The book is well illustrated throughout by good x-ray reproductions; the diagram reproduced here is really excellent. For French orthopaedic registrars and junior surgeons this book will prove to be invaluable.—David TREVOR.

Orthopaedic Diseases. Physiology—Pathology—Radiology. By Ernest AEGERTER, M.D., Professor of Pathology and Director of the Department of Pathology, Temple University Medical Center and School of Medicine; Professor of Orthopedic Pathology, University of Pennsylvania Graduate School of Medicine; and John A. KIRKPATRICK, Jun., M.D., Radiologist, St Christopher's Hospital for Children; Associate Professor of Radiology (Pediatrics), Temple University School of Medicine. Second edition. 10×7½ in. Pp. xiii+786, with 514 figures. Index. 1963. Philadelphia and London: W. B. Saunders Company. Price £5 12s., \$16.00.

When I read Lloyd Griffiths' review of the first edition of this book I felt some allowance should be made for Celtic exuberance. Having bought it, however, it has been a constant companion since. What an excellent book it is! Nowhere can the busy clinician find such a clear account and such superb illustrations of bone diseases. The book is invaluable for those studying for higher qualifications both in medicine and surgery, and for the busy clinician whether he be physician, surgeon, pathologist or radiologist, who only occasionally meets some of the rarer disorders described. Our hospital volume has been in constant demand by my colleagues. The chapters on metabolic diseases, bone tumours and chondrodysplasias have been rearranged and improved, and the inclusion of a chapter on arthritis has enabled the authors to include such widely dissimilar conditions as neurogenic arthropathy and ankylosing spondylitis. This has added to the cost and weight of the book so that it can no longer be regarded as comfortable arm-chair reading. Although the descriptions, radiographs and histological sections are well up to the high standard of the rest of the book they provide only an incomplete account of the various rheumatic disorders.—Denys WAINWRIGHT.

Le Fratture Vertebrali. Relazioni al XLVIII Congresso della Società Italiana di Ortopedia e Traumatologia, Roma, 10–12, Settembre 1963. Parte I. Le Fratture Vertebrali senza le Complicanze Nervose. (Vertebral Fractures Without Nervous Complications. By Professor Giorgio MONTICELLI of Siena, G. ANDREINA and C. MORLACCHI. 10½×8½. Pp. 348, with 152 figures. **Parte II. Le Complicanze Nervose delle Fratture Vertebrali. (The Nervous Complications of Vertebral Fractures.)** By Professor Mario PALTRINIERI of Pisa, together with B. FRATTA, M. MARIOTTI and G. PIETRABISSA. 10½×8½ in. Pp. 294, with 106 figures, many in colour, and 9 tables. Roma: Società Italiana di Ortopedia e Traumatologia, c/o Clinica Ortopedica dell'Università Città Universitaria. Price 10,000 Lire.

Part I—The theme has been studied starting from the clinical review of 286 cases treated in the Orthopaedic Department of Siena and compared with the data of the Orthopaedic School in Rome.

This review has indicated remarkable discrepancies between anatomical and functional results, independent of the method of treatment: the worst results, from a clinical point of view, were found in those cases in which after the restoration of the traumatic lesions a post-traumatic discopathy developed. The pathological and experimental studies supported the clinical evidence, giving an overall importance to the discal component in the evolution of vertebral fractures involving the spinal cord. It has been possible, on this basis, to set out new principles of classification, differentiating three basic kinds of lesion: disc-articular fractures, disc-body fractures, body fractures.

Further researches, in experimental, pathological and clinico-radiological fields have led to these fundamental conclusions: 1) Vertebral fractures usually heal in three months; during the first two months only, a recurrence or a further collapse of the vertebral body may occur. 2) The defective healing powers of the disc-ligamentous structures may cause a post-traumatic degenerative discopathy, which is responsible for the worst functional results.

The Kummel-Verneuil syndrome, understood in its primary interpretation as a secondary and progressive squeezing of the vertebral body, is considered not to exist, and the rare secondary dislocations are also a late expression of a progressive degeneration of the intervertebral disc.

The antagonism between treatment by reduction or non-reduction should disappear as well as the *a priori* predilection for one of these treatments; both treatments may lead to good results if electively chosen in each case and following the indications which the new principles of classification will suggest.

The legal evaluation of vertebral fractures without nervous complications is reviewed in the appendix of the report, which is completed by well documented statistics and a wide bibliography.