

OS ET TUBERCULOSE. By Robert KAUFMANN. 9×7 in. Pp. 152, with 74 figures. 1950. Paris: L'Expansion Scientifique Française Editeur. Price not quoted.

It is generally accepted that skeletal tuberculosis is caused by a blood-borne infection, though doubts have been expressed whether this explains the site incidence of the disease in tuberculosis of the spine. John Fraser in 1929 made the suggestion that there might be a direct infection of the vertebrae from the overlying lymph duct and its related lymph spaces. It is Dr Kaufmann's thesis that bone and joint tuberculosis is secondary to and caused by infected lymph glands and spread direct from them to the adjacent bone. He considers that if the soft parts are excised treatment of the bone is unnecessary. The cases which he reports do not seem to prove his theory—in some the radiographs taken over a period of years show deformities which are worse than would be expected from successful open-air and recumbency treatment. Even if his theory were correct, to decide at an early age what parts should be excised to ensure a cure would be extremely difficult and might well lead to much unnecessary surgery. On the other hand surgery might be of much greater value and be much more used in the treatment of cold abscesses than it is at present. Certainly Dr Kaufmann's theory should be subjected to a critical examination and tested. If substantiated it would mean a complete revolution in the treatment of tuberculosis, but it is likely that for many years open-air orthopaedic treatment will be needed. The real hope of finally conquering tuberculosis is in prevention and not in drastic surgery with all its risks.—S. Alan S. MALKIN.

INJURIES OF THE KNEE JOINT. By I. S. SMILLIE, O.B.E., Ch.M., F.R.C.S.E., F.R.F.P.S., Lecturer in Orthopaedics in the University of St Andrews; Surgeon in charge Eastern Region (Scotland) Orthopaedic Service. Second edition. 10×7 in. Pp. x+332, with 451 figures, some in colour. Index. 1951. Edinburgh: E. & S. Livingstone Ltd. Price 50s.

There is no doubt that this book will make an impression on the reader. Similarly there is no mistake about the force with which the author puts his views, and it is perhaps a little unfortunate that the same cannot be said of the clarity. On the other hand his publisher and his artist have certainly "done him proud." In consequence the book is a pleasure to look through—except possibly for the radiographs and pictures of operations. As the author points out in his preface a large store of personal experience had been drawn on for the book. Nine thousand patients are behind the statements and one rather regrets therefore that in the excellent section on meniscal lesions more space is not allotted to differential diagnosis. One might also have expected in a book which goes into such detail that injuries "of the knee" peculiar to children might have been included. It is, however, in description of technique that enjoyment and instruction—for the well informed reader—will be found, and though the author claims as his own one or two procedures which I remember being taught by Sir Robert Jones, they have not suffered in the process. The price is high but reasonable for this book, which in any case is not intended for the undergraduate. In fact the book is priceless.—Bryan McFARLAND.

A SYNOPSIS OF SURGICAL ANATOMY. By A. Lee MCGREGOR, M.Ch., F.R.C.S., Senior Surgeon, Johannesburg General Hospital; Lecturer in Surgery, University of the Witwatersrand. Foreword by Sir Harold J. STILES, K.B.E., F.R.C.S. (Ed.). Seventh edition. 7×5 in. Pp. xii+778, with 746 diagrams. Index. 1950. Bristol: John Wright & Sons Ltd. Price 25s.

The first edition of this well known book appeared nearly twenty years ago. Its long life proclaims its usefulness. It contains the thousand and one facts of anatomy that a surgeon needs to know. I recommend it as a delightful bedside book; for the chapters are short, the book can be opened anywhere and the reader glows with self-satisfaction at discovering that most of the facts he already knows. Suddenly he comes across something that is new to him and he is still more satisfied. The diagrams which give this book its distinction are uneven: some are good, and some are so poor that only the knowledgeable reader can understand them, and of course he does not need them. The paragraphs on treatment would not, I think, find favour with most orthopaedic surgeons. In the past, few successful candidates at the final fellowship examination could afford not to read Lee McGregor's book. This state of affairs is likely to continue.—George PERKINS.