Book Reviews

Surgical Treatment of Bone and Joint Tuberculosis. By Robert ROAF, M.Ch.Orth., F.R.C.S.Ed., F.R.C.S.Eng., Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry, and Department of Orthopaedic Surgery, Liverpool; W. H. KIRKALDY-WILLIS, M.D., F.R.C.S.Ed., Orthopaedic Centre, Nairobi, Kenya; and A. J. M. CATHRO, M.B., Orthopaedic Centre, Nairobi, Kenya. Foreword by Harold BOYD, M.D., F.A.C.S., The Campbell Clinic, Memphis, Tennessee. 10 × 7 in. Pp. viii + 137, with 90 figures and 10 tables. Index. 1959. Edinburgh and London: E. & S. Livingstone Ltd. Price 30s.

What a revolution has taken place in the treatment of surgical tuberculosis since the advent of antibiotics! The older surgeons, and many not so old, dared not attempt a direct attack on the lesion for fear of dissemination, persistent sinus formation and secondary infection. But now, as this excellent book shows, the tuberculous lesions may be entered with impunity and, in fact, it is the method of choice. The authors not only drain the abscesses, remove sequestra and do a thorough clearance, they also insert bone grafts in areas formerly occupied by tuberculous pus—an unthinkable procedure in areas of non-tuberculous infection. Perhaps this, too, will some day be possible.

A chapter is devoted to each of the joints and indicates methods that the authors have found practicable in isolated and under-developed areas where no special centres or long-term orthopaedic hospitals are available. One of the most interesting chapters is that on the spine, where the modern operation is well described and beautifully illustrated. In this connection one hesitates to accept the statement earlier in the book that “the operations now advised are . . . simpler”, but would rather agree with the authors when they say that they can only be carried out if the surgeon has considerable experience and skilled assistance. A good description is given of two methods of arthrodesis of the hip: one an arthrodesis by stapling and the other the abduction osteotomy of Abbot and Fischer, both of which are stated to be simple, safe and effective in practice.

This is an excellent text-book, beautifully produced and illustrated. It is a pity, particularly for those with library facilities, that there are no references.—Walter MERCER.

Arterial Embolism in the Limbs. The Clinical Problem and its Anatomical Basis. By A. L. JACOBS, M.A., D.M. (Oxon.), F.R.C.P., Physician to the Whittington Hospital, London. Foreword by C. G. ROB, M.C., M.A., M.Chir. (Cantab.), F.R.C.S., Professor of Surgery, University of London; Surgeon to St Mary's Hospital, London; Consultant in Vascular Surgery to the Army. 10 × 7 in. Pp. xii + 200, with 37 figures and 51 tables. Index. 1959. Edinburgh and London: E. & S. Livingstone Ltd. Price 35s.

This admirable contribution to the literature of arterial occlusion is the outcome of observations extending over the sixteen years from 1938 to 1954. In this period Dr Jacobs has personally studied 122 embolic incidents in sixty-nine patients (fifty-five of whom died), and has searched for evidence of old arterial occlusion in 269 patients with mitral stenosis and in 300 controls without heart disease. He has gone over 2,900 necropsy records, and has made a study of the collateral circulation in human cadavers by arteriograms, many of which are beautifully reproduced in his book. Every aspect of the clinical problem of human arterial embolism is considered in detail so that, naturally enough, the book reads more like a thesis than an essay. Having stated his case, Dr Jacobs gives a detailed summary of his opinions, the protocols of eighty-one cases, and a comprehensive list of literature.

He shows that limb embolism is rare in patients without heart disease. Indeed, he makes no mention of embolism after operation. Embolism in his opinion, and surely he is right in this, is usually the result of the transmission of newly formed intracardiac thrombi which have never been adherent. His experience enables him to be dogmatic about some matters; “in limbs with adequate collateral circulation, signs of grave ischaemia do not persist for more than two hours after onset”, a statement whose importance cannot easily be exaggerated.

Dr Jacobs found evidence of ischaemic muscle damage in seventeen of his sixty-eight patients, but only two of these developed actual contractures. Six of the other fifteen died or underwent amputation within thirty-two days of the embolic incident; the incidence of contracture might have

been higher had more survived. The author, in my view quite rightly, comes down on the side of embolectomy as the ideal method of treatment of emboli proximal to the popliteal and brachial arteries, though only six embolectomies were performed in this series. The death rate might have been lower had the operation been done more often. The relative rareness of embolectomy in his cases

FIG. 10 (Case No. 30)

Embolism of aortic bifurcation. Autopsy specimen, removed from lower aorta. It consists of a Y-shaped embolus which lay at the bifurcation, with a superimposed "pillar thrombus." The latter shows striation, suggesting deposition of successive layers from below upwards.

rather vitiates his conclusions about the operation, and particularly impairs the validity of his suggestion that embolectomy rather than embolism may be the cause of ischaemic contracture, a suggestion completely at variance with the experimental production of the Volkmann lesion.

I found this a stimulating, interesting and authoritative document, which will be a constant source of reference for all interested in arterial embolism.—D. LI. GRIFFITHS.