
The arrival of the second edition of Dr Bick's admirable source book has been long awaited. It is doubtful whether this book is well enough known, particularly in Britain, and it is to be hoped that this new edition will give the work the very wide recognition which it deserves, for it is unique, up to date, authoritative and very interesting. It is far more than its title implies. Besides representing a commendably complete and very painstaking collection of the sources and original papers upon which modern orthopaedic surgery is based, it is an interesting and exciting account of the development of our art and science. It should be read for pleasure and for profit by all who are interested in the historical background of our craft, and should form part of the compulsory reading of anyone who thinks that he has devised a new operation, a new technique or a new theory.

Revision and recasting have been very thorough. The first part of the book (which deals with orthopaedic surgery before 1900) has been revised, but is substantially what it was. Of the five new pages which have been added to this section most are taken up with new illustrations. The second part of the book, however (on contemporary orthopaedic surgery and its recent sources), has been nearly doubled in length and has been brought well up to date. There are, for example, admirable surveys of the surgery of the Second World War, of the modern views of the physiology of bone and of their development, and even of such subjects as genetics as applied to orthopaedic surgery. There is a useful, if admittedly incomplete, list of orthopaedic journals and an interesting but necessarily brief account of the development of orthopaedic hospitals. The many excellent features of this book make its one grave fault—a series of irritating mistakes probably due to poor proof-reading—particularly regrettable; the more so because some have remained uncorrected since the first edition. "Collins Mackenzie" (p. 10), "Filkin of Northwick" (p. 76), "Abernethy" (p. 82), "Intracranial haemorrhage" (p. 4), a mistake in the sex of Miss Honor Fell (pp. 94-95), "Fairbanks" for Sir H. A. T. Fairbank (p. 167), "is" for "his" (p. 208), and "Coffee" for Coffey (p. 211) are among the jars which upset the reader. One must also criticise Dr Bick's rather ready acceptance of oft-repeated surgical legends which are probably quite untrue (such as the idea of the introduction of the ligature by Paré and of amputation above the line of demarcation by Fabry), and of some stories which are certainly false (such as the statement on p. 79 that Pott sustained a Pott's fracture, whereas the injury which he did sustain in 1756 was a compound fracture higher up the leg). The greatness of Sherrington's contribution to orthopaedic surgery, albeit an indirect one, is not clearly realised; and a British reader may be forgiven for pointing out that the surgical history of the Second World War did not begin at Pearl Harbour. These are, however, remivable faults, for this is a fine book, stressing once again that "what is considered 'modern' is but the sum total of previous observations re-classified, re-interpreted . . . and occasionally multiplied," a lesson which none of us can rehearse too often.—D. J. Griffiths.


The time has now come when the surgery of the last war, although still fresh in mind, can be seen in proper perspective, and the editors of the British Journal of Surgery are to be congratulated on producing the series of War Surgery Supplements of which this volume is the second. It is essential that progress made during the war is accurately and concisely recorded, and, of the several methods available, the one chosen here, a series of reviews by representative surgeons, is undoubtedly the best. Mr Seddon has been happy in his choice of contributors because they have not only given an accurate account, but they have also managed to convey the sense of urgency, peculiar to war surgery, that arises from the pressure of a seemingly unending stream of casualties piling up at the front door.

The outstanding improvement in the medical services in this war lay in the administrative appreciation that no surgeon can do his work properly unless the patient reaches him quickly and in as good condition as possible, unless he has modern means of resuscitation at hand, and unless he has good lines of communication behind him. F. A. R. Stammers describes in the opening article how these things were achieved in the Italian Campaign. He follows the wounded man until his arrival at a base hospital, and deals with first aid, resuscitation, chemotherapy, splintage, transport, the general principles of primary surgical treatment and the modifications that may be necessary to suit varying local conditions. It is the most authoritative and succinct review of this subject yet published, and it might well be learnt by heart both by those planning the Army Medical Services of the future and the surgeons enrolled in it. Stammers is perhaps over-modest about the part he played, together with his fellow-consultant Harold Edwards, in planning the medical
organisation of the Italian campaign, for it was they who arranged the first large-scale experiment in delayed primary suture which proved so successful that it rapidly superseded the routine use of closed plaster methods. Ronald Furlong and J. M. P. Clarke contribute a valuable account of the treatment at base hospitals of missile wounds involving bone. They discuss first the general principles concerned and then special difficulties encountered at selected sites. Their experience is particularly instructive because they received their patients direct from the forward surgical units and were able to hold most of them for definitive treatment. J. C. Scott records the remarkable change in the prognosis of penetrating wounds involving joints that has come from improved methods of splinting during transport, and from chemotherapy. Even at the time of the North African Campaign in 1942 the mortality and the amputation rates in wounds of the knee had both been reduced to one quarter of the 1917 figure, and by 1945 they were negligible. In spite of the remarkable results achieved by New Zealand surgeons, and later by many others, with very early mobilisation of missile wounds of the elbow, Scott still prefers to fix the elbow until healing is complete.

