Particular praise should go to the chapters on parathyroid disorders. The account of ischaemia of bone is excellent. I suppose most of us will look most closely at the section on tumours. This is first rate. Of course, there is a new classification, for "the only perfect classification is that one constructed by its author." The term "osteogenic" has to be retained for a group of tumours, but your reviewer will not be alone in welcoming the dropping of the term "osteogenic sarcoma." Tumours, as these authors insist, must be classified according to their behaviour and not solely upon their morphology. "Any classification of a disease which is not concerned with the manner and extent to which the patient is affected is tedious pedantry," and so the term "osteosarcoma" is used to include some tumours of bone which differ from osteogenic sarcoma only in that the cells are not seen to produce osteoid. The concept of "osteoclastoma" as a disease-entity receives commendably short shrift, the authors stressing the near impossibility of distinguishing histologically such very different lesions as the giant-cell tumour and the "brown tumour" of hyperparathyroidism. "Ewing's tumour" is retained, to the regret of your reviewer, who must consider himself on the side of the "few distraught writers" who cannot distinguish this "tumour" from metastatic lesions or from reticulum-cell sarcoma.

There are minor defects which will certainly disappear in later editions. Many page references in the introductory section are inaccurate. Pott was not knighted, nor did he describe spinal tuberculosis. Tuberculosis sicca, if it exists at all, is sicca, not sica (dry, not a dagger). A few of the illustrations could be improved. One, purporting to show the deformity of osteomalacia, is surely a radiograph of an old idiopathic scoliosis with, perhaps, an added osteomalacia. The authors apologise for imperfect section-cutting in some of their histological illustrations. Of course, bone sections without folds in them are very difficult indeed to prepare. The format and the publication are admirable. I detected no more than three misprints (caption to Fig. 61; page 81, line 27; and page 293, line 16).

I thoroughly enjoyed reading this book. The style is straightforward and interesting; the presentation is clear and forceful. It is one of the most important books of recent years. If it does not become a classic, so much the worse for orthopaedic readers. I shall find it a constant source of reference and of pleasure. Its authors have every reason to be proud of their achievement.—D. LI. GRIFFITHS.

FRATTURE E LUSSAZIONI. By L. Gui, *Primario incaricato della Sezione di Ortopedia e Traumatologia dell'Ospedale Civile di Faenza; Aiuto Volontario dell'Istituto Ortopedico Toscano di Firenze.* 10 $\frac{3}{4}$ × 7 $\frac{3}{4}$ in. Vol. I—Pp. vii + 781, with 902 figures, many in colour. Index. Vol. II—Pp. vi + 1,110, with 1,316 figures, many in colour. Index. 1956 and 1957. Firenze: Edizioni Scientifiche Istituto Ortopedico Toscano. Price $\approx$ 78.00.

Here are two magnificent volumes, the best yet produced on the Continent, which owe a great deal to the inspiration of Watson-Jones and include several illustrations copied from him. If published in English they might well tear a leaf or two from the laurel crown so long worn by that author. In style they are a combination of Watson-Jones and Böhler—Watson-Jones in systematisation, well designed illustration and colour but not in literary merit—Böhler in thoroughness, sequential black and white illustration, and the appeal to the over-anxious of the Böhler questionnaire. This time it comes in the guise of a list of errors terminating the description of each fracture. They tend to be a little repetitive, and, seeing the excellent review of first principles in Volume I, it seems hardly necessary to include such errors as "not to examine the unfortunate victim completely," "to fail to institute immediate treatment for shock, haemorrhage and pain," and "not to apply a local and general antibiotic in a sufficient quantity."

Of the two volumes, the first is inevitably the more appealing to the reviewer and less so to the critic, because general principles admit little divergence of view. The volumes are beautifully set out with abundant illustrations, clear and to the point. Anaesthetics, plastic surgery, radiology, rehabilitation, plaster technique, instrumentation and traumatic aneurysms, are all included. Nothing escapes, from the mechanics of the fracture to those of artificial limbs. A few points strike one—bones (and large ones at that) are shown sutured on one side with catgut or kangaroo tendon for stabilisation. I am less worried about the fate of the kangaroos than the fate of the graft, for which this fixation would appear inadequate, and plaited stainless steel wire appears an adequate substitute. In the discussion of gas gangrene, the value of amputation through the joint to avoid wide exposure of muscle is not mentioned, nor is local removal of an affected muscle group in the early stages recommended. The dosage of penicillin advised is quite inadequate. While the advantages of the Küntscher nail as the most effective method of fixing the femur is recognised, the use of screws in spiral and oblique fractures of any kind is omitted.

In the second volume more controversial material appears. The systematic handling of each fracture under headings, while admirably clear, encourages repetition and spoils any flow of thought. The desire to achieve ordered completeness has perhaps overcome the author's judgment. It is impossible to discuss fractures of the skull in the detail attempted for other fractures without overloading the volume. Fractures of the thoracic spine are treated in plaster: no loophole is left for the active treatment of the minor case without it. Fractures of the transverse processes are described without reference to retroperitoneal haematomas; and the complications and treatment occupy three lines which, contrary to the general arrangement, are many pages farther on and extremely difficult to find because unrecorded in the index. Incidentally, a plaster cast for a month is recommended. In acromio-clavicular dislocation the ineffectiveness of acromio-clavicular splintage is well illustrated but the value of a clavicular-coracoid screw is not mentioned. Few would care to fix this joint with a Kirschner wire and then immobilise the whole limb in a thoraco-brachial plaster for forty-five days when this simpler method is equally effective. Unfortunately the sole axillary view of a posterior dislocation of the shoulder is the worst reproduced radiograph in the book, and so under-emphasises the importance of this investigation. Insufficient space is devoted to this rare but important lesion, and no mention is made of the fact that reduction is only stable in abduction and lateral rotation. Not unnaturally the Putti-Platt procedure is recommended for recurrent dislocation of the shoulder, but other methods deserve mention.

FIG. 816

Patient aged fifty. Result five and a half months after the operation. In this case a nail of the Putti type has been used.

The principles of the long oblique nail for the subcapital fracture are admirably illustrated, but the screw recommended has one fault—namely that it presents too narrow a surface to the downward thrust of the head, and would therefore tend to come out on early weight bearing. It is perhaps for this reason that a hip spica is recommended after operation, a step which very gravely reduces the value of nailing a fracture in the elderly. No reference is made to separation of the upper femoral epiphysis in children, though separation of the lower epiphysis is fully discussed. Treatment of injuries to the menisci and collateral ligaments of the knee follows accepted lines. In fractures of the upper end of the tibia too much emphasis is laid on open reduction and screw fixation, which should be reserved for the exceptional case. In describing fractures of the ankle, a confused and complicated subject, the descriptions of the mechanism of injury are correct but are backed by poor figures in which abduction is mixed up with lateral rotation. In describing fractures the anatomical classification of uni-malleolar and bi-malleolar is preferred, and in consequence where the high Dupuytren fracture is described there is a failure to relate the special characteristics of the fracture to the sequence of ligamentous injury. As the pattern of ankle fracture is determined by the sequence of ligamentous injury, it is only by fully understanding this that the main varieties of injury become comprehensible.

One might well end this review in the tradition of the volume by a list of errors of the reviewer: 1) Failure to emphasise the quality of the printing, typography and illustration. 2) Failure to emphasise one's conviction that this is the best volume on fractures yet published on the Continent. 3) Failure to acknowledge the influence of personal taste on the choice of subjects for criticism. 4) Failure to acknowledge one's inability to devote adequate time and space to a review of such a lengthy volume.

—J. G. BONNIN.