people who become infected with the tubercle bacillus do not develop tuberculosis. Dubos has pointed out that "infection is in many cases the normal state; it is only disease which is abnormal." Infection for most people is terminated when the bacilli are locked up in a caseous focus, and tuberculosis begins when this natural hard caseous focus softens. The role of psychological and endocrine disturbances, trauma and superimposed infection which bear on this aspect of pathogenesis is not considered.

Respiratory tuberculosis is dealt with very fully in two chapters, the second covering various forms of surgical treatment. Not all practitioners would agree with the dogmatic statements about the value of strict bed-rest, and the complications of immobilisation osteoporosis are not mentioned. Wilkinson's chapter on non-respiratory tuberculosis is a most admirable monograph in its own right.

It is encouraging to find so much space given to the consideration of tuberculosis in industry and rehabilitation, and orthopaedic surgeons may well find the chapter on rehabilitation the most valuable in the book.—C. H. LACK.

DIE HEUTIGE BEHANDLUNG DER SKELETT-TUBERKULOSE DES KINDES UND DES JUGENDLICHEN. By Georg GLOGOWSKI, Wissenschaftlicher Oberassistent an der Orthopädischen Klinik München. Foreword, Prof. Dr Max LANGE. $9\frac{1}{2} \times 6\frac{1}{2}$ in. Pp. 61, with 54 figures and 21 tables. 1957. Stuttgart: Georg Thieme Verlag. Price DM 12.

This treatise on the up-to-date treatment of skeletal tuberculosis in children and juveniles is based on the experience gained in the treatment of such cases at the Munich Orthopaedic Clinic during the last ten years, after the introduction of chemotherapy and antibiotics. Great satisfaction is expressed over the lowered mortality, the shortened duration of treatment necessary and the larger proportion of movable joints obtained compared to the former days. The value of intra-articular injection of antibiotics is mentioned, as is the use of early extensive biopsy under an adequate umbrella. The latency of definite radiographic diagnosis is stressed; it is stated to be one to five months in the spine. The evacuation of abscesses is advised; and, if they are in bone, their replacement by cancellous bone, after curetting, is practised. Many radiographs of excellent quality, depicting lesions before and after treatment, are well reproduced. The findings, methods and results are on the whole very like those of other centres.—Robert I. STIRLING.

DER HEUTIGE STAND DER LEHRE VOM SUDECK-SYNDROM. By Carl BLUMENSAAT, Chefarzt des Knappschafts-Krankenhauses Bottrop, Westf. $9\frac{1}{2} \times 6\frac{1}{2}$ in. Pp. viii + 225, with 25 figures. 1956. Berlin, Göttingen, Heidelberg: Springer-Verlag. Price DM 29.60.

This monograph on Sudeck's disease deals mainly with the German publications which have appeared since the original paper by Sudeck in 1900. Anyone who is interested in this peculiar syndrome will be very thankful to Blumensaat for his enormous labour in reviewing more than a thousand papers and so giving us a good survey of the present-day conception of etiology and pathogenesis of Sudeck's disease. But the reader must not expect this book to give him an answer to the question what Sudeck's disease really is. Despite the flood of publications there is no agreement on the definition of the syndrome and the different theories on pathogenesis are too often based upon mere suppositions and not facts. It is widely accepted that the frequency of Sudeck's syndrome after injuries is much higher on the European continent than in England or in the U.S.A., the reason for this difference being obscure. But it is amazing to hear that after World War II the frequency of Sudeck's disease after injuries has doubled in Germany and follows about 22 per cent of fractures in general. Of fractures of the leg not less than half the cases are said to be complicated by the syndrome. It is difficult to explain these alarming figures. Either something is wrong with the fracture treatment of the authors who published these figures or—what seems to be more reasonable—diagnosis of Sudeck's disease is made too readily and is confused with simple post-traumatic osteoporosis.

Analysing the pathogenesis of Sudeck's disease, most authors stress humoral and reflex vasomotor factors and an abnormal mode of reaction of the autonomic nervous system. Blumensaat and most German authors think that disuse does not play any role in pathogenesis of the osteoporosis observed in Sudeck's atrophy, a conception difficult to support by clinical and experimental facts.

The monograph, aiming at no more than a review of the literature, fulfils this purpose extremely well and demonstrates how little we know about Sudeck's disease, and how great a playground for undisciplined thinking this peculiar syndrome is. It is to be hoped that in a second edition of his monograph Blumensaat is not condemned to review another thousand papers.—Max GEISER.