

Book Reviews

Surgery in World War II. Orthopaedic Surgery in the Zone of Interior. Editor-in-Chief Colonel William S. MULLINS, M.S.C., U.S.A.; Editors for Orthopaedic Surgery Mather CLEVELAND, M.D., and Alfred R. SHANDS, Jun., M.D. Associate Editor Elizabeth M. McFETRIDGE, M.A. Prepared and published under the direction of Lieutenant-General Hal B. JENNINGS, Jun., the Surgeon-General, United States Army. Pp. xl+1099, with 270 figures and 17 tables. Index. 1970. Washington, D.C.: Office of the Surgeon-General, Department of the Army. Price \$12.25.

This is the third volume of the orthopaedic section of the military medical history of the United States Medical Services, the previous two volumes having dealt with the orthopaedic surgery of the combat theatres of the Mediterranean and Europe. The editors have decided, quite rightly, to produce a reference book of the orthopaedic problems rather than a textbook. However, this makes it a difficult book to read systematically. The authors of each section are experienced orthopaedic consultants who have drawn on many published papers and on the work of many other surgeons who had assembled statistics during their wartime service and had not, until this volume, found time to publish. Could it be that because of the reluctance of some authors it took thirty years to extract this mass of material from them?

The work is confined to orthopaedic surgery carried out in the United States of America and therefore is the surgery of a base area. The orthopaedic problems are those associated with troops under active training and with patients evacuated from overseas. These clinical sections form the larger portion of the book. It reflects the work carried out in the military hospitals of Aldershot and Woolwich rather than Belfast.

The first section, short but comprehensive, is devoted to the organisation of the orthopaedic services in America, the rapid expansion in the numbers of orthopaedic surgeons and military hospitals. Quite early on they had decided to appoint their most experienced surgeons as consulting surgeons who would be responsible for supervising the orthopaedic surgery service in an area. It was also recognised that there are fundamental differences between civilian and military surgery—the patient must be fit to fight an active war at the end of treatment and also he may be treated by many surgeons in a chain of evacuation. It was therefore found essential to have standardised procedures which could be carried out at various hospitals in the chain. One of their most brilliant World War II achievements was the proper assignment of specialists, after careful grading, to the hospital where they could do the most effective work.

An important section is devoted to disabilities existing before enlistment and the aggravation of these by training and combat. Long-standing lesions of feet, knees and back are not compatible with useful service as a combat soldier; time and facilities should not be wasted in war on these in an endeavour to make them fit. The lessons to be learnt from the chapters on war surgery are those of all wars. Early complete excision of all missile wounds, adequate blood replacement and delayed primary suture. I was surprised to see that in some combat theatres this was not carried out until early 1944. Many papers demonstrate the principles and the need for definitive surgery in osteomyelitis, despite antibiotics, and the need to delay bone grafts and nerve repair until all sepsis is eliminated. The treatment of closed fractures is not neglected and much valuable material relates to the problems following the trauma of parachuting, training and traffic accidents. This book shows the early acceptance by American orthopaedic surgeons of these conditions as their responsibility and the need to organise their service accordingly.

There is much repetition between chapters and indeed within some of the chapters. This demonstrates the number of authorities consulted and that these experienced combat orthopaedic surgeons arrived at the same conclusions. Also, as this was written as a source book for historical purposes and for future reference, it does not attempt to disguise the failures, and this is where its value lies for military surgeons. The senior editors do not hesitate to give their own opinions based on their extensive wartime service and these footnotes I found valuable and interesting.

This book should be in the reference library of all hospitals dealing with missile injuries and should be dipped into when problems of long-term treatment are met. It should also be issued to all orthopaedic consultants on mobilisation.—N. G. KIRBY.