sets out clearly the difference between their two methods of treatment. Winnett-Orr did not combine excision of the wound with the treatment usually associated with his name.

The number of names in the Bibliography amounts to close on 500, which indicates the amount of study and research that Trueta has undertaken.

The chapter on "Amputation" is to be most highly commended, and one would only suggest that to the extremely useful directions given, the advice should be added that, wherever possible, a relatively inexperienced surgeon should obtain the opinion of a more senior colleague before amputating, for, as Trueta points out: "The diminution in the number of amputations is undoubtedly a consequence of improvement in surgical technique, and is one of the most eloquent proofs of the advance in surgery."

ADOLESCENT SPONDYLITIS

By S. GILBERT SCOTT. Oxford University Press, London. 1942. Price 15s.

This is a monograph on adolescent spondylitis. Most reviewers will agree that the type of book which is most difficult to assess is the class which has a pre-judged issue as its basis for it produces in the reviewer that type of irritation which always follows hasty and ill-balanced conclusions. This is not to say that the late Dr. Scott's book is without value for it is indeed of great value.

His thesis is that the syndrome known as ankylosing spondylitis is in every case preceded by certain X-ray appearances in and around the sacro-iliac joints. Although he was by no means the first man to adumbrate such a conclusion, the literature of the disease he briskly accounts for in one and a half pages. The ancient history of the disease has the same amount of space, and then we come to his own personal conclusions.

There is no doubt that in a great number of cases—certainly the majority—he is perfectly correct in what he says, but it would have been better to have stated the case from a less one-sided angle. The second part of the book deals with wide field radiation and the reviewer has little personal experience of this method and so is not in a position to evaluate it. The truth seems to be that wide-field X-ray therapy has a place in the treatment of the disease and that it may be in certain cases curative. The difficulty may be that the time taken for its effects to appear may be so long that the disease may have advanced by that time to a more severe state and it is probable for this reason that modern opinion seems to prefer high voltage X-ray.

In conclusion it should be said that Gilbert Scott was a pioneer, an enthusiast and an imaginative radiologist, and his work was considered to be of sufficient importance to be supported by the Nuffield Trust and in some sense this was a personal tribute to the man himself.

VITAMIN THERAPY

Clinical indications for the use of VITAMIN B₆ (PYRIDOXINE)

Administration of pure vitamin B₆ has proved useful in various syndromes. Improvement has been recorded in certain cases of idiopathic epilepsy and in amyotrophic lateral sclerosis. Decreased stiffness and rigidity have followed its use in non-postencephalitic parkinsonism.

Pyridoxine has also been reported effective in removing the ataxy remaining after nicotinic acid treatment of pellagra. It has been used successfully in a few cases of hypertrophic muscular dystrophy, and to relieve the early symptoms of paralysis agitans.¹

The particular deficiency symptoms which have responded to Vitamin B₆ administration are extreme nervousness, insomnia, irritability, cramping abdominal pain, muscular weakness and rigidity with difficulty in walking.

Clinical experiments with vitamin B₆ (J.A.M.A. 115, 3, 209) show its effects in toxic peripheral neuritis, and on the haemopoietic system (*Nature* 1940, 145, 388). Its effect on the skin is well known.

Bemax is probably the richest of all dietary sources of vitamin B₆ (approximately 0.45 mg per oz.), and its regular use should therefore be of real benefit to patients showing groups of the above symptoms and signs. The fact that Bemax also provides the other elements of the B complex may be considered an additional advantage.

In cases where massive doses are indicated pure vitamin B₆ (Pyridoxine) is available in 10 mg. Tablets and 50 mg. Ampoules.

¹ *J. Amer. med. Assoc.* (1941) 117, 1496.

Further particulars from

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