Of the seventeen distinguished contributors to the work as a whole, twelve have written for this volume, but more than 40 per cent of it is from the terse pen of F. Campbell Golding, whose appointments at the Royal National Orthopaedic, Royal Cancer and Middlesex Hospitals have given him an unrivalled experience in this branch of diagnostic radiology. Every chapter achieves a high standard but, as might be expected in so large a field, the treatment of some subjects is rather sketchy; for instance, such important and not excessively rare conditions as eosinophilic granuloma, benign chondroblastoma and metaphyseal fibrous defect (non-osteogenic fibroma) are scarcely mentioned. Only here and there has personal experience or ascertained fact given way to popular fallacy—for instance that patella partita is usually bilateral, that the transradiant masses in fibrous dysplasia are commonly cystic, and so on. The importance of correlating radiology and pathology cannot be sufficiently stressed, and it is truly encouraging to find two chapters on "The General Pathology of Bone" by Professor S. L. Baker of Manchester. If these alone comprised the book, it would be worth buying by radiologist and orthopaedic surgeon alike. Messrs H. K. Lewis and their blockmakers are to be congratulated on the worthy presentation of this excellent text-book.—H. JACKSON BURROWS.

ARCHIVES OF THE MIDDLESEX HOSPITAL. Edited by Douglas McALPINE, F.R.C.P. Volume 1, Number 1. 10 × 7 in. Pp. iv + 77, with illustrations. Edinburgh: E. & S. Livingstone Ltd. Annual subscription £2, 2s., single number 12s. 6d.

The Middlesex Hospital can be congratulated on the quality both of the content and format of the first number of the new series of its Archives. The hospital has long been a famous centre of research in the field of malignant disease, largely owing to the generous endowment of its special Research Institutions; but, as Victor Bonney reminds us in a foreword, the first series of Archives published between 1902 and 1916 contained many outstanding contributions to clinical science. The present number contains one communication of special interest to orthopaedic surgeons—a study by Michael Kremer and Francis Page of the symptomatology and results of treatment of cervical intervertebral disc lesions. The records of eight cases are reproduced to illustrate the two main types of clinical picture that a disc protrusion may produce: 1) the neuralgic or radicular syndrome; and 2) the paraplegic syndrome, in cases of central prolapse. The authors regard the radiographic changes as most helpful in differential diagnosis, which they admit at times may be difficult. Six of the cases were treated successfully by conservative methods—a combination of rest, head-traction and the wearing of a supporting collar for a time. This régime is recommended for all cases in the early stages, and they consider that it is likely to be completely effective in relieving the symptoms in the radicular type of case. In two cases with persistent cord-compression signs due to a central prolapse a laminectomy was carried out after a period of conservative treatment, but the writers stress the importance of restraint in the scope of any such form of operative intervention owing to the risk of adding to the cord damage.—Harry PLATT.