. They show that such conditions as so-called flat foot and hallux valgus are not in themselves a bar to good function, and that the functional efficiency of feet with these characteristics depends upon their cause and upon such associated conditions as stiffness of the joints concerned. It is a pity that as many as possible of those examined while in training could not have been assessed again later. It was recognised during the