capacity. However, some of the patients do not respond and are commonly treated with local injection of steroids and local anaesthetics.

Immediate short-acting pain relief results from the local anaesthesia, which is enhanced by the strong anti-inflammatory effect of the steroids. However, steroids may cause death of the fibrocytes at the injection site. Their inadvertant injection into the tendon results in mechanical separation of the tendon fibres, these two factors decreasing the tensile strength of the tendon, already damaged by the inflammation, up to 60% after a single injection (Noyes et al, 1975). Furthermore, the enthusiastic sportsman and team members misjudge the pain relief, and sport activity is resumed too early. The weakened tendon is exposed to excessive stress and spontaneous tear results.

One should note the high risk of local corticosteroid injection in treatment of Achilles tendonitis. Corticosteroid injections should be limited to those patients who do not respond to other conservative treatment methods. Resumption of sport activity should be gradual and under close medical supervision.

REFERENCES


BOOK REVIEW

Title: THE 1981 YEAR BOOK OF ORTHOPAEDICS
Editor: Mark Coventry, MD, Professor of Orthopaedic Surgery, Mayo Clinic
Publisher: C. V. Mosby (Year Book Med. Publ. London for UK)
Price: £27 456 pages Index

This book contains well selected reviews of some of the important papers published in the past 3 years. All aspects of the subject are touched upon. The reader is attacked at the outset by a quiz to highlight his ignorance. The first chapter is labelled "Miscellaneous" and contains a hotchpotch of interesting summaries including forestry injuries in New Zealand, frostbite in Saskatoon, "Skin and Bone" — this is a good review of muscle and muscle and skin flaps to surface traumatic limb defects, low velocity gun shot wounds to the extremities — the treatment is assessed and surprisingly with debridement and the wounds left open, the average hospital stay was less than one week. Reports on foot and digital replantations bring this chapter to an end.

The chapter on research was, apart from one or two sections, the poorest selection from what has been a productive period for original and imaginative work.

Paediatrics, tumours and infections completed the disease sections. Chapters on Regional Surveys follow — the spine, hip, knee, foot and ankle, hand and wrist, shoulder and elbow are succeeded by joint replacement and fractures. The book ends with a chapter on sports injuries. Ski, wrestling and karate injuries are described, also park palsy in hikers due to nerve compression and iliotibial friction syndrome in runners. Breaststroker's knee is a good paper with an excellent motion analysis and analysis of the stress involved with modifications necessary to relieve the specific problems. There is a good index, and all chapters are well illustrated.

This is an Orthopaedists book — full of interest — a book to browse through at leisure.

B. Helal