We welcome this valuable addition to the journals most warmly. In particular we hope that it will remain non-parochial and will continue to publish work, not only of the professors and the new heads of Italian hospital orthopaedic departments, but also that of the assistants—so often either silent or purveyors of their chief's opinions. They deserve an outlet for their own ideas, their wide experience and the lively contributions that should come, without regard for geography or seniority, from a free profession looking into the future.

There will be three issues a year for a subscription of £6, the rather high price being doubtless explained largely by the absence of advertisements.—H. JACKSON BURROWS.

Modern Trends in Orthopaedics—6. Edited by A. Graham APLEY, M.B., B.S., F.R.C.S., Consultant Orthopaedic Surgeon, Rowley Bristow Orthopaedic Hospital, Pyrford, Surrey; with nine other contributors. 22 × 14.6 cm. Pp. x + 273, with many figures, 5 colour plates, and some tables. Index. 1972. London: The Butterworth Group. Price £7.50.

In his introduction to this, the latest in the Modern Trends series in Orthopaedics, Mr Apley outlines the differences in his view between the recent advance which he defines as a growing point exciting but unproven, and an established and accepted trend. The subjects chosen for this volume may not all quite prove his point, as they each combine the two. Total hip joint replacement is an accepted procedure and as discussed in this volume by Parsons is firmly in the category of a modern trend, whereas in knee and elbow, although the principle and the need are established, arthroplasty can be looked on as a recent advance. These two chapters, by Blundell Jones and Dee respectively, outline the history, present position and possible future of these important developments. Two chapters, one on epidurography by Dr J. A. Mathews, and the other on joint hypermobility by Dr Barbara Ansell, indicate the established trend of combining the orthopaedic surgeon's interest with those of allied specialists. Freeman on osteoarthritis and Catterall on coxa plana represent the growing points of speculation and hypothesis in relation both to basic science and to clinical observation.

Dr Ivan Matev contributes original and fascinating ideas on particular problems in hand surgery and the book opens with an excellent account of the differences between orthopaedic training on the two sides of the Atlantic. Altogether a varied collection of subjects, all stimulating and some provocative, dealt with expertly. This volume more than maintains the high standard of its predecessors.—James ELLIS.

Spezielle Frakturen- und Luxationslehre. (Fractures and Dislocations.) A short handbook of five volumes. Edited by H. NIGST. Volume 1/2 Wirbelsäule Tetra- und Paraplegie Becken. (Spine, Tetra- and Paraplegia, Pelvis.) By Alan G. HARDY, Erich JONASCH, Johannes POIGENFÜRST and Alain B. ROSSIER. 26 × 17.5 cm. Pp. ix + 257, with 466 illustrations in 209 figures and 18 tables. Index. 1972. Stuttgart: Georg Thieme Verlag. Price DM 148.

This "short" handbook will be in fact seven volumes, the first and second being subdivided. I cannot believe that even Continental radiographers and medical or dental students have the tenacity of purpose and the time to plough through this monumental work as the accompanying leaflet suggests. It is different with the practising specialist in the field. The distinguished authors and their well-known editor-in-chief have given good value in a comprehensive review of these most difficult of all fractures and dislocations, their epidemiology, pathology, clinical findings and their still most disheartening neurological complications. Special attention and superb pictures are given of x-ray techniques and hints to avoid errors here. Methods of other authors are critically and yet fairly reviewed. It is sometimes difficult to find a reference in the large and careful bibliography, which is subdivided into several sections, and in the text there is no indication where the full reference might be.

I was surprised to see a lengthy discussion of methods of reduction and retention of uncomplicated dorsal and lumbar compression fractures when a vast experience points to the superiority of a functional management with early active exercises.

Most valuable is the authors' recognition of the increasingly frequent cases of degenerate spines in which minor trauma can lead to severe cord lesions. I cannot share their view that Crutchfield tongs are really seriously a cause of perforating injury of the skull, with brain abscess and CSF fistula. They quote a pathological study in which twenty out of twenty-five skulls studied were found to be less than 4 millimetres thick at the site of the tong holes. This needs checking.

However, this is a valuable addition to the shelf of reference works of any consultant or registrar, surgeon, radiologist, anaesthetist or physiotherapist concerned with fresh locomotor injuries.—H. J. HAMBURY.