

methods of reduction of fractures has been felt by all practical-minded surgeons, and the impracticability of its universal application has been learnt by experience. The varying pattern of bones and their moving coat of muscles present problems enough in simple fractures, and when this is complicated by a fracture of any severity a mechanical method of reduction will cure only a certain percentage. Each mechanical method developed shows a particular aptitude for one or two fractures and cannot be adapted to all fractures with equal efficiency.

This monograph is written by a surgeon who has taken unusual pains with his particular method and endeavours to make it universal; it should therefore be viewed critically. The process of reduction once pins have been inserted into the bone on either side of the fracture remains essentially the same as in other similar methods. The chief variation is a new method of introducing threaded pins into the bones. This is done by the use of a rectangular template through the four corners of which fine guide wires are introduced so as to touch either side of the fragment to be pinned. The main pins are introduced through the central holes of the template, thus making certain that the bone is drilled centrally. The screwed pins used are drill-pointed, and so readily penetrate both cortices, while the thread gives added grip. Two or more pins may be inserted in each fragment and then held by special clamps. The fracture is set under fluoroscopic control, and the clamps are bolted to a junction bar for retention. Many additional appliances are available for particular fractures.

Dr. Hoffmann has been perfecting this method over many years, and there is no doubt of the technical excellence of his appliances and their wide range of application. A similar development of technical skill has been seen with the intramedullary nail. It is almost certain that this method also will show disadvantages when applied generally. Unfortunately no indication is given in the book of the particular fractures in which the method has proved of greatest assistance. The book is well illustrated, though rather in the manner of an instrument catalogue, but it is deficient in radiographs. It also lacks that informative chapter we should like to see on the complications encountered in the use of the method, though it would be unfair to say that the difficulties are glossed over.

J. G. BONNIN.

### FRENCH MEDICAL DICTIONARY

*Dictionnaire Français-Anglais et Anglais-Français des termes médicaux et biologiques.* By Pierre Lépine. (Pp. 829. £3 3s.) Paris: Editions Médicales Flammarion. London: H. K. Lewis and Co. 1952.

The author decided to compile this work in 1945, when reviser of the French edition of the *British Medical Bulletin*. He found that the English text baffled the French translators, both first-rate professionals and doctors who gave occasional help. One difficulty was the abundance of learned words in English; because of our traditional recourse to Latin, we often duplicate the English word with a Latin term. In this respect French is much poorer, and the French-English part of the dictionary is consequently only half the size of the English-French.

Dr. Lépine is well qualified for lexicography. A member of the Pasteur Institute, he has been in touch with British medicine for nearly 30 years; he has even taught in English, and visits to Canada have familiarized him with American medical terms. His book will quickly take its place among the standard medical dictionaries. The vocabulary consists of some 65,000 words; those rarely used or recently formed are described more fully than others, and to that extent the work is encyclopaedic. The gender of all French nouns is given. The book is octavo, light, printed in large type on good paper, and strongly bound in cloth. The two parts are separated by a set of British-metric conversion tables.

The proofs were read by a British doctor, but the author knows that mistakes are unavoidable and hopes they will be

pointed out. Some words are misspelt—for example, *abbreviation* (p. 8), *physics* (p. 8), *manganes* (p. xiv), and *Sauerbruch* (p. 236). Others show errors of usage—for instance, *Bertin* (p. 38), which should be *Bertini*, since in English we retain Italian spelling, and *metrical* (p. vii), which should be *metric* (metrical measures are those that poets use). The crush syndrome is described as the syndrome of *Bayswater*. This is not an ordinary misprint; I understand that French doctors find the name *Bywaters* hard to pronounce, and commonly pronounce it *Bayswater*. Whatever they say, they should of course write *Bywaters*. Following French custom, the Wassermann reaction is described as the reaction of *Bordet-Wassermann*, but *Campbell-de Morgan* spots are described as *Morgan's spots*. *Urinalysis* is normally so spelt; I have never seen *uranalysis*, the only form given.

Every page will instruct or entertain the reader; sometimes the method of translating takes us, sometimes the word itself. *Mortician* is translated not (as we might guess) by *morticien* but by *entrepreneur (ou ordonnateur) de pompes funèbres*; *croque-mort*, though shorter, is disrespectful, since *croquer* means to *munch*. *Basophobia* means dread of walking, but *basophilia* means an increase in the number of basophil cells in the blood. *Dihysteria* sounds like the psychiatrist's Waterloo, but the right doctor for this disease is a gynaecologist; let us hope he is not *tomomaniac*, or he may remove everything he can reach. During the war frozen cod made England *ichthyophobic*, and for all we know we may now be *hippophagic*. If you think you are a horse, you are *hippanthropic*; should you chance to be a horse but think you are a man, you are *anthropohippic*; the book does not say so, but the laws of logopoiesis require it. Lastly, take me not to the morgue but to the *necrocomium*, a lovely word suggesting cypress and cloistral calm. Thanks to Lépine I shall die happy in the knowledge that, whatever was or is or shall be, doctors will always have a word for it.

RAYMOND WHITEHEAD.

### PALACE PATHOLOGY

*Second Empire Medley.* Edited by W. H. Holden, Olive F. Abbott, Pierre Chanlaine, Macdonald Critchley, Ivor Guest, Donald Macandrew, and Horace Wyndham. (Pp. 96; illustrated, 15s.) London: British Technical and General Press. 1952.

This is not a book to be recommended, if indeed it can be called a book. It does, however, contain a good essay by Dr. Macdonald Critchley on "A Medical History of Napoleon III," which shines like a virtuous deed in this world of courtesan and can-can. Despite the presence of Bouillaud, Trousseau, Duchenne, and Charcot in Paris, Napoleon in ill-health sought the advice of Sir William Fergusson. Sir William's journey to Paris resulted in a strict regimen for the Emperor and 3,000 guineas for himself. The final illness was due to renal failure associated with a vesical calculus and urinary infection. Napoleon III was then in retirement at Chislehurst, and among those doctors who attended him were Sir James Paget, Sir William Gull, and Sir Henry Thompson.

The story is well documented and there is a good account of the operation of lithotripsy which was eventually decided upon. Sir Henry Thompson, who performed the operation, had agreed to accept £20,000 in return for a month's residence at Chislehurst. Napoleon died a week later, and a full account of the necropsy was published in *The Times*, Sir William Gull presenting a minority report. The public debate was continued by Sir Henry Thompson, who, at the instance of the Prince of Wales, defended himself against Parisian criticism. The great infallibles of Victorian medicine not only earned vast financial rewards, but, like wicked animals, were prepared publicly to defend themselves and their opinions. Such matters are better ordered to-day. Dr. Critchley has added an interesting chapter to the pathology of the palace.

D. V. HUBBLE.