
Intra-ossesous injection of contrast medium can outline radiographically the internal structure of bone and reveal the various venous pathways that drain the area concerned. This treatise, clearly written by an expert, is devoted to the various applications of this diagnostic method. The work begins with a consideration of the technical aspects of intra-ossesous venography and this is followed by a section on osteomyelography in which venous patterns within bone are discussed. The remaining eleven chapters are devoted to the radiology of the various major venous pathways that can be demonstrated by intra-ossesous injection. Each chapter starts with a section on the local venous anatomy, then describes the positioning of the patient and injection technique, and ends with a discussion on the clinical application of the method. All the regional chapters are illustrated by a series of venograms. These have not rendered good reproductions, but a clear line drawing accompanies each radiograph and interpretation is not difficult. The azygos system of veins lends itself well to study by intra-ossesous injection and one of the major chapters is concerned with “Azygography.” In this chapter the author’s concept that altered haemodynamics can produce characteristic changes in the venogram is well illustrated by the “azygographic” pattern in portal hypertension. Similarly, another long section deals with venography of the vertebral venous plexus and is illustrated by venograms in such diverse conditions as herniated intervertebral disc, spondylolisthesis and vertebral metastases.

The author is strongest when dealing with the purely technical aspects of the method and is less sure when discussing the indications for intra-ossesous venography. He has established, however, that intra-ossesous venography should have a place in the armamentarium of the modern x-ray diagnostician and this book can be recommended as a practical guide to this highly specialised technique.—G. W. Taylor.


This short volume is best described to English readers as a combination of Rank and Wakefield on Surgery and Repair as Applied to Hand Injuries and Watson-Jones on injuries to the upper extremity; indeed a good many familiar illustrations from the latter will be met with in its pages. It is fully and magnificently illustrated in black and white and in colour. It follows accepted precepts and the only general view it purveys which is susceptible to criticism is a slight over-emphasis on mechanical fixation in complicated fractures about the elbow. In contrast to this the reduction of the dislocated acromio-clavicular joint by a single screw in the coracoid process is omitted in favour of Bunnell’s fixation by a fascial strip. As befits their importance, half the volume is devoted to injuries to the hand. To include all injuries to the upper extremity in the remaining half necessarily entails a rather abbreviated treatment; for instance, posterior dislocation of the shoulder is mentioned in one line as a rarity. It is an admirable text-book for the senior registrar and it is a pity its attractive conciseness is marred by an inadequate index.—J. G. Bonnin.


This monograph is based upon an attempt to find common features in patients suffering from pain of uncertain origin such as post-herpetic neuralgia, atypical facial pain, phantom limb, causalgia, etc. The author stresses the great difficulty of describing disagreeable sensations in words and of assessing the severity of chronic pain.

The physiology of the conduction of pain impulses is discussed and the literature on the subject is widely reviewed. Dr Noordenbos believes that the persistence of painful sensations after neurological
injuries is due to the existence of a multi-synaptic afferent system within the spinal cord. This, he suggests, is activated and inhibited by impulses reaching it from the periphery; if the balance of some impulses is disturbed by injury, long-lasting painful sensations may result. In the same way he explains why operations designed to denervate the painful areas may fail to relieve the condition.

The book will be of interest and value to those seeking an explanation for persistent pain of obscure origin, but will assist little in the practical alleviation of pain.—Campbell Connolly.

**Instructional Course Lectures.** Volume XVII. The American Academy of Orthopaedic Surgeons.


This is the seventeenth volume of Instructional Course Lectures and is a selection of the lectures given at the 1960 meeting of the American Academy of Orthopaedic Surgeons. It is unquestionably the best volume that has appeared so far, and your reviewer has read most of it with considerable pleasure and profit. The outstanding article is by Blount on "Unequal Leg Length and its Management"; but there are many other good things—Green and Anderson on "Skeletal Age and the Control of Bone Growth," a section on bone graft surgery which includes a superb review by Urist of the research in this subject in the past ten years, and two practical articles on "The Principles of Bone Graft Surgery" by Herndon and "The Causes and Treatment of Non-Union" by Boyd and Lipinski. There are also valuable contributions by Robinson and Southwick on "Surgical Approaches to the Cervical Spine," Fahey on "Fractures of the Elbow in Children" and Stokes on "Surgical Management of Vascular Injuries Associated with Long Bone Fracture."

In 1953 James Dickson named the subcapital fracture of the neck of the femur "the unsolved fracture." No one reading the group of articles on this subject will doubt the aptness of the term, because almost all the contributors have described a different method of internal fixation, and there is surprisingly little agreement on the causes of failure. Any orthopaedic surgeon who thinks he knows the answers should read this section; those who, like myself, are in search of facts rather than opinions may be disappointed.

The book is well produced, and the quality of the illustrations is better than in some of the earlier volumes, but there is still room for improvement. One suspects that some of the radiographs submitted are neither suitable for reproduction nor essential to the understanding of the text. Would it not be better to exclude them and pass on the benefit to the reader?—Roland Barnes.

**Cancer Progress Volume 1960.** Edited by Ronald W. Raven, O.B.E.(Mil.), T.D., F.R.C.S., Joint Lecturer in Surgery, Westminster Medical School, University of London; Surgeon, Westminster Hospital Teaching Group; Surgeon, the Royal Marsden Hospital, London; Surgeon, the French Hospital, London; with twelve advisory editors and thirty-three other contributors. 10 × 7 in. Pp. xvi + 258, with 45 figures and some tables. Index. 1960. London: Butterworths. Price 60s.

*Cancer Progress* is a companion volume to the larger work on cancer and is a very readable and stimulating account of current cancer research. Whilst the volume may contain little of direct interest to orthopaedic surgeons, it is important that we should be aware of the exciting developments that are occurring in many fields of cancer surgery, and be ready to introduce the recent diagnostic and therapeutic techniques into the management of malignant tumours of bone and soft tissue. All malignant tumours of bone have a high mortality rate, none more so than osteosarcoma. The problem here is a rapid dissemination of the tumour often within a few weeks of the first symptoms. In this context the account of circulating cancer cells in the blood stream by Stewart is of great interest. Is biopsy as harmless a procedure as is often supposed? A count of the sarcoma cells in the venous blood draining a limb before and after biopsy might be informative.

There are articles on the chemotherapy of cancer and regional perfusion with chemotherapeutic agents. Stehlin and Clark, the originators of limb perfusion, make no exaggerated claims for the method. They state firmly that "as currently employed its long term therapeutic value may prove to be insignificant, hence it is not recommended as a standard weapon in the treatment of patients with cancer." It would appear that the most useful field for the cytotoxic drugs "may be the inactivation of circulating cancer cells by chemotherapeutic compounds, whilst the primary tumour is removed surgically or destroyed by radiotherapy." Until a cytotoxic agent is developed which has a greater affinity for the cancer cells, it may be necessary to counteract the damage to the haemopoietic tissues.