It was perhaps unwise for the author to add to the end of his title "A New Concept"—such a statement is best left to the reviewer as a benediction, and, thwarted in its use, he is liable to sharpen his claws. The book is based on articles which have appeared in other journals, and analyses the mechanism of recurrent dislocation of the shoulder. It is perhaps the most serious defect in the book that the known pathology of recurrent traumatic dislocation is given the least attention, and although the depressed fracture of the humeral head is mentioned, its importance in some cases of recurrent dislocation and its proof of anterior displacement of the head is not emphasised.

The author passes on to the importance of the anatomical and physiological variations found in congenitally predisposed or paralysed shoulders. These are: 1) a disproportion in the diameter of
the humeral head and the glenoid; 2) excessive retroversion of the humeral head; 3) anteversion of the glenoid; 4) muscular imbalance around the shoulder.

In the physiological analysis of muscle contraction during the movement of abduction, there is considerable interest.

The one new concept here is the question of excessive retroversion of the humeral head. It is known that in full abduction a greater area of the humeral head comes into contact with the anterior capsule at 120 degrees of elevation than at any other time and decreases after this. It is, however, difficult to see how a rotation osteotomy done about the level of the deltoïd insertion can affect the relation of the humeral head to the scapula, although it will inevitably affect the position of the hand in relation to the humeral head, i.e., reduce external rotation as in the Putti-Platt procedure. Only eleven cases of this problematical procedure are reported, and it is specifically stated that they were restricted to those with deficient “horizontal steering muscles”, i.e., the lower parts of the supraspinatus and subscapularis.

An even smaller series of cases has been treated by wedge resection of the scapular neck to increase the retrotilt of the glenoid. This is done through a posterior approach. Six cases in all are reported. There are no comparative x-rays before and after operation, although an improvement in tilt varying from 11 to 13 degrees is reported.

The largest series of cases (fifty-five) was those in which the latissimus dorsi was transplanted into the insertion of the teres minor in an endeavour to increase the strength of the postero-inferior muscles, which can be shown by electromyography to be most strongly contracted in the last phases of elevation of the shoulder. (But recurrent dislocation does not occur often in full abduction!) This operation is stated to produce a 96 per cent success rate regardless of any associated tilt of the glenoid or humeral retroversion. Even if one accepts the author's physiological statements, it does not follow that a latissimus dorsi transfer succeeds in reducing recurrent dislocation by reinforcing the pull of the postero-inferior muscles. It has been stated by a cynic that the best results in cases of recurrent dislocation of the shoulder are obtained by the worst surgeons. In other words, the greater the amount of fibrosis produced anteriorly by the surgeon, the less likely the head of the humerus is to displace. It might well be suggested that fibrosis in the capsule posteriorly might be equally effective, and if this is so, a new method of treatment seems to have been opened up. It is remarkable that in the fifty-five cases reported no humeral defect appears to have been seen, particularly because at least six cases were epileptic.

The book is short; it is well set out as far as the argument is concerned, and I found it interesting. Even if Mr Saha does not make his point due to a deficiency in close argument and a lack of scientifically accurate supporting material, at least the attempt to do so is entertaining. Occasional failures of the proof reader, e.g., “followed by” for “following”, (p. 51), keep one on the alert. It must be the first book on the shoulder which makes no acknowledgment of any debt to Codman. It is remarkably well produced by Academic Publishers of Calcutta; printing and typography are clear and the material is well set out. It is encouraging to see Indian printing and production steadily improving.—J. G. Bonnin.

_Ultrastructure of Synovial Joints in Health and Disease._ By Feroze N. Ghadially, M.D., Ph.D., D.Sc.(Lond.), M.C.Path., Professor of Pathology, University of Saskatchewan; and Subimal Roy, M.D., Ph.D., Assistant Professor of Pathology, All-India Institute of Medical Sciences, New Delhi. 29 cm. x 22.5 cm. Pp. x + 186, with 80 plates. Index. 1969. London: Butterworth & Co. (Publishers) Ltd. Price £5.

This book is a catalogue of the electron microscopy appearances of the cartilage and synovial membrane of synovial joints in health and in some disease processes. The book is profusely illustrated by eighty full page plates, some of which are composites. The photographs are of a high standard and the publishers have done well to keep the price to five pounds. I believe that the insertion of diagrams alongside the photographs to illustrate the overall structure of the tissue, and point the particular area referred to, would have added interest and enhanced understanding for those not familiar with the subject.

Two important joint tissues have received no mention, namely the capsule and subchondral zone, and another notable omission is the study of the joint surfaces by the scanning electron microscope. Some of the most dramatic and thought provoking pictures in this field have come from this investigation. The statement, page 48, taken from a 1929 reference, that “the surface of articular cartilage is seen to be remarkably smooth even at high magnification under the electron microscope” is inexcusable in the light of published work on the appearances seen with the modern scanning electron microscope.