Low Back Pain and Sciatica. With Special Reference to Secondary Lumbosacral Insufficiency. By Olavi LEIKKONEN, the State Hospital of Tampere. $9\frac{1}{4} \times 6\frac{1}{4}$ in. Pp. 100, with 4 figures, 19 plates and 19 tables. 1959. Copenhagen: Ejnar Munksgaard. Acta Orthopaedica Scandinavica, Supplement No. XL. Price Da. kr. 27.00.

Olavi Leikkonen, in this monograph, has added another contribution to the vast literature accumulating on the subject of mechanical derangement of the lumbar spine. A refreshing review of some of the pioneer works that form the corner stones of our present knowledge is followed by a clinical study of 314 patients who have been treated surgically for lesions of the lumbar spine.

Leikkonen is careful to stress the difference between the treatment of a prolapsed disc and that of an unstable lumbar segment. For the latter he advocates fusion, and he lists three techniques which have been used in the State Hospital of Tampere, namely the Bosworth H-graft and a single and a double tibial graft applied to the spinous processes. Intercorporeal and intertransverse fusion have not been used. Myelography has been employed often, and in 78 per cent of cases there was conformity between the radiological findings and the condition found at operation. Discography has been helpful on the few occasions when it has been used. The rate of "cure" in patients who have undergone fusion is high, but no mention is made of the radiological appearance of the graft after operation. After 314 operations on the low back 60 per cent of patients were cured, 30 per cent improved and 10 per cent no better or worse. The final chapter is a discussion embodying many crucial points of interest, especially the detailed nerve supply of the soft tissues controlling the lumbar spine.—Philip NEWMAN.

The Schanz Osteotomy for Irreducible Dislocation of the Hip. A Clinical Study with an Evaluation of Results Based on the Follow-up of 100 Cases. By Risto KIVILAAKSO. Annales Chirurgiae et Gynaecologiae Fenniae, Volume 48, Supplement 84. 9×6 in. Pp. 41, with 8 figures and 3 tables. 1959. Helsinki: Societas Medicorum Fennica Duodecim. Price F. mk. 400.

At the outset of this article the author explains clearly the rationale of this operation and compares it with the Lorenz bifurcation osteotomy. Because of lack of orthopaedic facilities and the more urgent need of war wounded, a large number of children in Finland during the war years 1939–45 received no treatment for their dislocated hips; thus the author was able in ensuing years to perform the Schanz osteotomy on 176 hips in 134 patients. The main indications are pain and hip "fatigue." The original operation has been modified to a notched osteotomy at the lower level of the original acetabulum with the addition of anterior angulation to the usual medial angulation, to increase stability at the hip and to diminish lumbar lordosis. Some form of metal fixation was used in most cases, with plaster of Paris immobilisation in all. Weight bearing was generally allowed ten to twelve weeks after operation, and the patients left hospital after three to four months. Apart from the usual complications that may occur with any operation, alteration of the angulation, delayed union and refracture were encountered.

The results (131 hips) in 100 patients are recorded after two to twelve years; a good result (16 per cent unilateral, 6 per cent bilateral) produced a stable hip, normal lumbar curve and no pain; a satisfactory result (56 per cent unilateral, 44 per cent bilateral) allowed a stable hip, lordosis but less pain than before operation; a poor result (28 per cent unilateral, 50 per cent bilateral) was obtained when the hip instability and poor function remained, while the patient considered that no improvement had been effected.

This series is the largest yet recorded but gives a less optimistic picture than some others, notably those of Dahs and Schwarz (1932) and of Hass (1943). Poor results are attributed mainly to increased or decreased angulation of the femoral fragments, osteotomy too low, or osteoarthritic change in the false acetabulum—a point against recommending the operation in patients of over thirty years; the author rightly cautions against recommending it lightly in bilateral cases. The text is well written, and with honesty; there are several good radiographic reproductions, which are most informative. The operation has not been universally popular in this country; fortunately its need has not been frequent, and it is hoped that its need will be even less frequent in the future.—David TREVOR.

DAHS and SCHWARZ (1932): Die tiefe subtrochantere Osteotomie bei veralteter Luxatio coxae congenita. Nachuntersuchungen nebst kritischen und epikritischen Bemerkungen. *Archiv für klinische Chirurgie*, **169**, 494.

HASS, J. (1943): A Subtrochanteric Osteotomy for Pelvic Support. *Journal of Bone and Joint Surgery*, **25**, 281