in the United Kingdom for the rehabilitation and resettlement of the disabled " is available in one volume. This book is a mine of information and will prove a valuable source of reference for all doctors.

When the pages are turned over it might appear that this problem has virtually been solved, but rehabilitation depends for its success upon the full co-operation of doctors, employers, rehabilitation centres, disablement resettlement officers (D.R.O.s) and many others. With this complicated machinery there is the constant danger that the patient may lose his way in the maze of multiple responsibility for his future resettlement. To whom should he turn for advice? The D.R.O., the Almoner, his general practitioner, or his surgeon? To counteract this difficulty it is essential that the services in any one hospital should be integrated, and the establishment of resettlement clinics has proved very helpful. The responsibilities of the hospital should not cease once the patient has been referred to the appropriate D.R.O. A regular system of follow-up after resettlement is just as important as its medical counterpart. In many instances the D.R.O. has not the time or the appropriate facilities to seek out work for the many patients referred to him. For this reason there is much to be said for the advent of the Hospital Resettlement Officer who can maintain a liaison between the hospital, the patient and the employer. More than ever nowadays it becomes apparent that personal contact is of the greatest value: this sort of work cannot be carried out adequately from an office.

The special problem of the young chronic sick has yet to be resolved. This particularly applies to those severely paralysed by poliomyelitis, often dependent upon a respirator for the rest of their lives. These patients frequently come from homes to which they can never return, either because accommodation is unsuitable, or because there is no one capable of looking after them. They are not sufficiently fit to qualify for a residential rehabilitation centre; and they therefore linger on in orthopaedic hospitals, blocking beds that could be more suitably employed. Tucking them away in institutions is not the answer to this problem. Rehabilitation in its fullest sense must mean the preservation of the family circle, if at all possible. It may well be that a foundation on the lines of the Papworth Village Settlement will prove to be the solution.—DONAL M. BROOKS.

COMMENT TRAITER LES VARICES ET LEURS COMPLICATIONS. By Raoul TUBIANA, Chirurgien de l'Hôpital Américain de Paris, Ancien Chef de Clinique à la Faculté de Médecine. 8¼ × 6 in. Pp. 160, with 5 figures. 1955. Paris: Editions Médicales Flammarion. Price 550 fr.

The author begins by telling us that in the United States it is estimated that there are one and three-quarter million people with varicose veins and it is not difficult to believe that the proportion of Western Europeans so afflicted is equally high. No surgeon can ignore this miserable complaint and all the ills resulting from it. This book, written by a most able orthopaedic surgeon, who is becoming well known in this country, is one of a series of therapeutic handbooks which manage to combine sound advice with quite astonishing brevity. Tubiana knows his subject and writes about it with the easy grace of an authority. Although it is a popular rather than an academic work—with plenty of italics to emphasise important points—it is a thoroughly serious production and will be warmly welcomed by those interested in the treatment of varicose veins.—H. J. SEDDON.