
I had high hopes on opening this review of learning the answers to three questions: What are the results of conservative treatment? What are the results of operative treatment? What are the indications for choosing one or the other method? As only sixteen patients were treated by open operation in the 1,211 patients treated, there is a lack of detailed pathology and no answer to the last two questions. In ruptures of the medial [tibial collateral] ligament, the opening of the knee joint on the medial side was from 1 to 37 millimetres, with an average of between 3 and 6 millimetres in 453 cases. Conservative treatment, with a form of Unna's paste or with plaster-of-Paris, is considered to have shown satisfactory results, although there is limitation of extension in sixty-seven cases and of flexion in 158, and although only fifteen had no ligamentous laxity. The average time of treatment was eighty-three days. One cannot discover if operative treatment would shorten the time of treatment in a comparable group, or if the end results would be better. It is ironic that, in a book overburdened with figures which should be relegated to the decent obscurity of an appendix, the last figures given are those of two other workers, Ehalt and Öhl (1955), for operative repair in fifty cases of medial ligament rupture. Immediately after this, the final summary states that the correct line of treatment is always conservative. The short reference to Ehalt's work shows that, for patients under forty, his views are exactly contrary. We must await a similarly detailed report of cases treated operatively before we have the facts we want at our disposal.—J. G. Bonnin.

REFERENCE


This book describes an investigation into the osteogenic properties of bone marrow. It begins with a review of previous work, and finds that the results are inconstant and contradictory. The author considers that this is due to faulty technique, and emphasises the dangers of infection and desiccation. Dr Danis has performed a series of experiments, mainly on rats, using a careful aseptic technique. Taking marrow from the femur, and making sure that it contained no bone particles and that it did not become dry, he injected it into the anterior chamber of the eye and studied it both in vivo, by injecting sodium sulpho-alizarinate, and histologically. In autologous transplants bone always formed: the bone began in the middle of the graft, spread peripherally and persisted at any rate for many months. Bone marrow treated with alcohol, heat or cold did not form bone; nor did cortical bone. In homologous experiments the results were inconstant. In heterologous experiments bone did not form. The author concludes that formation of bone from marrow depends on living cells and is not due to induction of metaplasia in the host tissue. He believes that the reticular cells of the marrow are potentially osteogenic.

These results may revive the nearly moribund cellular theory of bone grafting and might affect our operation technique.—Robert Roaf.


Robison (1923) first suggested that the primary cause of calcification was splitting of phosphoric esters by alkaline phosphatase which resulted in local supersaturation of the tissues with respect to phosphate and calcium ions. So many difficulties arose over the interpretation of various types of experimental results (obtained both in vivo and in vitro) in terms of this simple mechanism that McLean (1955) was "happy to note that, for the first time in years, it has been possible to sit through