Traumatic Lesions of Peripheral Vessels. By Carl W. HUGHES, A.B., M.D., Lieut.-Colonel, Medical Corps, U.S. Army; Assistant Chief, Department of Surgery; and Chief, General Surgical Service, Tripler U.S. Army Hospital, Honolulu, Hawaii; and Warner F. BOWERS, A.B., B.Sc., M.D., M.S., Ph.D., Colonel, Medical Corps, U.S. Army; Chief, Department of Surgery, Tripler U.S. Army Hospital, Honolulu, Hawaii. 9½ × 6 in. Pp. x+197, with 58 figures. Index. 1961. Springfield, Illinois: Charles C. Thomas, Publisher. Price \$8.00.

Men who treat fractures ought to be able to treat damaged arteries. This book will help those who do not feel confident of their ability to repair an artery; it will interest and stimulate those who tackle their own vascular work.

Colonels Hughes and Bowers have produced a short but comprehensive account of vascular injuries that is based largely on their experience in the Korean War. After a short description of the historical background they tackle the difficult and fast-changing subject of experimental work and then proceed to clinical aspects, which are considered in two chapters—Present Clinical Status and Acute Vascular Injuries. In the latter section the emphasis is predominantly on open wounds with arterial damage; it is perhaps this fact that has led the authors to the statements that arteriography is not indicated in the diagnosis of acute arterial injuries and that the damaged vessel must be debrided. This rather long chapter is perhaps a little unwieldy because of the mass of information contained. Further sub-division might have made for greater clarity and better use of valuable material. Some rearrangement might have obviated the admitted repetitious tendency and have allowed more space to be given to consideration of the treatment of associated damage to soft tissues and to bone.

The two chapters which deal respectively with traumatic Arteriovenous Fistula and traumatic Aneurysms are of less interest to the orthopaedic surgeon, but give good and concise descriptions. The last chapter—on Surgical Approaches—gives useful practical information.

The book is well produced and contains numerous references and many illustrations of uniformly high quality. While its emphasis is rather on a type of arterial injury not too commonly seen in British civilian practice, its exposition of principles and methods is valuable to all who may have to deal with these conditions. All surgeons who treat injured patients can learn a great deal from it.—George BONNEY.

L'Epiphysiolyse de la Hanche. (Slipped Femoral Epiphysis.) By Pierre LACROIX, Professeur de Chirurgie orthopédique et de Traumatologie à l'Université de Louvain. 9½ × 6½ in. Pp. 130, with 47 figures. 1963. Paris: Masson et Cie. Bruxelles: Editions Arscia S.A. Price 280 francs belges.

This monograph by a distinguished orthopaedic surgeon who is also a bone pathologist, covers in a few pages most that is known at the present time of the nature and treatment of upper femoral epiphysiolyse. Two specimens obtained on the operation table from late cases (not by the author of the monograph), together with some material removed by curettage by Lacroix, suggest severe changes in the epiphysal cartilage, at least in the advanced stage of the condition. The author is inclined to believe that the displacement is due to a preceding degeneration of the growth cartilage, perhaps caused by *a*) a general metabolic disorder; *b*) an interference with the blood supply to the upper femoral epiphysis; or *c*) some genetic conditioning among patients of the adipogenital type. The scientific approach characteristic of Lacroix prevents him from deciding firmly in favour of any of these theories but he is inclined towards the last. To clarify the as yet obscure nature of this condition it would be necessary to be able to examine the growth cartilage *during*, if not before, the displacement of the epiphysis. The scanty data collected from clinical radiographs may suggest that changes in the growth cartilage precede the break but, if this were found to be true, the reason for the changes in this localised lesion ought to be sought in the reduction of blood flow to the upper femoral epiphysis. In the age group of these patients (ten to sixteen years) we know that the blood flow to the femoral epiphysis is amply secured by the lateral epiphysal and the round ligament or medial epiphysal vessels. It is therefore difficult to accept as a cause a transient ischaemia which would damage the very resistant cells of the growth plate without harming the much more susceptible osteocytes, for bone necrosis is not a feature of epiphysiolyse but of the displacement of the epiphysis; when it is not due to misguided attempts at its reposition.

A very common finding in the studies of the blood vessels at this age is the greatly increased vascularity of the metaphysal side of the growth plate which prepares for the final synostosis. The higher vascularity weakens the area of calcification, precisely that which breaks when the epiphysiolyse begins. Lacroix suggests obtaining rapid consolidation of the growth plate by a curettage and cancellous bone grafting which has given good consolidation in less than five months in all cases.

This is an excellent thought-provoking little book in which there is much more cheese than bread.—J. TRUETA.