to assess for himself the findings that are a consequence of disease and those that are due to ageing. To some extent these objections are overcome in the discussion and in the summary at the end of the book, but there remains a feeling of regret at the unsatisfactory selection.

Part II is an atlas of a "normal" spinal cord which was obtained shortly after death from a woman of twenty-four dying of subacute bacterial endocarditis. Photographs of Weigert sections and a brief description of the characteristics of each segment of the cord are given, together with photographs of Nissl preparations and an enumeration of the nerve cells in the anterior horns, intermediolateral and Clarke's columns. Considerable care has been taken with this aspect of the study and one cannot help wishing that comparable counts had been done on the material in the first part of the book. The quality of the photomicrographs of the Nissl preparations leaves much to be desired; many are untidy and the definition is often imperfect. This is an interesting book with useful information but can be recommended only with these reservations.—W. BLACKWOOD.

Le Phénomène de Raynaud. Aspects cliniques, étiopathogéniques et thérapeutiques. By Paul LANGERON and Lucien CROCCOL. $8\frac{1}{2} \times 5\frac{1}{2}$ in. Pp. 198, with 8 figures and several tables. Index. 1960. Paris: L'Expansion Scientifique Française. Price 19.50 NF.

What is Raynaud's disease? This monograph opens with this question, asked so often and never adequately answered. The authors give careful consideration to the phenomena described in Maurice Raynaud's ambiguous original paper and, if they add little that is new, they certainly review all the available literature and clinical and experimental data which have accumulated around this mysterious syndrome. They distinguish between Raynaud's phenomena produced by local factors, by "regional" lesions (in the upper limb, arising mainly in the retroclavicular area), as a response to general diseases and arising apparently idiopathically. They dislike the concept of idiopathic Raynaud's "disease," but are compelled to retain it. The book is short and easily read, and is recommended to any surgeon who wants a handy and authoritative survey of this malady.—D. LI. GRIFFITHS.

Function Test for Peripheral Arterial Circulatory Insufficiency in the Lower Extremities in Obstructive Arterial Disease. By Björn L. LINDSTRÖM. $9\frac{1}{2} \times 7\frac{1}{4}$ in. Pp. 128, with 23 figures and 24 tables. 1959. Stockholm: Acta Chirurgica Scandinavica, Supplementum 242. Price Sw. kr. 20.

This is a report on an extensive piece of clinical research in Helsinki, in which arterial inadequacy in the lower limb was studied in patients the functional capacity of whose legs was tested on a bicycle ergometer. In order to test the circulatory deficit as thoroughly as possible the cycling was done with the legs elevated, pedalling upwards. All the usual methods of investigation were used, such as skin temperature estimations, in addition to studies of the colour of the soles and toes, and other obvious clinical testing. Normal persons were used as controls throughout the research. This work is described in great detail, and Lindström establishes his point that functional testing of this type is quite the most informative way of investigating chronic ischaemia in the lower limb. The responses of patients with various types of circulatory block are fully described. This is not an easy book to read, but its study is strongly recommended to all surgeons interested in circulatory disorders.—D. LI. GRIFFITHS.

The Formation of Vein Thrombi Following Tissue Injury. An Experimental Study in Rabbits. By Stig BORGSTRÖM, Lars-Erik GELIN and Bengt ZEDERFELDT. $9\frac{1}{2} \times 7$ in. Pp. 36, with 14 figures. 1959. Stockholm: Acta Chirurgica Scandinavica, Supplementum 247. Price Sw. kr. 12.

This interesting and succinct monograph describes an investigation into the influence of tissue injury upon venous thrombosis. The authors used no less than 430 rabbits, of both sexes, which were allowed to move about freely. Venous stasis was produced by ligating both femoral veins and, in one series of animals, by ligating a large tributary as well. The muscles of one hind limb of each anaesthetised animal were then contused by light blows with a padded hammer, and the severity of the trauma was assessed by the number of blows. Not surprisingly, contusion was followed by an increasing tendency to thrombosis, and the number of thrombi increased with the severity of the injuries. The tendency to thrombosis lasted some weeks after the trauma, the duration again varying with the severity of the trauma. The effects of anaemia and of blood loss were studied, as were changes in the blood itself during the thrombotic phase and the mode of action of anticoagulants. This is a useful and timely study with obvious clinical significance, and is a piece of work of the high standard to be expected in a report in a supplement of *Acta Chirurgica Scandinavica*.—D. LI. GRIFFITHS.