injuries and in six instances arthrodesis of the shoulder was carried out as well. The results were good or excellent in five of the seven.

This publication is useful because it proclaims an operation that should be more widely known. It is one of the most successful of all muscle transplants and a really valuable addition to the repertory of orthopaedic operations. Its inception is due to the inventive genius of Mr Clark, and if eponymy is to remain of value, his name should appear alone in the credit title. I am sure that Mr Seddon, who was one of the earliest to appreciate the value of the operation, and who has practised it so often and so successfully, would be the first to agree.—Philip WILES.

INTRODUCTION A LA PRATIQUE CHIRURGICALE DE LA HANCHE. By Jean CHEYNEL. 9½ × 6 in. Pp. 104, with 27 figures. 1954. Paris: G. Doin & Cie. Price 975 fr.

This monograph is one of a type rarely published in England. It consists largely of a summary of various aspects of the pathology and modern surgery of the hip joint. The author has carried out some personal work on the blood supply of the head and neck of the femur and of the round ligament. In this chapter he repeatedly makes gracious acknowledgment of the work of Harrison and Trueta; indeed he warmly refers to the latter as "le Maître d'Oxford." The author has also worked on the comparative anatomy of the hip joints of newly born children in the School of Medicine at Dakar, where congenital dislocation of the hip is rarely found in the indigenous population. From examination of twenty-five post-mortem specimens he concludes that at birth the African femoral neck has much less anteversion and the acetabulum a greater depth than is found in European infants. This is a different point of view from the opinion frequently heard in South Africa that congenital subluxation in the hip in the Bantu is given correct abduction treatment from soon after birth by reason of the way the infants are carried on their mothers' backs. These matters are not discussed at great length, and anybody who has retained a schoolboy knowledge of the language can easily follow the simple arguments and diagrams.—K. I. NISSEN.

BASIC ANATOMY. By G. A. G. MITCHELL, *O.B.E., T.D.*, M.B., Ch.M., D.Sc., Professor of Anatomy and Director of the Anatomical Laboratories in the University of Manchester, and E. L. PATTERSON, M.D., B.Sc., Senior Lecturer in Anatomy in the University of Manchester. 10 × 7 in. Pp. viii + 438, with 286 figures, some in colour. Glossary and Index. 1954. Edinburgh and London: E. & S. Livingstone Ltd. Price 45s.

This is an excellent book for undergraduates and others. It is not a book of detailed anatomy and yet is more than a bird's eye view. In their preface the authors state that their chief aims are: *a*) to present basic information about human anatomy, and to synthesise facts from various subjects into a story that may serve as a bridge between biology, anatomy, physiology and clinical subjects; *b*) to attempt to explain briefly how man has evolved and developed, how his various cells and tissues are arranged, and *c*) to provide an epitome of the main facts about the various bodily systems. In these and other aims they have been singularly successful and have produced a book which is informative, thought provoking, and eminently readable. A glossary is provided for those whose classical vocabulary is hazy. The illustrations—line, microscopic and photographic—have been well chosen and clearly produced. Altogether it is, within its field, a book to be commended confidently.—Robert I. STIRLING.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY. By Hamilton BAILEY, F.R.C.S., F.A.C.S., F.R.S.E., Emeritus Surgeon, Royal Northern Hospital, London. Assisted by Allan CLAIN, M.B., F.R.C.S., Senior Surgical Registrar, Royal Cancer Hospital, London. Twelfth edition. 9 × 6 × in. Pp. xii + 456, with 681 figures, many in colour. Index. 1954. Bristol: John Wright & Sons Ltd. Price 38s. 6d.

Although Allan Clain has assisted in the preparation of this edition he has not been allowed to alter much. This is right and proper, for otherwise the book would lose its character. Nostalgia forbids that any one of its well known pictures should be omitted; yet so great a number gives ample opportunity for carping criticisms. For example, we suggest omitting Figures 315 and 681: Figure 315 because tapping the middle metacarpal for a fracture of the scaphoid is not a method of diagnosis to instil into a student; and Figure 681 because, on account of its rarity, a student would be better not to know of the existence of a psoas bursa. For over twenty-five years every student on entering the clinical period has bought a stethoscope and a "Hamilton Bailey." Who would like to decide which is the more essential?—George PERKINS.