inadequacy due to poliomyelitis, tetanus and narcotic poisoning is reviewed. Hypotensive anaesthesia is discussed in two papers—one presenting the advantages, the next the disadvantages.

Finally, in a short article on the investigations into death associated with anaesthesia, one thousand collected cases provide interesting and valuable data. It is notable that, of the deaths, 11 per cent were due to vomiting or regurgitation with inhalation of vomit. The contributions are anonymous and it is unfortunate that there is no indication of the status and experience of the anaesthetist.

This bulletin can be read with profit by anaesthetists, and two articles that would be of interest to the orthopaedic surgeon are "The Treatment of Respiratory Inadequacy" and "The Muscle Relaxants: Recent Developments."—G. K. T. ROCHE.

MODERN TRENDS IN ANAESTHESIA. Edited by Frankis T. EVANS, M.B., F.F.A.R.C.S., D.A., and T. Cecil GRAY, M.D., F.F.A.R.C.S., with 22 contributors. 10×7 in. Pp. ix+318, with 27 figures. Index. 1958. London: Butterworth and Co. (Publishers) Ltd. Price 67s. 6d.

It is refreshing to read a new book on anaesthesia which approaches the subject from a fresh angle. This is not so much a factual account of the latest work in various fields as a series of essays, dealing with the broad outline of theory and practice. These are written in a somewhat philosophical vein and indicate where possible the general lines on which future progress may be expected. Each chapter is followed by a comprehensive list of references.

Anaesthesia has made such strides in recent years that trainees tend to become absorbed in trying to assimilate vast numbers of seemingly unrelated facts and finish up in a muddle—they cannot see the wood for the trees. To such readers this book should be especially valuable as it should help to restore their perspective. It should be emphasised that this is not a text-book, nor is it light diet for beginners. A considerable amount of theoretical and practical knowledge is essential before it can be read with profit.

The primary task of the editors was the selection of an able team of contributors, and there is no doubt that this has been successfully accomplished. The writer of each chapter is an acknowledged expert on his subject and the choice has not been limited to British workers. Such renowned authorities as Dr J. J. Bonica of Washington, Dr A. B. Dobkin of Saskatoon, Dr E. M. Papper of New York and Dr Eric Nilsson of Lund have been included.

The orthopaedic surgeon will probably be most interested in the chapters on "The anaesthetist in the paediatric unit" by Dr Jackson Rees and "The pituitary-adrenal system and anaesthesia" by Dr E. F. Scowen. He will also note the account of the use of hypnosis in orthopaedic manipulations by Dr A. A. Mason. It seems rather a pity that the many problems connected with pulmonary and cardiac surgery as a whole are not discussed although Dr Cecil Gray deals excellently with hypothermia and Dr D. Melrose with cardio-respiratory pumps.

This book is emphatically one to read, mark, learn and inwardly digest.—C. Langton HEWER.

ATLAS OF ARTHROSCOPY. By Masaki WATANABE, Sakae TAKEDA and Hiroshi IKEUCHI, the Department of Orthopaedic Surgery, Tokyo Teishin (Postal Services Ministry) Hospital, Tokyo. 10½×7½ in. Pp. 53, with 68 figures, the majority in colour. 1957. Tokyo: Igakushoin. Price \$10.

An arthroscope was made in Japan as long ago as 1920 and modifications have been in more or less constant use in that country ever since. A considerable experience of arthroscopic appearances has therefore been accumulated and a fraction of it is presented here. The book takes the form of an atlas containing sixty-eight illustrations, all of the knee, beautifully reproduced from paintings. A brief history of each patient is given, but the descriptions and explanations of the illustrations are not sufficiently detailed to enable an inexperienced reader to appreciate them fully.

Endoscopy inevitably causes some damage to the synovial membrane and joint capsule; but, since no information is given about the subsequent reaction, it is impossible to judge the circumstances in which the obvious disadvantages, as compared with arthrotomy, are likely to be outweighed by the advantages. But whether or no endoscopy is desirable as a routine clinical procedure, it is certainly a wonderful tool for research because it enables the synovial membrane to be observed in fairly natural conditions; this should make it possible to solve several outstanding problems, for example the correlation between the pathological and the clinical features of the several forms of synovitis.

The authors state that they intend to present a more comprehensive atlas of endoscopic appearances when it is financially possible, and this is awaited with interest. It is hoped that they will then be able to make use of photographs instead of paintings, and include more descriptive material.—Philip WILES.