A Study of Home Accidents in Aberdeen: an investigation financed by the Nuffield Provincial Hospitals Trust. By Ian A. G. MACQUEEN, M.D., D.P.H., Medical Officer of Health, City of Aberdeen, and Lecturer in Public Health, University of Aberdeen. $8\frac{3}{4} \times 5\frac{1}{2}$ in. Pp. viii+100, with 10 figures, 2 appendices and 20 tables. Index. 1960. Edinburgh and London: E. & S. Livingstone Ltd. Price 12s. 6d.

Accidents in the home exceed even those on the road, and therefore deserve serious study. This book presents the work of a team. All domestic accidents in Aberdeen receiving medical attention during two years were recorded in relation to their nature, sex and age of patient, time and day of week, housing conditions and many other circumstances. In general, the conclusions are much as might be expected, with emphasis on the great susceptibility of children between one and four years old and of the elderly. There are several puzzling surprises, notably that old people, though specially liable to falls, were not unduly liable to such things as scalds, which were important in the young. Highly polished floors were probably the commonest single cause of domestic accidents. The conclusions may be a little unreliable for other cities, because Aberdeen has a serious housing problem, even by Scottish standards, and because it seems likely that the incidence and kinds of accidents had been influenced by a preceding educational campaign for their prevention. It is perhaps characteristic of Aberdonian reticence that alcohol is nowhere mentioned. Even in countries whose wine is not whisky, alcohol makes a considerable contribution to domestic accidents in every walk of life, often quite unobtrusively; but possibly assessment would be too difficult.—H. JACKSON BURROWS.

Zur Frage der Unfall- und Berufsbedingten Sehnenscheidentuberkulose. By Prof. Dr Med. T. BURCKHART, Chirurgische Universitätsklinik Mainz. Direktor: Prof. Dr G. Brandt. 9×6 in. Pp. 24, with 2 figures and 6 tables. 1959. Hefte Zur Unfallheilkunde, Hefte 61. Berlin, Göttingen and Heidelberg: Springer-Verlag. Price DM 5.

As the incidence of tendon sheath tuberculosis from infection with human type of tubercle bacillus diminishes, accidental infection of the tendon sheaths as a result of occupational injury becomes relatively more common. In approximately a quarter of a million cases of injury to Union members employed in butchery, sixty-two cases of tendon sheath tuberculosis were found. In six cases the diagnosis was mistaken; in three the infection resulted from spread of bone and joint tubercle; in twenty cases investigation led to a denial of their occupational origin; seven cases remained under review. Twenty-six cases were, therefore, left of proven occupational origin.

As tuberculous disease of the skin does not lead to tendon sheath infection, the only possibility of accidental infection of a tendon sheath is by direct inoculation with bovine tubercle as a result of a penetrating wound. As the wound is often trivial it is frequently not notified and considerable delay in the diagnosis of tendon sheath infection usually occurs. This adds greatly to the difficulty in relating the infection to the injury.

This pamphlet is primarily concerned with the diagnosis of occupational disease and does not discuss treatment. It is an important and valuable paper for those concerned with industrial health and must be borne in mind by doctors treating injuries arising in slaughterhouses. The main points for consideration after such injuries may be summarised as follows: 1) The diagnosis must be established by biopsy. 2) The occurrence of a related accident must be completely proved. 3) The injury must have been of such a kind as to penetrate to the tendon sheath. 4) The site of the wound and the sheath infected must be in relation to each other. 5) The conditions of the accident must be such that contact with infected tuberculous material was probable and this is almost entirely limited to slaughterhouse work. Meat handling does not lead to infection. 6) The objective signs of tendon sheath tuberculosis must be established within a minimum of four weeks or a maximum of six months after the injury. 7) Typing of the bacillus must be carried out. The discovery of human type excludes an occupational origin. 8) Tuberculosis in other situations in the same patient makes the relationship to injury improbable.—J. G. BONNIN.

The Effect of Subperiosteally Implanted Autogenous Whole-thickness Skin Graft on Growing Bone. An Experimental Study. By Jaakko O. ELO. $9\frac{1}{4} \times 6\frac{1}{4}$ in. Pp. 90, with 56 figures and 17 tables. 1960. Acta Orthopaedica Scandinavica, Supplement 45. Copenhagen: Ejnar Munksgaard. Price Dan. kr. 18.

This monograph describes some experiments investigating the influence of subperiosteal implants of skin on the longitudinal growth of the rabbit's tibia.