mouth. His palate was lacerated at the time but healed well, and he had never thought any more about it. Unfortunately, infection in the lung spread rapidly, and he died on Nov. 15.

The astonishing thing is that a foreign body of this size could have remained blocking the bronchus for 31 years without giving rise to serious trouble. It is possible that this may be due to the fact that the airway through the centre of the vulcanite had remained patent and that he was therefore able to get enough air backwards and forwards through it to ventilate his lung. Careful examination of the vulcanite showed no corrosion or disintegration at all.

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Recurrent Dislocation of Ankle due to Rupture of External Lateral Ligament

It is still a fact that many cases of recurrent dislocation of the ankle due to a rupture of the external lateral ligament pass undiagnosed and untreated. Such a case usually presents itself with a history of a recent sprain. On examination the ankle is swollen, bruised, and painful. However, on questioning, the patient admits having had previous sprains of varying severity. On the other hand, the case may present itself with a history of recurring slight sprains and a general feeling of weakness in the ankle-joint.

The outstanding fact in the history of a case of ruptured external lateral ligament is an original injury of some severity. Further examination of the ankle does not elicit any more inversion than is found in a normally sprained ankle without a ruptured external ligament. Straight radiographs, both lateral and antero-posterior, show no evidence of the ruptured ligament. For this to be demonstrated the muscle spasm has to be relieved by an injection of novocain on the outer aspect of the joint. The result is as shown in the accompanying radiograph (Fig. 1).

A Suggested Operation

The only treatment for an ankle with a rupture of the external lateral ligament is operation. The following technique was devised by me.

At operation the old rupture is quite apparent. The ligament is repaired by splitting the tendon of the peroneus longus from above downwards. The detached end is then threaded through the external malleolus and through the os calcis (Fig. 2). The value of this method is that it is easy to per-

FIG. 1

FIG. 2

FIG. 1.—Radiograph showing dislocation of the astragalus.

FIG. 2.—Diagram showing half of the peroneus longus tendon threaded through the external malleolus and the os calcis, and back again on itself.

form and that it reconstitutes the ligament. At the same time no muscle is damaged, as the remaining half of the tendon hypertrophies.

The radiograph shown is that of a patient upon whom I operated. When first seen she was aged 32. On examination she had what appeared to be a severe sprain or a fractured ankle. Her history, however, revealed that this occurred every few months. She also clearly remembered a severe sprain as a child. This undoubtedly was the time that the ligament was ruptured. Operation revealed the old tear of the ligament. The patient has had no further trouble since the operation.

I should like to thank Mr. A. T. Fripp, F.R.C.S., as it was while assisting him at one of his cases that I devised this operation.

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Reviews

SOCIAL WORK FOR THE TUBERCULOUS

Social Work for the Tuberculous—A Practical Guide. By Harley Williams, M.D., and Irene Harbert. (Pp. 153. 5s.) London: National Association for the Prevention of Tuberculosis.

The presentation of information on social work, in any of its many forms, in a concise and readable manner, is a difficult task, and that side of it devoted to tuberculosis is no exception to the rule. The authors of this book are therefore to be congratulated on having produced a valuable guide containing a storehouse of useful knowledge in so small a compass as 153 pages. The title of the book is a little ambiguous, but the subject-matter is for the most part a clear and well-constructed summary of the management of the tuberculous patient in his home and gives an excellent account of the assistance which is available under Memorandum 266T and the help provided by care committees. It is agreed that "if its principles and ideals are grasped the care worker will be more confident in her own judgment."

In detail, however, there are some points which need correcting and revision. Where the book touches on clinical matter there is a certain degree of confusion, and in some places it gives rather misleading information. For instance, a positive skin test does not always mean there has been contact with an open case of pulmonary tuberculosis: it may result from drinking infected milk. It would have been useful to have more information on the subject of pensions and the help given by the British Legion in this direction. There is a tendency to draw a too optimistic picture of the assistance which the tuberculous patient will receive under the Ministry of Labour and National Service rehabilitation scheme, and there is little guide as to the employment of the "open case" except in the village settlements. Certain paragraphs will no doubt be redrafted in future editions, for this book will be helpful to social workers for many years to come.

A useful index to agencies for personal aid is given at the end of the book as well as a general index. The well-defined and clear font of type makes the text easy and pleasant to read without fatigue.

INDUSTRIAL OPHTHALMOLOGY

Industrial Ophthalmology. By Hedwig S. Kuhn, M.D. (Pp. 294; illustrated. 32s. 6d.) London: Henry Kimpton. 1944.

Industrial ophthalmology is not synonymous with a study of industrial eye injuries any more than ophthalmology in general is merely the study of the causes of blindness. Different occupations require different degrees of visual acuity, stereopsis, muscle balance, adequate illumination, and capacity for quick visual judgments. Furthermore, different industries involve varying degrees of ocular fatigue, and danger of damage from mechanical or toxic factors. The conditions under which some industrial processes have to be carried out may be so trying that special measures are needed to enable the worker to see clearly and comfortably for prolonged periods. Studies on these and kindred aspects have appeared in the periodical press and in monographs, but there is no systematic survey of industrial ophthalmology as a whole. It is perhaps also no exaggeration to say that there is as yet no comprehensive formulation of the problems.

The appearance of Dr. Hedwig Kuhn's *Industrial Ophthalmology* is therefore a welcome portent, for here at last is an attempt to survey the field as a whole. The numerous photographs of factories, workrooms, and machines, and of workers concentrated on particular tasks are in themselves a substantial contribution to the formulation of the problems of industrial ophthalmology. Incidentally they also show how much has been done in isolated factories, here and there, to meet some of the problems. The chapter devoted to eye protection shows forcibly enough that this is not merely a matter of goggles; like all general remedies goggles tend to conceal more dangers than they have overcome. The introductory chapter, with its stress on the need for tests to eliminate those who are visually unfit for particular tasks, is particularly illuminating; to most ophthalmologists the whole concept and