
The hip joint anatomically is admirably designed for its diverse functions. Its mechanics are complex and the forces brought to bear upon it in normal function are enormous. Lately surgeons have been so impressed by the mechanics of the joint that they have tended to think and to act as though its components were merely mechanical structures. While recently they have shown a somewhat tardy recognition of the vital vascularity of bones, surgeons still fail to pay sufficient attention to the vital plasticity of bone in its reaction to abnormal stress and to foreign bodies—no matter how inert biologically these may reputedly be. Most of us have, in these matters, much to blame ourselves for. Continental work, particularly recent French work, has as much as any been dominated by the mechanical approach, having been greatly influenced by the beautiful studies of Pauwels. Thus the very sincere work of the Judets, and of Merle d'Aubigné and Herbert, following upon Smith Petersen's pioneer work upon the introduction of inert barrier materials into the hip. Recent experience in Great Britain has resulted in great disappointment, and methods of arthroplasty which promised so well are, because of lack of durability, now being generally discarded. The problem is recognized to be not mechanical but of achieving the impossible fusion of biological tissue with foreign material under stress—biomechanical synthesis.

The whole subject is well reviewed in this present work which commences with an excellent discussion of the mechanical background, largely based upon the work of Pauwels, and then discusses methods of arthroplasty by the Smith Petersen metal cups, and by acrylic prosthesis of the Judet type and its modifications, including the larger specimens which have prolongations into the femoral shaft. Surgical technique is described and a review is given of the follow-up after 200 operations. In the review of results one has some doubts about the length of time after operation, for this is not clearly stated and it does not appear that all cases were examined clinically. None the less, the authors are not at all encouraging. Excellent results at the outset showed later deterioration, so much so that these workers have now abandoned the original Judet prosthesis. The larger prosthesis they regard as the best means of salvaging the unhappy results of previous arthroplasties, and they still hold some hopes for these in other cases for which arthroplasty is indicated. Because, however, of their anxieties, they have not entirely abandoned the use of the Smith Petersen cup. An unhappy story extremely well and fairly told. Norman Capener.


This small book is essentially for the practising clinician. The authors are convinced of the great value of hormone treatment in rheumatic fever, particularly for the child seen early in the course of the disease. They therefore devote the first section (by Debré, Mozziconacci, and Keller) to the diagnosis of rheumatic fever in the early stage of its development; this is followed by a section by Soulé and Nouaille on rheumatic carditis, in which its natural history and development is described.

A section then follows along orthodox lines on the value of the estimation of anti-streptolysin O in the serum. The main section is on the hormonal treatment of the acute phase of rheumatic fever (by Debré, Mozziconacci, and Caramanian) and deals with 267 cases seen in a period of 3½ years, 23 of them having severe carditis, 131 carditis, and 113 acute rheumatism but without carditis. Of the first group, six children died. There were no major complications of treatment. ACTH was used in a few cases where rapidity of action was needed. Cortisone was given more generally, in a dosage of 250 mg. for the first 2 days and then at 200 mg./day for children over the age of 10: between 5 and 10 years the dose was 50 mg. lower.

The duration of treatment was decided on an individual basis, but in general was about 10-15 days, being prolonged up to 1 month or 6 weeks in resistant cases and until the sedimentation rate fell below 20 mm. per hr. No control group was studied.

The final section deals with the problems of convalescence as observed by Labesse and Dagonet at the Hôpital de Convalentes de la Roche-Guyon. It is a full and sensible account of the care of these children dealing with such problems as rest, antibiotics, and the need for continued observation. The book can be highly recommended and is full of interesting information on the practical management.

E. G. L. Bywaters.


The first chapter of this book consists of a useful and fairly comprehensive review of the world literature on the subject of chrysotherapy in rheumatoid arthritis. In subsequent chapters, Dr. Bohman presents the results of a study carried out at the Pension Board's Hospital at Nynäshamn between 1939 and 1944 with a follow-up between 1946 and 1950. The progress of 502 patients who had received gold is compared with that of 362 patients who received "other treatment"—mainly physiotherapy. In a final section the results of certain combined therapeutic regimes, using gold and cortisone, and gold and Salazopyrine are briefly discussed. However, since these two groups combined only comprise 62 patients, the author is rightly reticent about drawing any conclusions. By contrast, the results of the main trial are presented in very great detail, each analysis being subjected to statistical scrutiny. The conclusions are uniformly favourable to chrysotherapy by all the criteria used, save for the vital one that the working capacity of these patients did not seem to be improved. The author attempts to explain this in terms of the initial