PATHOLOGY OF TUMOURS. By R. A. WILLIS, D.Sc., M.D., F.R.C.P., Professor of Pathology, University of Leeds. Second edition. 10×7 in. Pp. xiv+997, with 500 figures and 54 pages of index. 1953. London: Butterworth & Co. (Publishers) Ltd. Price 84s.

In the five years since its first edition this work has become increasingly popular, and has largely replaced the classical tumour encyclopaedia of Ewing in the hands of British readers. The great advantage of Willis's book is that it is interesting and critical. The second edition

FIG. 328

Chondrosarcoma of upper half of humerus in a man of 41 years. At first diagnosed as a benign chondroma, the tumour recurred and metastasized to the lungs. ($\times 60$.)

FIG. 333

From a lymph-nodal metastasis of osteosarcoma of humerus in a dog. ($\times 40$.)

shows very little alteration from the first, and in general Dr Dorothy Russell's review (*Journal of Bone and Joint Surgery*, **30-B**, 576) applies as much to it as to the first.

The special interests of the orthopaedic surgeon are well dealt with in this book, and attention may properly be drawn to them in a review of the second edition. Willis's views on bone tumours are well known to most of us, largely because of his refusal to accept indefensible concepts such

as those of the uni-centric origin of tumours and for his scientific analysis of the general principles of tumour pathology; and, though not all orthopaedic surgeons will agree, his refusal to accept "Ewing's Tumour" as a true bill is receiving wider and wider acceptance among us. Adamantinoma of the tibia must now go the way of other outworn ideas, and one is delighted to see him use the term "osteosarcoma" instead of the almost meaningless "osteogenic sarcoma" (but are the sarcomas of Paget's disease ever "osteogenic"?). One is a little disappointed however that Willis still accepts the existence of "solitary" plasmacytoma, and few of us will agree that there is a "great increase" in the serum alkaline phosphatase in patients with sarcoma of bone.

When he deals incidentally with other aspects of pathology Willis will have fewer allies amongst us. He will get little agreement with his views of the nature of the osteoclast and of its ready convertibility into an osteoblast, nor will such statements as "bone is reconvertible into connective tissue" get very much approval, but a text-book on tumours which states that "far too great a reliance has been placed on radiographic appearances in the diagnosis of tumours of bone" must command respect among anyone who has had to handle the practical problems concerned with these diseases.

This is a fine book, and a real aid in the diagnosis of difficult tumours. It has all the advantages of the one-man text-book, and I thoroughly enjoyed reading the new edition, although new features are few.—D. I.L. GRIFFITHS.

LA "SINDROME DA SCHIACCIAMENTO." By C. A. MONTAGNANI. $9\frac{1}{2} \times 7$ in. Pp. 80, with 24 figures. 1953. Pisa: "Omnia Medica." Omnia Therapeutica, Supplemento IV. Price L.800.

This is a good contribution to the literature of post-traumatic anuria; the continental works dealing with this subject have been less extensive than those from the Anglo-Saxon countries. The work begins by an historical review of the early publications, particularly those by von Colmer, head of the German medical group who reached Messina two weeks after the earthquakes of 1909, and of D'Antona and of Salomoni, who treated large numbers of those victims from the early stages. Neither of these publications seems to contain any reference to delayed kidney failure after persistent crushing under debris; it has been commonly believed that they were the first publications to deal with this subject. The main features of the syndrome are well described and due attention is paid by the author to the more relevant theories on the cause and nature of the disorder. He gives special attention to the hypothesis that attributes the renal lesions to the elimination of muscle or blood pigments by the kidney, and he also comments on the evidence supporting the ischaemic nature of the kidney failure. In an attempt to throw light on the, as yet, not well understood problem of traumatic anuria, a series of well planned experiments were performed in dogs, causing muscle ischaemia for several hours by the use of a tourniquet. Substantial increase in myoglobin was detected but no case of kidney failure was observed among the dogs. In all of them a marked contrast was noted between the pale cortex and dark medulla, and ischaemia of cortical glomeruli was observed. Some hyperaemia of the juxta-medullary glomeruli was also apparent and the vessels of the medulla were found to be extremely hyperaemic. The author concludes that in the dog the presence of blood or muscle pigments in the kidney cannot have a direct pathological significance. He concludes that the kidney has a peculiar way of reacting to insults of the most diverse nature. His findings are confirmative of many others in different animal species and even in man. A good bibliography ends this well balanced study of a functional disorder that has a great surgical interest.—J. TRUETA.

RARE MANIFESTATIONS OF METABOLIC BONE DISEASE. By I. SNAPPER, M.D., Ph.D., Physician and Director of Medical Education, Mt. Sinai Hospital, and Clinical Professor of Medicine, Columbia University College of Physicians and Surgeons, New York City. $8\frac{1}{2} \times 5\frac{1}{2}$ in. Pp. v+96, with 18 figures and 11 tables. 1952. Springfield, Illinois: Charles C. Thomas, Publisher; Oxford: Blackwell Scientific Publications. Price 21s. 6d.

In this, the Annual Beaumont lecture of 1950, skeletal affections in metabolic diseases are discussed with emphasis on some uncommon syndromes in which the bone changes are overshadowed by the metabolic. Instances are given in cases of parathyroid adenoma, namely: postnephrectomy uraemia secondary to nephrocalcinosis; death from uraemia secondary to nephrocalcinosis, in spite of successful operation on the adenoma fifteen years before; and simulation of diabetes