

ORTHOPAEDIC SURGERY OF CHILDREN

Orthopaedic Surgery in Infancy and Childhood. By Albert Barnett Ferguson, jun., B.A., M.D. (Pp. 508+xii; illustrated. £6.) Baltimore: Williams and Wilkins. London: Baillière, Tindall and Cox Ltd. 1957.

The editor and five contributors have included in one volume most of the subject-matter of orthopaedic surgery required in childhood. The acute phase of fractures is omitted, but a number of complications are mentioned. Reference is made to the observations and writings of British surgeons. There is a regional arrangement of the greater part of the text, but some studies, such as plastic surgery of the hand, are not in sequence. Affections of special tissues, such as bone and muscle, are collected in separate chapters. There is an up-to-date and clear description of the clinical and therapeutic features of most congenital and acquired conditions of childhood. Information on tuberculosis of the knee, hip, and spine will be found. The conception of metabolic disease is overshadowed by regional conditions, so that there is little evidence of the importance of studying a child's general health when spine, knees, or feet are brought to the doctor's notice by the parent. However, the description of each condition is exactly what the general practitioner or aspiring graduate requires, and it is noticeable that the more recently recognized lesions appear to be regarded as of somewhat greater importance than well-established syndromes, such as birth palsy.

The chapter on affections of bone, which is lavishly illustrated, will attract the reader's attention in that the defective formation of bone from cartilage is a feature; and Robert Klein writes well on rickets and scurvy. Recommendations for treatment of congenital dislocation of the hip are made according to the child's age. The article on scoliosis is of some length and amply illustrated. The surgery of cerebral palsy, poliomyelitis, and progressive muscular atrophy is described. Readers may consider that the reproductions of a number of radiographs are insufficiently clear to exemplify the author's text. The book has a place in any surgical library, but it should be appreciated that it is not a complete textbook of orthopaedic surgery of children.

ST. J. D. BUXTON.

CARE OF CHRONICS IN U.S.A.

Chronic Illness in the United States. Volume II: Care of the Long-term Patient. By the Commission on Chronic Illness. (Pp. 606+xv. 68s.) Cambridge, Mass.: For Commonwealth Fund by Harvard University Press. London: Oxford University Press. 1956.

American hospitals and institutions for the care of the "chronic sick" were improvised to meet the needs of widely separated communities with differing conceptions of social responsibility. It is not surprising, therefore, that this encyclopaedic survey by the Commission on Chronic Illness paints a picture of chaotic confusion and disparity of standards like that of the Nuffield Hospital Surveys in this country a few years ago. By 1954 most of the American hospitals for chronic sickness, mental disease, and tuberculosis were already the responsibility of the State, but the patients in acute general and special hospitals controlled by "non-government" authorities outnumbered those in similar government institutions more than three times. The American Commission recognizes that care of the chronically ill is inseparable from general medical care in acute hospitals, and recommends that much more should be done for the patient in his own home than has been attempted hitherto; it suggests that "the most desirable approach to providing hospital care to long-term patients is through . . . co-ordination of the services of general hospitals both private and public" and reform of out-patient practice. But the co-ordination of hospitals under different authorities has always been difficult—at all events in England—and it will not be achieved in America merely by saying that it ought to be. This report lacks precision; nowhere is there any

exact analysis of hospital patients in a single region in terms of their medical, nursing, and social needs such as that which enabled Professor T. McKeown recently to formulate a plan for an integrated hospital community which might be applied on an experimental basis without great difficulty. On finance the conclusion is that "there is no alternative to the basic proposition that society as a whole through taxation must meet the deficit" until the time when plans and programmes of insurance are adequate. An unexpected tribute to the Welfare State.

A. P. THOMSON.

REACTION TO STRESS

Mastery of Stress. By Daniel H. Funkenstein, M.D., Stanley H. King, Ph.D., and Margaret E. Drolette, M.P.H. (Pp. 329+xv. 48s.) Cambridge: Harvard University Press. London: Oxford University Press. 1957.

In this book are described the results of experiments conducted on a group of Harvard students who were all subjected to artificial stress-inducing situations. A large battery of physiological and psychological tests were given so as to examine the acute immediate emergency responses produced, and to test the ability of each person to master, or his liability to succumb to, the stresses imposed over a longer period of time. The book will be useful for those interested in stress research because of the detailed description of the methodology used. It is harder going for the ordinary reader unacquainted with, and perhaps uninterested in, the numerous physiological and psychological tests that were employed.

Interesting conclusions were arrived at. The authors found that the initial types of reactions to stress were generally constitutionally predetermined. However, whether the subject was able to master stresses or succumbed to them often appeared less related to constitution and more to early upbringing and previous life experience and training. But I believe that if something like somatotyping had also been attempted it would have been shown that the power to persist with and to master difficulties also has a strong constitutional component. The absence of any detailed study of bodybuild and somatotypes seems a possible weakness in this particular investigation.

WILLIAM SARGANT.

CLINICAL CHEMISTRY

Chemical Methods in Clinical Medicine: Their Application and Interpretation with Techniques of Simple Tests. By G. A. Harrison, B.A., M.D., B.Ch.(Cantab.), M.R.C.S., L.R.C.P., F.R.I.C. Fourth edition. (Pp. 667+xi; illustrated. 65s.) London: J. and A. Churchill Ltd. 1957.

The fourth edition of Harrison, 27 years after the first, illustrates the advantages and difficulties of the one-man book in modern medicine. It attempts to survey apparatus, techniques, and interpretations throughout the field of chemical pathology, and, although much is gained from the unified approach of a single author, and from the stimulating outlook of this particular author, one senses that the task is becoming so burdensome that no one person can keep a book up to date in the whole of these subjects. For instance, 10 pages are spent on faecal fat without a mention of the daily output; the section on gastric analysis includes outdated procedures such as the Ewald and Boas meals; and the chapter on indicanuria might well be omitted. The section on acidosis repeatedly emphasizes that it is not equivalent to diabetic ketosis—a notion which is not likely to need stressing nowadays. The author omits determination of steroids because he regards it as useless. However, new sections on flame photometry, paper chromatography, paper electrophoresis, and photoelectric colorimetry are clear and concise, and these, combined with the fundamental reliability of most of the book, make it a worthwhile addition to the library of clinical chemical laboratories.

R. R. McSWINEY.