

**EXTENSILE EXPOSURE.** By Arnold K. HENRY, M.B. (Dub.), M.Ch. (Hon.), Trinity College, Dublin, and Cairo, F.R.C.S.I., Professor of Anatomy, Royal College of Surgeons in Ireland. Second edition. 10+7½ in. Pp. xii+308, with 298 figures. Index. 1957. Edinburgh and London: E. & S. Livingstone Ltd. Price 45s.

This work, the second edition of the much-reprinted first edition of 1945, is really the lineal descendant of the same author's little classic of 1927: *Exposure of Long Bones and Other Surgical Methods*. The excellent approaches there described might not be the best in all circumstances or invariably original: "Henry's approach" to the femur is not bloodless in all hands, and had been described by Thompson in 1918 and doubtless practised before. Nevertheless it was a great book and served a great need. The simplicity of its English, combined with the apt vocabulary of the Celt, gave it a freshness that is indeed rare in medical works.

Its successor, *Extensile Exposure applied to Limb Surgery*, represented a great expansion, as befitted a work now describing the approaches to vessels and nerves as well as to bones. The increased girth brought with it a most unhappy lingo—lacking the pomposity of aldermanic utterance, but having a complexity, or rather perplexity, that quite marred the still wide vocabulary and original approach.

The "second edition," here reviewed, has shed from its title the words "applied to Limb Surgery," but enlargement has continued by geometrical progression, and so it contains even a little more of limb surgery than its immediate parent; for instance, "talectomy from in front" has been added. In the neck, exposures of various important structures are based upon sternomastoid eversion. Exposure of the second costal arch is used, behind, for access to the first part of the left subclavian artery, and, in front, for dealing with pulmonary emboli of the upper thoracic sympathetic and spinal ganglia. An extended retropubic approach is described for access to visceral vessels and for denervation of the hip.

This book remains largely a study in surgical anatomy. Many of the exposures are well-trying in surgery; others await full surgical assessment. It is beautifully got up, but many of the half-tone blocks add nothing useful or graceful to the less costly line drawings of the 1927 volume, from which they are clearly copied.—H. JACKSON BURROWS.

#### REFERENCE

THOMPSON, James E. (1918): Anatomical Methods of Approach in Operations on the Long Bones of the Extremities. *Annals of Surgery*, **68**, 309.

**LUMBAR DISC LESIONS.** Pathogenesis and Treatment of Low Back Pain and Sciatica. By J. R. ARMSTRONG, M.D., M.Ch., F.R.C.S., Orthopaedic Surgeon to the Metropolitan Hospital, Lambeth Hospital, Manor House Hospital and Royal Waterloo Hospital for Children and Women. Foreword by H. OSMOND-CLARKE, C.B.E., F.R.C.S. Second edition. 10×7¼ in. Pp. xii+244, with 60 figures, many in colour. 1958. Edinburgh and London: E. & S. Livingstone Ltd. Price 45s.

This comprehensive monograph has received wide recognition and well merited acclaim since it was first published in 1952. Despite the author's assertion in the preface that a second edition has been justified by additions to our knowledge of intervertebral disc lesions, the book has been changed very little. There are four new illustrations, and the remainder of the sixteen-page increase in length is accounted for by new or expanded material relating to the nerve supply of the intervertebral discs, the effects of mental stress on disc structure, nucleography, spondylolisthesis and the technique of arthrodesis of a damaged intervertebral joint. The author has drawn his conclusions from a vast experience of the problems presented by back pain and sciatica, and his views command respect.

The contents seem to fall naturally into three main parts: disc mechanics and pathology, diagnosis and treatment. The first of these, occupying sixty-six pages, follows orthodox teaching and is well illustrated by numerous diagrams. Diagnosis is covered fully in six chapters occupying ninety-eight pages. The emphasis is on clinical methods, and ancillary aids to diagnosis are kept in their proper perspective. Myelography is advised only when the presence of a spinal tumour is suspected, and nucleography is roundly condemned as uncertain and hazardous. The six chapters concerned with treatment occupy sixty-six pages. The author believes that assessments of conservative treatment have often been over-optimistic: only about 20 per cent of all patients are completely cured thereby, 60 or 70 per cent are relieved sufficiently to avoid operation but are left with a reduced tolerance for activity, and 10 or 20 per cent need operation. As to the technique of removing a damaged nucleus,