
The complexity of the problems encountered in cases of spinal cord injury demands the closest collaboration between the neurologist, urologist, orthopaedic surgeon and general physician or surgeon; it is therefore imperative that such cases be treated in special centres where they can be under the general charge of one man who is competent to correlate all these services and assess the importance of each aspect in the individual case. That the urological aspect is of prime importance has been shown repeatedly, particularly by the statistics from the first world war. We are of the opinion that it shares equally with the degree and extent of pressure sores in determining the severity of the illness and the ultimate fate of the patient. Urinary complications and pressure sores run hand in hand and predispose to each other. Both may be worsened by improper orthopaedic treatment, and fixation of the spine in a plaster bed or a plaster jacket should have no place in the treatment of a paraplegic. In military injuries, which are commonly produced by missiles, there is as a rule no instability of the spine, and such fixation is not required; in civilian injuries there is more often spinal displacement or instability and here the orthopaedic problem is greater. Gross displacement must obviously be corrected but the maintenance of the correction must be such as to allow the limbs to be moved passively, and the patient to be moved as a whole as easily as possible; this may be done by an arrangement of pillows and in some cases a stabilising operation will be required, but plaster fixation in the paraplegic invariably leads to pressure sores.

This book deals with the urological aspects but must of necessity refer to the other sides of the problem. It opens with a consideration of the anatomy, physiology and nerve supply of the bladder. There follows a section on the changes in bladder function after spinal cord injury which is in general agreement with modern views; more consideration might perhaps be given to longitudinal injuries of the cord and the anomalous effects they produce. The methods of examination are next detailed; the author lays stress on the value of cystometry in assessing progress and points out the grave dangers of inexpert urethral instrumentation. He has made full use of cysto-urethrogramic studies in observing and demonstrating dilatation of the bladder neck. In considering the care of the paralysed bladder the author quotes freely from the advocates of the various methods; the Credé method of manual expression is of limited application; intermittent urethral catheter drainage is condemned as the worst treatment that can be adopted; continuous drainage by an indwelling urethral catheter is accepted for a limited period with certain safeguards. These include expert care, a system of irrigation and a high urinary output. Suprapubic drainage is accepted as the method of choice when a long period of bladder drainage appears likely to be necessary or when there are transport difficulties. Great emphasis is rightly laid on the need for a high opening in the bladder (see Fig. 27). Any general or orthopaedic surgeon

Figure 27—a line drawing to show correct placement of suprapubic tube.
may be called upon to perform this operation, and he must realise that correctly placing the tube may determine the success of treatment. The insertion of a suprapubic catheter does not prejudice the ultimate return of vesical function.

The changes in the upper urinary tract must be the concern of the urologist, but the orthopaedic surgeon is already familiar with the problem of recumbency calculi.

In planning for the future it is vitally necessary that all who are to be concerned in the treatment of these unfortunate patients should have ample knowledge of the problems which will be encountered. We can strongly recommend this book as giving a fair, reasoned and accurate account of the urological methods employed, and as one which is based on adequate personal experience. The book is well produced, clearly illustrated and well documented and is written in a style which makes for easy reading.—E. W. Riches.

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NEOPLASMS OF BONE AND RELATED CONDITIONS; Their Etiology, Pathogenesis, Diagnosis and Treatment. By Bradley L. Coley, M.D., Attending Surgeon, Bone Tumor Department, Memorial Hospital for Cancer and Allied Diseases; Assistant Professor of Clinical Surgery, Cornell. 10 x 7 in. Pp. xiv + 765, with 389 figures and 53 tables. Index. 1949. New York: Paul B. Hoeber, Inc. London: Cassell & Co. Ltd. Price 6s, 10s.

This book is based on the author's experience during the past twenty-five years in the Bone Tumour Department of the New York Memorial Hospital. The clinical, diagnostic and therapeutic aspects of bone tumours are discussed in detail; but the value of the book would have been enhanced by a fuller description of the microscopic pathology, a knowledge of which is often essential to the selection of the proper method of treatment. The text is divided into eleven sections, each with an extensive and well chosen bibliography. In the first section the classification, etiology and diagnosis of bone tumours are discussed and there is an admirable chapter by Woodard on blood chemistry in the diagnosis of diseases of bone. The author advocates aspiration biopsy, and in his own clinic the method has proved remarkably accurate; but many pathologists still hesitate to give a final opinion on small fragments of tumour tissue. Other sections deal with benign and malignant tumours, tumours involving bone by extension, metastatic tumours and tumours in special localities. There are three sections on treatment and a valuable section on lesions of the skeleton simulating bone tumours.

The author's classification of bone tumours is a modification of the revised (1939) classification of the Bone Sarcoma Registry of the American College of Surgeons. He wisely rejects the artificial subdivision of osteogenic sarcoma into periosteal, medullary and subperiosteal, telangiectatic and sclerosing types, and prefers the less confusing subdivision of osteogenic sarcoma (the reviewer prefers the term "osteosarcoma"), chondrosarcoma and fibrosarcoma. But in the text no clear distinction is made between osteogenic sarcoma and fibrosarcoma, and it is confusing when the author, returning to the 1939 classification of the Bone Sarcoma Registry, uses such unsatisfactory terms as osteolytic osteogenic sarcoma and osteogenic fibrosarcoma. In the author's series of 320 benign tumours there were roughly three times as many giant-cell tumours as bone cysts. This certainly does not represent the true incidence of these two lesions, and it is clear that the Memorial Hospital is receiving a selected group of cases which present problems in diagnosis and treatment. This may account for the unusually high proportion of Ewing's sarcoma in the malignant tumours. There is now abundant evidence that Ewing's sarcoma is a rare lesion and that many tumours formerly placed in this category are metastatic tumours and undifferentiated sarcomas.

In the section on surgical treatment a detailed description is given of the technique of curettage, and of the treatment of selected cases of bone sarcoma by resection and transplantation. Amputations are discussed thoroughly, including the end-results. There is an excellent section on radiotherapy. The author advises against irradiation in benign lesions with the exception of the inaccessible giant-cell tumour. Several cases are reported in which a malignant tumour developed after injudicious irradiation of a benign lesion.

The book contains numerous illustrations, many of excellent quality, but the reproduction of some of the radiographs leaves much to be desired.—Roland Barnes.

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