ROENTGEN INTERPRETATION OF FRACTURES AND DISLOCATIONS. By Joseph LEVITIN, M.D., Chief, Department of Radiology, Mount Zion Hospital, San Francisco, California; and Ben COLLOFF, M.D., Associate Chief, Department of Orthopaedic Surgery, Mount Zion Hospital, San Francisco, California. $9\frac{1}{4} \times 6\frac{1}{4}$ in. Pp. xiv+265, with 258 figures. Index. 1956. Springfield, Illinois: Charles C. Thomas, Publisher. Oxford: Blackwell Scientific Publications. Price 55s. 6d.

This book is described as an aid to the roentgenologist and to those general practitioners who treat fractures and dislocations. As such it is unlikely to have much demand in this country, particularly among orthopaedic surgeons, who are accustomed to interpret their own radiographs. Few surgeons here would agree with the observation on page 179 that "No other procedure in orthopaedic surgery requires as close supervision and co-operation between the surgeon and the roentgenologist as does reduction and pinning of hip fractures."

For a book confined to radiographic interpretation there is a remarkable sparsity of radiographs. Those that are included illustrate only the various appliances used in the treatment of fractures of the neck of the femur, and the quality of some of these reproductions is very poor. The text is otherwise widely illustrated by line drawings. These show the common varieties of fractures very clearly. Particularly to be commended are the descriptions of the various types of Pott's fracture, which could prove useful for student teaching. It is a pity that, as radiologists, the authors did not include the interpretation of some of the more difficult fractures: for instance, there is no mention at all of facio-maxillary or skull injuries—the very type of fracture where the co-operation of surgeon and radiologist is often most needed.—J. N. WILSON.

THE CERVICAL SYNDROME. By Ruth JACKSON, M.D., F.A.C.S., Clinical Assistant Professor of Orthopaedic Surgery, Southwestern Medical School of the University of Texas, Dallas. $8\frac{1}{2} \times 5\frac{1}{2}$ in. Pp. viii+130, with 50 figures. Index. 1956. Springfield, Illinois: Charles C. Thomas, Publisher. Oxford: Blackwell Scientific Publications. Price 34s.

This monograph, one of a series in orthopaedics, is concerned with the "cervical syndrome," a term used by the author to embrace a variety of orthopaedic conditions such as the cervical disc syndrome, frozen shoulder, calcareous deposit in the shoulder cuff, epicondylitis, and fibrotic changes in the palmar fascia. Dr Jackson evidently believes, if the reviewer understands her correctly, that these lesions are caused by irritation or compression of the cervical nerve roots in or about the intervertebral foramina. In some of her patients she has demonstrated a narrow space in association with calcareous deposits in the shoulder cuff (Fig. 43), and on this slender evidence argues that there is a relationship between the two. The author is on safer ground when she states that the common cause of root irritation is a spur formation at the lateral intervertebral joints, and not, as commonly supposed, a disc protrusion. Narrowing of the intervertebral foramina by spur formation is best demonstrated by oblique radiographs of the cervical spine. The treatment by traction, physiotherapy and correction of bad posture is fully discussed, and the importance stressed of using a pillow of the correct height and shape whilst sleeping. The monograph is well produced and illustrated, and is of a convenient size.—Roland BARNES.

SIR WILLIAM ARBUTHNOT LANE, BT., an enquiry into the mind and influence of a surgeon. By T. B. LAYTON, D.S.O., M.S., F.R.C.S., Consulting Surgeon Emeritus (Ear and Throat), Guy's Hospital, London. $9 \times 6\frac{1}{4}$ in. Pp. viii+128, with 9 figures. Index. 1956. Edinburgh and London: E. & S. Livingstone Ltd. Price 21s.

Arbuthnot Lane was one of the most controversial figures of the early part of this century but it must come as a shock to many to read that "Lane initiated nothing. In all that he did he adopted, adapted and extended the work of others." There are two exceptions: his plates used for internal fixation and the "no touch" technique to which his name is still attached. His reputation rests on his work as a pioneer in traumatic surgery, where his skill enabled him to perfect the technique of open reduction and the rigid asepsis made the use of foreign material safe. At this length of time it is difficult to appreciate the resistance of some of his contemporaries to ideas which we have accepted, and in estimating his achievements in asepsis we are apt to forget, for example, that rubber gloves were not available when he started his work.