FRACTURES OF THE FACIAL SKELETON. By N. L. ROWE, F.D.S.R.C.S., L.R.C.P., M.R.C.S., H.D.D.R.C.S.; and H. C. KILLEY, F.D.S.R.C.S., L.R.C.P., M.R.C.S., H.D.D.R.C.S., Consultants in Oral Surgery, Plastic and Maxillo-facial Surgery Unit, Rookdown House, Basingstoke. With a foreword by Sir Reginald WATSON-JONES, and contributions from eight other authors. 10×7½ in. Pp. xxxvi+923, with 1,231 figures, 14 in full colour. Index. 1955. Edinburgh and London: E. & S. Livingstone Ltd. Price £6.

This is a book of reference on an essentially limited subject. The many excellent illustrations make the book vastly more interesting and instructive, but the cost might have been reduced by omitting some of the coloured illustrations where colour seems unnecessary and reproduction in black and white, and in larger size, would have offered advantages.

The book opens with a most informative review and analysis of 500 consecutive cases of facial bone fracture. After this come three main sections. The first two deal respectively with the mandible and the maxillae and associated parts; the third covers gunshot wounds and an assortment of other subjects, and for this the authors have enlisted the services of well known members of their team. Patrick Clarkson writes with the authority of an experienced campaigner on gunshot wounds of the face while F. A. Walker supports him on the dental side of the treatment of these alarming injuries. Particularly praiseworthy are the drawings illustrating the subsection "The preservation of life." Sir Harold Gillies contributes an excellent chapter on residual traumatic deformities, their diagnosis and treatment. G. E. Ennis and D. T. Gilchrist discuss in an admirably concise chapter of eight pages the anaesthetic difficulties peculiar to maxillo-facial injuries; C. R. McCash accepts responsibility for injuries of the scalp and the repair of skull defects; and W. G. Holdsworth deals with facial lacerations. This third section contains first-class chapters on ophthalmic injuries, associated intracranial injuries, radiography, post-operative care, the use of metals in fracture fixation, the healing of fractures, and the behaviour of bone grafts, and finally a gem of a chapter on historical background which makes delightful reading. There will be some difference of opinion about leaving dural tears (as indicated by leakage of cerebrospinal fluid) untreated when spontaneous arrest of the leak has occurred, but opinion on this important subject seems to be veering towards a "let well alone" policy although Lewin is quoted as assessing the risk of subsequent intracranial infection in such circumstances at 25 per cent.

The importance of team work, and of collaboration with the ophthalmic and neurological surgeons when injuries involve their spheres of action, is rightly stressed, and it is good to see full credit given to the all-important work of the anaesthetist.

The quotations at the beginning of the chapters are most apt and are an added delight which must have involved the authors in considerable literary research. In a book of this size which includes chapters contributed by several authors, there is always a danger of overlapping and redundancy, but the authors have avoided this. Clearly an enormous amount of work has been expended to make the book as perfect as possible.—T. Pomfret KILNER.

DIE HÜFTNAHEN FEMUROSTEOTOMIEN. Unter Berücksichtigung der Form, Funktion und Beanspruchung des Hüftgelenkes. By Maurice Edmond MÜLLER. 11¼×8¼ in. Pp. xii+184, with 282 figures. Index. 1957. Stuttgart: Georg Thieme Verlag. Price DM 49.50.

This volume is beautifully produced in line with the other volumes of *Fortschritte auf dem Gebiete der Röntgenstrahlen und der Nuklearmedizin*, although it does not form one of the series. It presents with characteristic thoroughness the mechanical considerations governing osteotomies and the results of 297 osteotomies.

The volume is divided into two sections. The first section deals largely with the radiographic measurement of the angles of distortion of the femoral neck. This is comparatively straightforward in the antero-posterior views but more complicated in abnormal anteversion or retroversion. Dr Müller suggests that this angle is best measured with the hips flexed at right angles and the thighs abducted by 20 degrees. He has designed a simple appliance for maintaining the legs in this position. The measurement of the angle of distortion is facilitated by an "ischimeter." This is nothing more than a double protractor which can be placed on the top of the films. Translation of the measurement to the case at operation is made by means of a double protractor with scales at right angles to each other and each carrying a guide through which a Steinmann's pin is introduced into the femur above and below the osteotomy site. After osteotomy the pins are locked in position by special clamps and incorporated in the plaster. This method of control, without the ancillary instruments or with modified appliances, has been practised by many surgeons and is a valuable and accepted aid to osteotomy.