The book is a welcome addition to the literature of cerebral palsy, with an orthopaedic bias that reflects some of the current trends in the management of a complex group of disabilities in children.—
W. John SHARRARD.

Läsionen peripherer Nerven. Diagnostik und Therapie. (Peripheral Nerve Lesions. Diagnosis and Therapy.) Edited by M. MUMENTHALER and H. SCHLIACK. With contributions from seven other authors. 9½ × 7 in. Pp. xii + 348, with 173 figures and 19 tables. Index. 1965. Stuttgart: Georg Thieme Verlag. Price DM 68.

Memories are short and we are forgetting how much we owe to Foerster for the work he did on nerve injuries during the first world war. This book on Lesions of Peripheral Nerves, edited by Mumenthaler of Berne and Schliack of Berlin, is a welcome reminder of the continuing interest in this subject of our German-speaking contemporaries.

Although there are nine contributors it is a tidy compilation; almost too tidy, as will become evident. After the usual introductory chapters on anatomy, physiology and the effects of injury or disease, the reader is conducted systematically down the peripheral nervous system, almost literally from head to tail. Even upper motor neurone disorders and the myopathies are added for good measure in the section on differential diagnosis; and among the conditions that afflict peripheral nerves spondylolisthesis and herpes zoster are not forgotten. There are some superb tables, the illustrations are equally striking, and the bibliography is colossal if a trifle unselective. All this is done within a compass of rather over 300 pages.

But something is lacking. This book does not accurately reflect what happens in real life either in peace or in war. In peacetime, for example, lesions of the nerves at the wrist are more important than all other peripheral disorders put together unless one includes (as do the authors) the root lesions caused by herniation of an intervertebral disc. The reader coming to the subject by way of this book would never guess it. He would not learn very much either about the actual handling of an injury or about the fearful stiffness that comes from neglect, which may be more disabling than the immediate consequences of the nerve damage. There is a certain donnishness about this work; but this is said by way of warning, not of condemnation. It is an excellent corrective for the too practical clinician.—
H. J. SEDDON.

The Clubfoot. By J. Hiram KITE, M.D., Associate Professor of Clinical Orthopedic Surgery, Emory University School of Medicine, Atlanta, Georgia; Surgeon-in-Chief, Scottish Rite Hospital for Crippled Children, Decatur, Georgia. 9½ × 6½ in. Pp. vii + 232, with many figures. Index. 1964. New York: Grune & Stratton, Inc. Price \$9.75. London: William Heinemann (Medical Books) Ltd. Price 69s.

Dr Kite's teachings have gained world-wide recognition and his gentle and systematic method of gradual correction (avoiding anaesthesia and surgery) supported by an accurate and demanding plaster-of-Paris technique has many disciples, particularly in the United States.

The opinions of such an authority—based as they are upon the treatment of some 1,500 children of whom almost 1,000 received his personal attention—deserve respect. This book, however, does not realise its promise and falls far short of being the classical monograph that it might so well have been. The book lacks discipline and is therefore repetitious. Some paragraphs appear almost unchanged in different sections, an irritation which could have been prevented by more careful initial planning. An explanation of this is to be found in the preface, in which it is frankly acknowledged that requests for reprints have stimulated Dr Kite to repeat his previous writings in more orderly sequence. The author's technique is described in considerable detail in two different sections of the book, an avoidable repetition.

Operative treatment, with the exception of triple arthrodesis and heel cord lengthening, is described somewhat sketchily and largely relegated to the historical section. The vexed question of medial torsion is not ignored and it is concluded that although such torsion is commonly present, full correction of the foot will allow the child to overcome his tendency towards an internal rotation gait.

Dr Kite's method is meticulous and time consuming so that its adoption in a department dealing with a number of club feet at any one time is a decision not to be lightly undertaken, unless it can be shown that the results are far superior to those otherwise obtainable. Dr Kite believes that his results justify his endeavours which even in patients treated from the beginning by him extend for an average of nine months and the application of about twenty-four plasters. In patients treated by his resident the time required averages twenty-two months and possibly fifty changes of plaster. Unfortunately the results of non-operative treatment in 922 cases are described in about one page and too briefly for objective assessment. We are told that 92 per cent of patients treated by his methods have good