this work is very good though occasionally it is not maintained, as in Plate 623 on page 139 purporting to show a hemivertebra, where in fact only a spinal curve can be seen.

One or two surprising omissions are to be found: there is no lateral view of a slipped upper femoral epiphysis, nor are there oblique views of early spondylolisthesis.

Exception must be taken to the statement on page 94 that slipped upper femoral epiphysis is due to aseptic necrosis of the femoral neck "similar to other aseptic necroses of childhood such as Legg-Perthes' disease and Köhler's disease . . ." On the whole, however, this is a useful little book which can, with a few reservations, be strongly recommended.—J. N. ASTON.

Working Party on Accident Prevention and Life Saving 1961–1963. Royal College of Surgeons of England. Chairman: Norman Capener, F.R.C.S. $9\frac{1}{2} \times 6$ in. Pp. 74. 1963. Obtainable from Miss M. Marks, Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C.2. Price 5s.

The report by the working party on Accident Prevention and Life Saving is the result of evidence presented at many meetings with interested parties during 1961–1963, culminating in a two-day public convention held at the Royal College of Surgeons of England on 14th and 15th May 1963. The study of an epidemic which costs Britain £500 million and 20,000 deaths each year as a necessary prelude to attempts to solve the problems of prevention has been carefully documented. The important statistics relating to accidents in the home, in industry, on the roads and especially accidents in sport and adventure are set out clearly and without too many of the details which often cloud these issues. The different types of accident which occur in various occupations are described; prevention is commented upon. In the conclusion is expressed the hope that a medical advisory body be set up to study the needs for, and sponsor medical research in the whole field of accident prevention and life saving. Those who participated in the preparation of this report will be gratified by the announcement that such a body has now been set up by the Royal College of Surgeons of England under Mr Norman Capener as its executive director. The report is comprehensive in its scope and is a thought-provoking and stimulating document. It should be read and re-read by every doctor who claims to practise prevention.—L. W. PLEWES.

The Pathology of Development. A Study of Inherited Skeletal Disorders in Animals. By Hans GRÜNEBERG, Ph.D., M.D., D.Sc., F.R.S., Professor of Genetics, University of London; Hon. Director of the Experimental Genetics Research Unit, Medical Research Council. 10×6 in. Pp. xiv+309, with 160 figures and 43 tables. Index. 1963. Oxford: Blackwell Scientific Publications. Price 70s.

Professor Grüneberg has devoted his life to the detailed study of the way in which genetically determined diseases and malformations develop during embryonic life. Research of this kind is only possible in the experimental animal; it involves the sacrifice of females at successive stages of pregnancy. This book covers the work done, much of it by the author and his pupils, on those genetically determined diseases which involve the skeleton.

Most of the research is largely descriptive—the analysis of the stage in development at which a genetic abnormality is first apparent and the way in which it affects the skeleton. Some mutant genes affect the blastemata, which are the beginnings of skeletal development, the first condensations in the mesenchyme. The blastemata, first seen in the twelve-day-old embryo mouse, are smaller than normal. This is followed by delay in chondrification and reduced size of cartilage, and then by consequential effects on the bony skeleton. In other genetically determined conditions the blastemata are normal but cartilage formation is abnormal, with later effects on the bony skeleton. The disturbance of cartilage growth persists from the time of its inception in the embryo till it stops in adult life. Dominant achondroplasia in man probably falls into this group. In other conditions the blastemata and cartilage formations are normal, but there is a failure of secondary bone absorptions. The severe recessive form of osteopetrosis in man probably falls into this group. In yet other conditions in which the skeletal anomalies are less orderly and systematic the skeleton appears to be secondarily affected. An example is the condition in the mouse, known as "tail-short," in which the skull, axial and