THE TREATMENT OF FRACTURES. By Lorenz BÖHLER, M.D., Director of the Accident Hospital, Vienna; Professor of Accident Surgery, University of Vienna. Volume III. Translated from the thirteenth German edition by Alfred WALLNER, M.D., and Otto RUSSE, M.D. 9½ × 7 in. Pp. xii+803, with 932 figures. Index. 1958. New York and London: Grune & Stratton. Price £7, 7s.

This third volume has 803 pages of text. It deals with injuries of the knee joint and with all fractures, dislocations and sprains distal to the knee. It also includes several digressions, such as five pages on Painful Knees in Heavy Women and six on the position of the forefoot in flat foot, club foot and claw foot, illustrated by photographs taken in 1921. The last 137 pages are given to an appendix in which the author discusses the social, economic and other effects of injuries, the organisation of fracture-clinics and accident hospitals, disability evaluation, research in accident hospitals and, very briefly, his hopes for the future. This appendix is important, for it records the enormous influence of the Vienna Accident Hospital and of Professor Böhler himself. It reminds us that this book is the product of a great school and of a man who has made a lasting impact upon the treatment of the injured.

In discussing the injuries themselves this volume, like the earlier ones, repeats the Böhler principles and details the Böhler techniques. Acute knee injuries, ankle injuries and fractures in the leg and foot are classified very practically. There is an interesting brief review of the history of operations upon the fractured patella, but it overlooks E. S. Cooper's success in wiring that fracture sixteen years before Lister published his case. It is interesting that Professor Böhler is still faithful to wire sutures in this fracture, though he has "abandoned early operation [in closed fractures of the patella] because some failures followed inadequate operations by inexperienced surgeons" (page 1,523), surely an odd reason. It is interesting and strange that Professor Böhler sees rupture of the patellar tendon only in males, and stranger that this injury should have so relatively high an incidence in Austria among innkeepers and clergymen. Ruptures of the medial [tibial collateral] ligament of the knee are treated conservatively unless "the joint space can be opened to more than 15 millimetres" or unless the injury is more than ten days old. On the lateral side more laxity, up to 25 millimetres, is permitted within the limits of conservative treatment. Hey Groves's operation is advised for old ruptures of the cruciate ligaments.

Excision of the whole of a semilunar cartilage is condemned, as this will "usually cause later arthrotic changes" (page 1,609), which are prevented by leaving the rim of the meniscus behind. Intramedullary nailing is no longer advocated for fractures of the shafts of the leg bones, but the variety of techniques described includes closed intramedullary wiring. The screw-tractor is still advocated, and fluoroscopy is still used (Fig. 2411).

No one can accuse the author of neglecting to attend to detail. Plaster particles which have fallen into a case applied in treating closed fractures of the tibia and fibula "may be removed with a swab stick or a forceps, but a vacuum cleaner will do this much more quickly and better" (page 1,727).

Professor Böhler has found little reason to abandon the methods of the past, and no reason to omit their description. The Phelps-Gocht osteoclast, the calcaneal compression clamp and the screw-tractor are still advocated in certain heel fractures, though continuous traction on the toes has been given up in treating metatarsal fractures. Much use is made of transfixion wires in fractures of the bones of the foot.

It is impossible to avoid further reference to the "Questions We Should Ask Ourselves." As in the second volume, lists of these follow the descriptions of each injury and sometimes of individual techniques. Excluding occasions on which we are told that the relevant questions correspond to those appropriate to some other but related injury, there are forty-one such lists. The longest contains ninety-three questions to be asked "in Order to Avoid Failures in Fresh Open Fractures of the Tibia and Fibula," but the eighty-seven questions necessary in connection with "Pronation-Abduction Fractures of the Malleoli" run it close. This surgical soul-searching includes, in the case of the fractured patella, "Have I amputated at the proper time if infection has spread beyond the joint and generalised sepsis developed?" Less pessimistic inquiries include, in the case of ankle fractures, "Have I asked the patient's name, age, occupation, body height and weight, and address?" Later, "Have I wrapped a paper bandage loosely over the cast so that the bed clothes are not stained by the ink?" On page 1,603 we are told that "diathermy, hot air and irradiation with lamps of different colours are time-filling but actually superfluous measures." Could not this admirable stricture have been applied equally to the writing of most of the "Questions We Must Ask Ourselves"?

There isn't much more to say. In reviewing the first two of these three volumes (*Journal of Bone and Joint Surgery*, 1957, 39-B, 176, 608) I recorded my sorrow that an excellent practical book had swollen into a three-volume tome in which real wisdom was all but smothered in padding. Who was it who said that "The fate of books depends upon the capacity of the reader"? It is sad that this edition should tax it so much.—D. LI. GRIFFITHS.