sequestration. He is satisfied that, although the use of the modern antibiotics has revolutionised the outlook in acute osteomyelitis, there is still a place for drainage in certain circumstances. An unusual amount of space is devoted to osteomyelitis of the spine and bony pelvis, which have been the subject of special studies in the Steindler clinics. The account of these and other uncommon types of osteomyelitis will be invaluable for reference purposes.—Harry PLATT.

CAUSALGIA. By Frank H. MAYFIELD, M.D. Assistant Professor of Clinical Study, College of Medicine, University of Cincinnati. $8\frac{1}{2} \times 5\frac{1}{2}$ in. Pp. 65, with 12 figures. Index. 1951. Springfield, Illinois: Charles C. Thomas, Publisher. Oxford: Blackwell Scientific Publications. Price 16s. 6d.

This slender monograph is one of the series of American Lectures in Neurosurgery which is being issued under the general editorship of Drs de Bakey, Spurling and Barnes Woodhall. It reports the author's experience with 105 cases of causalgia arising entirely during his service in the American Armed Forces. Most he has already published elsewhere. The monograph gives an excellent, succinct account of our present knowledge of causalgia and of its treatment. In Mayfield's series the nerve injury was incomplete in every case and he does not attempt to discuss the difficult problem posed by the occasional incidence of causalgia after complete nerve section. He also tells us nothing about the equally difficult problems of "cold pain" in injuries to fingers. Despite all the many theories of the cause of this syndrome Mayfield has to admit the possibility that afferent pain impulses are transmitted by the sympathetic, a phenomenon which is, after all, quite well recognised for visceral pain. The book contains very good diagrams of the posterior operation for sympathetic denervation of the upper limb and of lumbar sympathectomy as it is usually performed. There is one peculiar spelling mistake on page 5, and the name "Sudeck" receives an unusual spelling. Otherwise there are no faults to find.—D. LI. GRIFFITHS.

LA SPONDYLARTHRITE ANKYLOSANTE. By J. FORESTIER, F. JACQUELINE and J. ROTES-QUEROL. $10 \times 6\frac{1}{2}$ in. Pp. 312, with 143 figures. Index. 1951. Paris: Masson & Cie. Price not quoted.

This monograph should be studied by every physician, radiologist and surgeon particularly concerned with the care of patients suffering from ankylosing spondylitis. Three experienced physicians review over 400 personal cases observed through long periods, a number for more than twenty years. Not only are the etiology and clinical course of the disease described; but also the symptoms, the physical signs, the radiographic appearances, and the pathology as related to each joint are elaborated in expansive detail. One feature only will surprise British readers and that is the small emphasis placed on radiotherapy, perhaps because of the low dosage employed which may well have given the authors an unduly pessimistic view of prognosis. The book is liberally illustrated with reproductions of radiographs of outstanding quality which are a credit to both the authors and the publishers.—Philip WILES.

THE IMPORTANCE OF RICKETS IN CHILDHOOD AS A CAUSE OF SCOLIOSIS IN ADULT AGE. By Malte BRUNK. 9×6 in. Pp. 114, with 3 figures and 26 tables. Acta Orthopaedica Scandinavica Supplementum No. 9. 1951. Copenhagen: Ejnar Munksgaard. Price Dan. kr.10.

This monograph represents a very determined attempt to assess the importance of rickets in the etiology of scoliosis. That this particular problem presents many difficulties is obvious—otherwise it would have been solved long ago. The two main difficulties that confronted the author were the scarcity of untreated rickets and the impossibility of being certain that none of those in the control series had suffered from some degree of rickets. The general thesis is very well developed, beginning with an extensive review of the literature of the etiology of scoliosis. One hundred and forty-five subjects of rickets were available for analysis. The control series seems to have been rather highly selected (consisting of girls from a physical training school, army recruits, and a small number of hospital servants). It is disappointing—but, with all the difficulties, perhaps not altogether surprising—that the conclusions are indefinite and a little uncertain. "It is thus probably justified to conclude that rickets of such severity as to cause skeletal deformation may be a cause of scoliosis, and that such scoliosis is localised to the thoracic spine, probably to the middle and lower part."

Brunk has done a great deal of work on the problem. The disappointing character of his conclusions enhances the value of the work, because, with less care and less regard for statistical values, it would have been possible to present dogmatic statements which might have been quoted in many places and even have delayed progress toward an understanding of the etiology.—J. C. SCOTT.