Both active treatments were significantly better than placebo. The efficacy of the four times daily treatment appeared superior to the twice daily treatment but this finding was not statistically significant. In both ibuprofen treatment schedules the side effects profile and withdrawal rate were similar. Of the regimens evaluated, ibuprofen 600 mg four times a day is probably the most effective, but for those patients who find this schedule inconvenient, they will still derive significant benefit from ibuprofen 1200 mg twice daily. The findings of this study lead the authors to make the recommendation that in soft tissue injuries to the lateral ligament complex caused by sporting activity a short course of high dose ibuprofen should be considered.

ACKNOWLEDGEMENTS

We wish to thank Mr. R. Simpson and Mr. I. Swann, Consultant Surgeons in Accident and Emergency for allow-

ing us to study patients in their department, and Dr. A. M. Skene, Lecturer, Department of Mathematics, University of Nottingham, for his help in undertaking the statistical analysis. Trial supplies of ibuprofen and matching placebo were provided by Medical Sciences, The Boots Company PLC, Nottingham NG2 3AA.

References

- Brooks, S., Potter, B. T. and Rainey, J. B., 1981 "Treatment for partial tears of the lateral ligament of the ankle. Prospective trial". *Brit.Med.J.* 282: 606-607.
- Cass, J. R. and Morrey, B. F., 1984 "Ankle instability: current concepts, diagnosis and treatment". *Mayo Clin.Proc.* 59: 165-70.
- McCullagh, P., 1980 "Regression models for ordinal data (with discussion)". *J.Roy.Statist.Soc.* 42: 109-142.
- Ruth, C. J., 1961 "Surgical treatment of injuries of the collateral ligaments of the ankle". *J.Bone Joint Surg.* 43A: 229-39.
- Sports Council, 1982 "Sport in the Community . . . the next ten years". Sports Council Report: 18-19.

BOOK REVIEW

Title: FLEXOR TENDON INJURIES

Author: Lawrence H. Schneider, MD

Publishers: Little, Brown & Co.

Price: \$42.50

177 pages

Illustrations and Index

The flexor tendons of the fingers are often injured in sport — especially Rugby football — where profundus avulsions sometimes occur.

This monograph is the most comprehensive work on the flexor apparatus to date.

Dr. Lawrence Schneider has barely missed a trick in the history and management of injuries to the flexor apparatus and his bibliography is very comprehensive.

The only points one can add are as follows —

The distal profundus entrapment syndrome with the classical physical sign of loss of active flexion of the terminal phalanx when the proximal phalanx is flexed is sometimes seen after partial rupture of the profundus.

In describing the Kleinert banding technique it is surely logical after repair of a profundus tendon in any of the ulnar three digits to band all three since this part of the profundus has a mass action effect.

Finally in the matter of salvage procedures a very useful manoeuvre is to combine the Paneva-Holevitch loop anastomosis of profundus to superficialis in the palm with a silicone elastomer tendon within the digital flexor sheath. At a second procedure some ten weeks later one tendon is divided at the wrist and re-anchored to the tip of the finger by attaching the tendon to the withdrawn silicone elastomer tendon. Only one anastomosis is then necessary at the terminal phalanx. We have found this a most rewarding manoeuvre.

The bibliography is extensive so as well as the subject index an author index would prove very useful.

This book is a winner and will be particularly appreciated by all Hand Surgeons as well as those in training with an interest in this branch of surgery.

B. Helal, FRCS, MChOrth