of the active stage, eleven femoral heads showed no deformity, fifty-six were oval or ovoid, seventy-eight were cylindrical, and eight were cuboid. The undeformed and the oval heads usually had a favourable outlook as to subsequent arthritis, the cylindrical heads a less favourable one and the cuboid heads a poor one. Treatment during the active phase seemed to have no influence upon the shape of the head, the range of movement or the subsequent onset of arthritis. The likelihood of this was greatest when deformity of the head was greatest; arthritis occurred in half of eighty-eight treated patients and a third (twenty-one) of sixty-five untreated patients. The outlook was best in the younger patients, whether treated or not. Reduced capacity for work was found in 12.4 per cent of 137 patients.—H. Jackson Burrows.


In the first part of this monograph Lauritzen surveys the literature and describes the method and its development. The second half is an account of 200 cases of intramedullary nailing carried out between March 1943 and December 1948 at the Sahlgrenska Hospital in Göteborg. The distribution was: humerus thirty-six, forearm bones thirty-two, femur sixty-three, tibia sixty-three, and other bones six. The series contained thirty-two ununited and 160 recent fractures. Kuntscher’s technique was followed in the main. External splintage was used in addition for fractures of the tibia, forearm bones and humerus. Some patients with fractured femurs were allowed to bear weight after two weeks. The best results were obtained in fractures of the femur; on the whole the forearm bones did not do well. Lauritzen believes that intramedullary nailing shortens treatment and minimises ultimate disability.—George Perkins.


J. Grant Bonnin accomplishes what he sets out to do—that is, to provide a complete guide to all the common fractures for the undergraduate and postgraduate student. The third edition has been augmented by a number of illustrations and by the inclusion of newer methods of treatment such as the Kuntscher nail and recently introduced antibiotics and operations.

As with previous editions, the high quality of reproductions of radiographs and excellent line drawings is notable. The précis on development and surgical anatomy at the beginning of each chapter is particularly useful. The chapter on fractures of the face and jaw by Mr J. N. Barron is one of the most concise and clear expositions on this subject in print. There are fewer statements to quarrel with in this book than in most, and to count them on the fingers is to pay further tribute to the author. For example, few would agree with the poor prognosis in Sudeck’s atrophy on page 62, or would splint a metacarpo-phalangeal joint in extension as shown in Figure 44, or use a caliper for six months after treatment for a pertrochanteric fracture of the femur as described on page 467. There is a mistake in the caption for Figure 199, the dislocation being between the second and third cervical vertebrae, not between the first and second. It is a pity that the use of “myseness,” which has made such a difference in the treatment of tetanus, is not mentioned. In Appendix II the figures for partial and total disability are too high to be printed in a book that is otherwise so useful to the young surgeon, and the phrase “light work” is surely out of date. These criticisms are small. The text is easy to read, important points are adequately stressed and the presentation is first-class. This book should be on every young accident surgeon’s shelf.—L. W. Plewes.


Eleven years and a war have intervened between the first and second editions of the work of which we review here the fourth volume, devoted to the bones and joints. It is written not only for postgraduate students of radiology but also for clinicians, including those in special branches.