

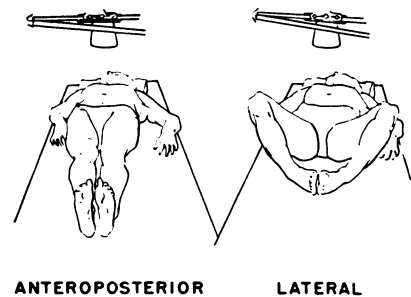
standard film in the examination of diffuse lesions. Its efficiency is also impaired when a central osteolytic lesion is surrounded by the decalcified bone of senile osteoporosis. Osteoplastic deposits are readily demonstrated in the plain film. A note of warning is sounded in connection with the radiation skin dosage—3r per exposure for the dorsal spine and 8r exposure for the lumbar spine. These are the first quantitative assessments of this nature. Rather surprisingly, no reference is made to the value of tomography in the oblique position, when it is useful in demonstrating the defects in the pars interarticularis associated with spondylolisthesis.

The whole work is painstaking in detail and provides the first comprehensive account of the basic principles of this method of diagnosis. It includes an extensive review of the literature and should prove a valuable acquisition to the bibliography of this subject.—Ronald O. MURRAY.

SLIPPED CAPITAL FEMORAL EPIPHYSIS. By Armin KLEIN, Robert J. JOPLIN, John A. REIDY and Joseph HANELIN, Massachusetts General Hospital, Boston. $10 \times 6\frac{1}{2}$ in. Pp. xiv + 130, with 77 figures. No. 153, American Lecture Series. 1953. Oxford: Blackwell Scientific Publications Ltd. Springfield: Charles C. Thomas. Toronto: The Ryerson Press.

Based on twenty years' work, this is a straightforward and detailed account of the diagnosis and treatment of slipped capital epiphysis of the femur, with emphasis on radiology and nailing. Important displacement is corrected by the open method, except in those cases of sudden

POSITIONING FOR BILATERAL HIP ROENTGENOGRAPHY



Both hips are included on a 14x17 inch film placed transversely.

The tube is centered above the midpoint of a line connecting the acetabula.

FIG. 1

(Two-thirds of actual size.)

slipping that allow *gentle* manual reduction. The book contains an atlas of radiographs of normal hips in childhood and adolescence, taken in the simple standard manner shown in Figure 1. Strict comparison between this material and similarly taken films in cases of epiphysial slipping revealed some slipping on the opposite side in no less than 40 per cent of cases, often without symptoms. The authors rightly emphasise the vigilance that both femoral heads deserve after the nailing of one. Fracture in three cases, where the cortex was pierced by the nail, has prompted its routine removal when the epiphysis has fused.—H. JACKSON BURROWS.

CHEMICAL PHYSIOLOGY OF CONTRACTION IN BODY AND HEART MUSCLE. By A. SZENT-GYORGYI, The Institute for Muscle Research, at the Marine Biological Laboratory, Woods Hole, Massachusetts. $9\frac{1}{2} \times 6\frac{1}{2}$ in. Pp. xx + 135, with 29 figures. 1953. New York: Academic Press Inc., Publishers. Price \$4.80.

Few other physiological changes have been subjected to as much study and have been surrounded by as many theories as those biochemical processes accompanying muscular contraction. In this, his third book on the subject, Professor Szent-Gyorgyi adds further facts and theories to those already presented. Essentially the book consists of a detailed account of the state of