minimum. The plaster bed constitutes an important part of the treatment and the patient is usually sent home to lie in his plaster bed, attending hospital for periodical radiographic examination.

This study is essentially a comparison of the results of conservative treatment with those following spinal fusion. After an extensive review of the literature the author discusses the indications for spinal fusion and the complications arising from it. He then gives in great detail the comparative results of the two methods of treatment and draws the conclusion that operation is of value in reducing the complications of spinal tuberculosis and in enabling the patient to resume work more rapidly.

Only forty-nine cases were treated with antibiotics and the space devoted to this aspect of treatment is small, and no consideration is given to the more modern methods such as the direct attack upon the lesion.—A. T. Fripp.


This is an excellent review of a still ill defined group of tumours and brings the subject up to date. Inevitably, of the sixty-three cases reported, forty-five cases are benign giant-cell synoviomas. It would appear that if further advances are to be made in knowledge of the rarer forms of synoviomas some tumour registry associated with a committee prepared to visit reported cases is necessary. The author’s grouping of the tumours is shown in the accompanying diagram:

**CLASSIFICATION OF SYNOVIOMAS**

\[
\text{Benign forms} \rightarrow \text{Transitional forms} \rightarrow \text{Malignant forms}
\]

- Benign synovioma without giant cells
- Malignant synovioma without giant cells
- Benign giant-cell synovioma
- Malignant giant-cell synovioma
- Xanthomatous giant-cell granuloma of the tendon sheath

Villonodular synovitis is regarded as a variety of chronic synovitis and not as precursor of tumour formation. Unfortunately no attempt is made to fill the gap in knowledge of the pathogenesis of cysts of the menisci and benign synoviomas although the frequency of xanthomatous change of the deposition of haemosiderin in association with synovial line-spaces suggests that cysts and synoviomas are related. Metabolic and inflammatory conditions as the cause of tumour formation is rejected and the varying forms of synoviomas considered to be reflections of synovial cell metaplasia.—J. G. Bonnin.


Cerebral palsy is an immense subject covering a wide field of medical, surgical and educational endeavour. Except in the most lightly affected child it is usual to find defects of sensation and of the special senses; intellectual, emotional or psychiatric disturbance in addition to the motor dysfunction. Thus, any treatise on the subject will be, of necessity, somewhat large, and the editor of this volume is to be congratulated on a considerable feat of condensation.

In the main, the book is an easily read dissertation on a survey of some 240 children with cerebral palsy in Scotland. So well has this been done that it takes on the role of a text book on the subject, comparing very favourably with those that have gone before.

It has its disappointments. Etiology, so important in our present ignorance of the disease, is rather summarily dismissed. Admittedly, not much is known, but one is left with the feeling that more could have been included with advantage. The classification of the types of the symptom-complex is, unfortunately, one of those rather complicated and cumbersome ones delighted in by our transatlantic cousins, but which seem to serve little purpose. A monoplegic type is included in this classification and this would probably have been better left out since it seems highly problematical whether in fact it exists.

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