The leg phantom usually conforms to the posture of a natural limb, but the arm phantom is more often away from the "natural" position. This is probably because the arm has a more highly specialised function than the leg, and may explain also why the phantom is more often identified with the artificial leg than with the artificial arm. Identification of the phantom with the artificial leg is used in walking—or the phantom may disappear when the limb is worn. The artificial arm, however good and well controlled, cannot approach in function the highly specialised and sensitive natural hand and fingers, so that the "phantom" does not help the use of the artificial arm in the same way.

The sensations after the loss of a limb bear many resemblances to those in peripheral nerve injuries: for instance pain is more common in high amputations, where division is nearer the parent neuron and more fibres are divided. Some of the referred sensations aroused by pressure on the neuroma, or by other stimuli applied to the stump, resemble sensations referred to a painful area after nerve injury. In amputees there are many complex and seemingly contradictory findings not entirely explained by the hyperexcitability of the central nervous system and the retention of a topical distribution of the sensations, nor by the attempt at adaptation by a central shift in functional organisation. Whatever the true explanation of the varied and often unpleasant experiences of some amputees, there seems little doubt that the psychological make-up of the patient affects their interpretation and accounts for the failure of many recognised methods of treatment to achieve lasting improvement in some individuals.

The author is to be congratulated on his painstaking investigation of only a comparatively small number of cases. The translation has made the earlier parts of the book a little difficult to read; but the discussion of the findings, the summary and the conclusions are logically set out and easily understood.—T. RITCHIE.

CHIRURGIE RÉPARATRICE ET FONCTIONNELLE DES TENDONS DE LA MAIN. By Claude VERDAN. Privat-docent de chirurgie à la Faculté de Médecine; Chef de la Policlinique Chirurgicale Universitaire Lausanne. Preface by Professor Pierre Decker. $9\frac{1}{2} \times 6\frac{1}{2}$. Pp. 243, with 108 figures. 1951. Index. Paris: Expansion Scientifique Française. Price £2, 4s.

This monograph reads like a Swiss Guide Book. The illustrations are not quite up to the standard of the holiday brochures but its layout is pleasing and sections are easily found. It contains little that is new. It deals largely with observations about injury and the technique of repair. This monograph is probably unique in that in a reasonable compass it states the essentials that are basic to the repair of injured tendons of the hand. It summarises the numerous papers that have appeared recently on this subject and abstracts information from the classical text-book. It is well worth study and is likely to be of use to the surgeon who may be called upon to deal with casual hand injury.—Ronald FURLONG.

DIE ENTWICKLUNGSSTÖRUNGEN DER EXTREMITATEN (6th part of Volume IX in the "Handbuch der speziellen pathologischen Anatomie und Histologie"). By A. WERTHEMANN, O. Professor der pathologie in Basel; Direktor des Pathologischen Institutes der Universität. 10×7 in. Pp. viii+424, with 270 figures. Index. 1952. Berlin, Göttingen and Heidelberg: Springer-Verlag. Price DM. 103.60.

The entire "Henke-Lubarsch" "Handbook of Special Pathological Anatomy and Histology" (now edited by Robert Rossle of Berlin) makes a formidable row of volumes. Both in its content and in its presentation it sets the highest standards of descriptive pathological anatomy, and it has been for many years an authoritative work of reference. The present volume, by Professor Werthemann of the University Institute of Pathology at Basle, dealing with "Malformations of the Extremities," is the most recent addition to the series of volumes dealing with the locomotor system.

The types of malformation discussed are nearly all congenital, and the book does not include accounts of any generalised skeletal diseases which may involve the limbs, even when, as in the case of some chondrodystrophies and of osteogenesis imperfecta, these are thought to be related to "developmental" processes. The remaining field of malformations, however, is thoroughly and systematically covered. In contrast with other volumes of the series there is little actual pathological material illustrated, the ease of radiological study and the infrequent opportunities for the collection