The authors' final conclusion that the intracancellous disc prolapse need not depend upon a weakness of the cartilage plate itself, but is the result of a disturbance of ossification in the neighbourhood of the annular marginal epiphysial rim of the vertebra, may well be true; but, as they themselves point out, we have not yet a full knowledge of the process of growth and ossification of the vertebral bodies, and until this is understood better their proposition must remain largely conjecture. The fact remains that these disc prolapses occur through the cartilage plate, unprotected as this is in the primates by any complete bony epiphysial plate from the pressure of the adjacent disc substance, and it seems probable that it is towards its periphery that the heaviest stresses produced by spinal movements will in any case fall.

Those interested in the place of vertebral osteochondrosis in spinal pathology will find considerable interest in this paper, because various obscure aspects of the problem are discussed in a stimulating way, though clearly we still have much to learn.—R. Weeden BUTLER.

ON OSTEOCHONDROSIS DEFORMANS JUVENILIS CAPITULI HUMERI INCLUDING INVESTIGATION OF INTRA-OSSEOUS VASCULATURE IN DISTAL HUMERUS. By Stéfán HARALDSSON. 9 × 6 in. Pp. 232, with 60 figures (one in colour) and 20 tables. 1959. Copenhagen: Ejnar Munksgaard. Acta Orthopaedica Scandinavica, Supplement No. 38. Price da. kr. 40.

This monograph from the Orthopaedic Clinic of the University of Lund is a credit to the author and the school from which it comes. In a clear, didactic way it offers the most recent evidence of the slowness in improving our understanding of the nature and causes of juvenile osteochondritis. Nevertheless, it is only with contributions such as this one that the shadows will be dispelled. The author has focused his attention on the rare localisation of osteochondritis in the distal end of the humerus, of which he has been able to collect twenty-four cases, and he precedes his analysis by an anatomical study of the vasculature of the distal humeral epiphysis during growth, a region as yet hardly explored with modern methods. He concludes that everything points to the necrotic nature of the condition and that the peculiar vascular pattern of this region explains that necrosis of the ossific nucleus of the capitulum might be produced by circulatory disorders in a few vessels only. He considers that trauma and perhaps a local undetermined factor, rather than synovitis, may be responsible for the vascular obstruction. Anyone interested in this, as yet unsolved, problem of juvenile osteochondritis will find the reading of this book not only interesting but also profitable.—Joseph TRUETA.

DIE ABNÜTZUNGSEKRANKUNGEN DER SEHNEN UND IHRE THERAPIE. By Doz. Dr H. SCHNEIDER, Vorstand des Institutes für Physikalische Therapie der Tiroler Gebietskrankenkasse in Innsbruck. Mit Einem Vorwort von Prof. Dr G. HOHMANN, München. 9½ × 6½ in. Pp. viii + 202, with 52 figures and 8 tables. Index. 1959. Stuttgart: Georg Thieme Verlag. Price DM 36.

This little volume makes much of a small field of knowledge, namely the anatomy and pathology of the origin and insertion of tendons. Bounded by this nutshell of knowledge the author soars into the infinite space of speculation. The preliminary anatomical observations on the protective mechanism around the insertions of tendons stems from the work of Weidenreich who, in 1922, pointed out that the periosteum ceases at the insertion of a tendon. From this we pass on to the consideration of the chemical changes in the ground substance of the tendon, fatty degeneration, tissue necrosis and calcification; and this leads to the question of tendon rupture. The consideration of reparative changes, new bone formation, and the development of bony spurs follows. Predisposing factors in tendonopathy are inborn tissue weakness, local or general vascular disease or disturbances of the sympathetic system. The causative factor is stress, prolonged, excessive or repeated, and the local cause in many cases is distortion of the line of tendon pull from the common range, either occupational or from local distorting disease.

The well known sites of tendonopathy in the body are then reviewed. There are strong grounds for including Osgood-Schlatter disease among the tendonopathies. These are, the sharp angle of insertion of the tendon, the association with sport, and the changes in the tendon rather than in the bone. Less convincing is the author's attempt to include Pellegrini-Stieda disease among the tendonopathies. Rarely changes in the adductor magnus insertion may be confused with Pellegrini-Stieda disease. The distinguishing feature, however, is the thin layer of synovial tissue lying between the bone flake and the femoral condyle, and it is this tissue which is responsible for the absolute congruity of the under-surface of the flake with the femoral condyle. The only comparable ossicle is the posterior