The reduction and fixation of fractures of the long bones is recommended by the following method. Reduction is achieved by skeletal traction. Stability and close approximation of the fracture surfaces are achieved by the application of a modified Thomas's wrench, rotated so as to force the fracture surfaces together. Through an incision in the soft tissues and with the assistance of a hand-held pistol guide and a hand drill, a thick Kirschner wire is introduced at right angles to the fracture surfaces to transfix the fracture. Firm fixation of the fracture is claimed by this method, though an external plaster incorporating the wire is necessary in most cases. The method is thus a technical elaboration of methods used before—screwed pins, beaded wires or double pins. The physical characteristics of the fracture and the forces employed are analysed in detail and clearly illustrated. The chief disadvantage of the method is the need for constant radiographic screening in the theatre. The risks of exposure to the hands has deterred most surgeons from the regular use of screening methods and to this is now added the possible development of leukaemia. The method is not applicable in comminuted fractures. The disadvantage of crossed wires which tend to separate the two bone ends and thus produce non-union is emphasised. Convincing evidence of ability to achieve and retain suitable fractures in anatomical positions is given by a series of case reports, 416 treated cases being analysed. Most surgeons will, however, prefer the use of skeletal traction without transfixation of the fracture when there is only slight displacement, and the open introduction of fixation in the more difficult cases.

The book is beautifully produced and illustrated. A series of line drawings make every manoeuvre clear. The style is that of any standard German text-book and has been made familiar to most orthopaedic surgeons by the works of Böhler. For anyone interested in the mechanical aspects of fracture fixation, this book contains much useful advice; even though its precepts may not be fully accepted.—J. G. BONNIN.

THE TREATMENT OF FRACTURES. By Lorenz BÖHLER, M.D., Director of the Accident Hospital, Vienna; Professor of Accident Surgery, University of Vienna. Volume II. Translated from the thirteenth German edition by Otto RUSSE, M.D., and R. G. B. BJORNSON, M.D. 9½ × 7 ins. Pp. viii + 436, with 941 figures. Index. 1957. New York and London: Grune & Stratton. Price £6, 3s.

In reviewing the first volume of this new edition of Böhler's "Fractures" (this Journal, vol. 39-B, page 176) I fell into error. I assumed that the second and third volumes would each equal the size of the first. I was wrong. The second volume has only 431 pages of text and five pages of index. At this rate the whole work may well be complete in 2,000 pages, only ten and a half times the size of the first edition. I anticipated a sixteen-fold increase; I spoke too soon.

Into these 431 pages the author has condensed, if "condensed" be the word, all that he has to say and most of what he has ever said about fractures of the femur and injuries of the hip. True, he saves a good deal of space by devoting only nine pages to the Küntscher nail in femoral fractures, the reader being referred to Böhler's earlier book on medullary nailing for the details of this technique. He makes no other concessions; certainly none to modernity. No well-tried methods are discarded. Any surviving devotees of the Whitman plaster will find here a seventeen-page account of its use, complete to the finest detail, including a list of 31 Questions We Should Ask Ourselves to Avoid Failures with this Method. These start with "Have I ordered all the (listed) material . . . , and have I checked it for completeness and quality?" Dislocated hips are still reduced under ethyl chloride anaesthesia, and a "thick rubber drainage tube" is put into infected hip joints after gunshot wounds.

Principles are vigorously emphasised. In case anyone missed them in Volume I, there are three more heavy-type announcements that the surgeon must aim at producing a little shortening in the treatment of shaft fractures.

The lists of mistakes to be avoided which were familiar to readers of earlier English editions are replaced by 23 lists of Questions We Should Ask Ourselves. Before contemplating the treatment of central dislocation of the hip we are reminded to Ask Ourselves "the same eight questions" as with any other type of dislocation, and four pages later we stop to Ask Ourselves another 23 specifically about central dislocation. They include "Have I avoided attempting manipulative reduction of pelvic fragments from within the rectum, as with Hegar's dilators?" After inserting a Smith-Petersen nail We Should Ask Ourselves 96 questions. The 96th is "Have I omitted removing the femoral head if reduction was possible with continuous traction?"

The account of fracture-dislocation of the hip is very good, and no one following this book could go wrong in the treatment of femoral shaft fractures by continuous traction. When one gets at the material one wants, it is usually excellent. One has to quarry rather a lot of rock to get at the diamonds, but it could have been worse. We might have had to Ask Ourselves if we had put the Smith-Petersen nail into the wrong patient.—D. LI. GRIFFITHS.