
Volume I of Roentgen Diagnostics is divided into two parts. The amount of material in Part I is immense. It consists of 868 pages of approximately 500 words a page. There are 1,183 illustrations and the price is necessarily high (£12). One-fifth of the volume is devoted to basic radiological principles and normal skeletal structures. The major part covers fractures, inflammatory diseases and congenital anomalies. There are also chapters on atrophy, hypertrophy, dystrophy and circulatory changes. The intention is obviously to provide a book of reference for radiologists and orthopaedic surgeons. In many parts—for example in the chapters on congenital deformities—the mass of detail is greater than the average clinician requires for routine work. This is not a fault; it is an indication of the great care and thoroughness with which the volume has been prepared. The English student will find that he must read slowly. Many words such as infectiositas, anatomicopathologic and brachybasohypopalangia are unfamiliar and the style is taken from the original German. It is refreshing and very instructive to note a classification and approach to disease processes which is new to the reader. The eighteen pages on osteomyelitis form a classic description of the radiological manifestations of the disease and are as good as any previously written. The inclusion of osteoid osteoma and Paget's disease among the inflammatory disorders of bone may be correct but will not have universal approval. There are a few minor faults in the illustrations. Figures 213 and 571 are upside down and Figure 574 shows a radius and ulna not a tibia and fibula. The quality of the reproductions is superb: every print illustrates the essential feature with great clarity. These volumes probably form the most ambitious post-war publications in radiology. A tremendous amount of work has been done in their preparation and they provide the radiologist with an immense store of accumulated knowledge on radiological signs.—F. Campbell Golding.


This monograph is devoted to one of the many methods used for the production of radiographs of soft tissues. It is a continuation of the method of Laurell, whose work was published twenty years earlier. The technical aspects are analysed and the clinical applications of the method are shown in selected cases. The reticulated pattern of subcutaneous tissues and the vascular network is demonstrated in considerable detail. One application of the method is for the study of muscular patterns in the various dystrophies. In many patients this can be shown on plain radiographs by the presence of interstitial fat in excessive amounts; the effect is intensified by contrast injections.—F. Campbell Golding.


Myopathy of distal distribution was reported by Gowers in 1902, and also by Spiller in 1907. Since then cases with this diagnosis have been recorded, from time to time, by some workers; whilst others, such as Wilson (1940) and Critchley (1949) have doubted the truth of this diagnostic label which, they thought, might have been wrongly applied to atypical examples of dystrophia myotonica. In this latter disease myopathy of atrophic or pseudohypertrophic type may occur as an ingredient. Welander, in this monograph, has resolved any doubts about the existence of distal myopathy by much careful work. He has shown, not only that myopathy of distal distribution exists, but also that, in Sweden, it is by no means rare.

Between 1939 and 1948 Welander collected seventy-eight primary cases, for each of which a pedigree was drawn up. Field investigations from these pedigrees revealed 171 secondary cases, every patient being personally examined. A further 150 secondary cases were identified but in
these no examination was made. Autopsy was performed on three patients dying from other causes and in none of them was there found any disease of the central nervous system, the nerve roots, their ganglia nor of the peripheral nerves. Muscle biopsies from twenty-six patients showed histological changes characteristic of muscular dystrophy. Electromyography was performed on seventy-one patients with results which Welander considered typical of myopathic degeneration.

From the 249 cases personally examined, Welander was able to reach certain conclusions: like other types of myopathy, this distal form is heredo-familial, a dominant inheritance being usual. In six families the disease was traced through four generations. Males were more often affected than females. Onset was typically between forty and sixty. The upper limbs were the first to suffer, one side often being involved before the other. The intrinsic hand muscles and the long extensors of the digits were early affected. After an interval of several years wasting and weakness appeared in the intrinsic foot muscles and in the dorsiflexors of the toes and ankles. The tendon jerks were usually spared till the later stages, when the ankle jerks would disappear. As in other types of myopathy sensory changes and fibrillation were absent.

Welander points out that differentiation of distal myopathy from peroneal muscular atrophy, motor neurone disease and dystrophy myotonica, should not be difficult. His patient work has facilitated differential diagnosis.—P. H. SANDIFER.


The primary objective of this thesis was to decide the somewhat debatable point whether Still's disease in the form originally described by him really exists as a well-defined clinical entity in children. For this purpose the records of a series of 151 patients attending Danish paediatric clinics between 1920–1948 have been analysed carefully. The author comes to the conclusion that the clinical syndrome described by Still merely represents the severest cases of rheumatoid arthritis, which occurs in children in a comparatively wide variety of types ranging from a mild affection of single large joints to polyarticular forms accompanied with high fever and glandular enlargement, often suggesting a septic condition of grave prognosis. Although it does not seem possible to confer the distinction of a separate clinical syndrome on the type of juvenile rheumatoid disease described specifically by Still, the author does believe that rheumatoid arthritis in children in its various forms shows differences from the adult type sufficiently definite to merit its separate consideration. After the age of about ten years, however, the disease tends to assume the adult and more predominantly polyarticular form. Pathologically the manifestations do not appear to vary notably between the juvenile and adult types.

The author has also investigated the extra-articular manifestations of rheumatoid arthritis in children, and has described a band-shaped keratitis which is remarkable in being found in the eyes of children without evident impairment of vision. This associated lesion of the juvenile disease has not, he believes, been described in adult rheumatoid arthritis. He also noted in juvenile arthritis the surprisingly high incidence of a chronic serous iridocyclitis of insidious onset. After the age of ten years this condition alters, the inflammatory changes becoming more acute and so more like the iritis sometimes seen in patients with the adult type of rheumatoid disease.

No fresh clue to the etiology has been found. The antistreptolysin titre was raised in 40 per cent of cases; the agglutination reaction for haemolytic streptococci proved to be negative in all patients under ten years of age, and positive in only 8 per cent of patients between ten and twenty years who had been followed up. It would thus seem unlikely that streptococcal infection is intimately associated with 'Still's disease.' There appeared to be more evidence in favour of the presence of a hereditary predisposition. The difficulties of differential diagnosis are adequately dealt with, and the mode of onset and sex incidence are exhaustively considered. The author's views on prognosis are interesting, because this has, in the past, been considered bad, on account of the lack of conclusive evidence to the contrary. After observation for twelve years, 10 per cent of the present series had become completely disabled, and 18 per cent had died for various reasons,