H. J. Seddon’s knowledge of peripheral nerve injuries is unrivalled, and no more worthy pen could be employed to present the long-awaited results of the experiences of this war. One cannot help marvelling—as he describes in succession non-operative treatment, the indications for primary and secondary operative repair, nerve-grafting, and, finally, the end-results of suture—at the immensity of the painstaking labour continued day after day for years that has made this record possible. The end-results are assessed on the basis of the objective criteria elaborated by the Nerve Injuries Committee of the Medical Research Council, and he now makes available, for the first time, the really reliable information that is essential if the surgeon is to reach a rational decision as to his conduct in a particular case. J. J. Mason Brown, in the final review, deals with injuries to peripheral arteries in an equally authoritative and comprehensive way. He has not such a happy rôle to fill, because surgical progress in this field has been less striking; he has to record that the results of primary ligation of main arteries are still unsatisfactory, and that arterial restoration by grafting remains uncertain in spite of many brilliant attempts and a few outstanding successes.—Philip Wiles.

A PRACTICE OF ORTHOPAEDIC SURGERY. By T. P. McMurray, C.B.E., M.B., M.Ch., F.R.C.S., (Edin.). Professor of Orthopaedic Surgery, Liverpool University, Honorary Orthopaedic Surgeon, David Lewis Northern Hospital, Director of Orthopaedics, Royal Liverpool Children’s Hospital. Third edition. 8\(\text{n}\) x 6\(\text{in.}\) Pp. vii + 444, with 191 figures. Index. 1949. London: Edward Arnold & Co. Price 30/-.

It is scarcely fitting to carp about a book that is twenty-one years old and has survived six printings; yet to the reviewer this book is showing its age. The principles of orthopaedics may not change—and, as might be expected from a disciple of Robert Jones, they are here clearly stated—nevertheless treatment changes, sometimes because of increased knowledge and sometimes at the whim of fashion. Dare one say that the present edition has not followed these changes closely? Royle’s operation, Whitman’s reconstruction of the hip, and enucleation of the tarsal bones for club foot, might be omitted. The chapter on acute osteomyelitis needs complete reconstruction because of the discovery of the antibiotics. In the treatment of infantile paralysis the shift of emphasis from rigid splintage has not been stressed. Since in orthopaedics early diagnosis is so important, it is a pity that tuberculosis of the spine is illustrated by a child with gross kyphosis: tuberculosis of the spine will not be discovered early until the practitioner is accustomed to notice the small break in the uniform curve of a child’s spine in the bending position. Nor will a slipped epiphysis of the upper end of the femur be picked up early if he expects a history of injury. It is strange to find from Liverpool operation recommended as the only treatment for a ruptured intervertebral disc. Certain omissions strike one: references to senile osteoporosis of the spine and stenosing tendovaginitis would be welcome. Claw toes might well be considered apart from pes cavus.

Although the production, we are told, is of war economy standard, it could hardly be better. Most of the radiographic reproductions are so good that an occasional obscure picture is noticeable: the picture of spondylolisthesis is nothing but a blur. Publishers should realise that bad illustrations are worse than useless. This book is such an old favourite of this reviewer that he would wish the next edition to be perfect.

—George Perkins.


Dr Mortens describes tuberculosis of the knee as it occurred in 118 patients treated at the coastal hospital at Refnaes, Denmark, and in the surgical tuberculosis department of the Finsen Institute, to whose chief, Johannes Meyer, he pays tribute. These were patients in whom the diagnosis was not in doubt.