Book Reviews

THE MANAGEMENT OF FRACTURES AND DISLOCATIONS—An Atlas. Volumes I and II. By Anthony F. De PALMA, M.D., Professor of Orthopaedic Surgery, Jefferson Medical College. 12½ × 9½ in. Pp. xxvii + 960, with 1,927 illustrations. Index. 1959. Philadelphia and London: W. B. Saunders Company Limited. Price £12, 5s.

There is a great deal to be said in favour of using line drawings instead of photographs to illustrate orthopaedic methods. That type of illustration is seen at its best in Dr De Palma's latest book. There are over 1,900 drawings to illustrate 960 pages of text. These are well set out on large atlas pages. Every conceivable fracture and dislocation, with its complications, has been included. The text is as brief as possible and is placed alongside its own illustration. Numbers on the illustrations correspond to similarly numbered paragraphs of the text. This makes the book very easy to read. Although the drawings have been kept simple, they are not entirely diagrammatic and are fairly accurate anatomically.

Postoperative x-ray (Following angulation osteotomy)

1. The plane of fracture is now almost horizontal. (On weight bearing, stress is now a compressing force at the fracture site rather than a shearing force.)
2. The axis of the femoral shaft lies immediately beneath the femoral head, reducing leverage stresses on the hip joint.
3. The osteotomy site is immediately below the lesser trochanter.
4. The proximal end of the blade engages but does not penetrate the head too far. (This allows for further penetration of the head by the nail during the healing process without entering the hip joint.)
5. Two Knowles pins are inserted parallel to one another across the fracture site before the blade plate is introduced (Blount blade plate).
6. The blade plate is bent at a proper angle (as predetermined on roentgenograms) to place the head and neck in at least 155 degrees of valgus.
7. The most proximal screw engages the proximal fragment.

Note: No external fixation is necessary.

In his preface the author admits that he has depicted the methods which, in his hands, have yielded the most gratifying results, and that in so doing he may be criticised as dogmatic. It is therefore inevitable that individual surgeons will disagree with some of the procedures advocated. For instance, nailing fractures of the neck of the femur under *direct vision* after open reduction would not meet with universal support, despite Dr De Palma's assurance that this can be done in 20–30 minutes. This treatment is even advocated for basal fractures. Similarly, open nailing in all cases of slipped upper femoral epiphysis seems rather unnecessary. There is an unusual form of immobilisation advised for fractures of the clavicle in adults, namely a figure-of-eight bandage applied in plaster-of-Paris. It is to be hoped that the more conventional, but effective fixation with figure-of-eight bandage and sling will prevail in this country.

Dr De Palma is to be congratulated on the excellence of this book. The general layout is good and the subject matter fully comprehensive. The fact that the views expressed are dogmatic indicates that the book has been written from experience, and makes it a very valuable work of reference in every traumatic unit.—J. N. WILSON.