MR. ALEXANDER KATES (London) offered a most convincing case for the operation of dislocation of the toes as a modification of Fowler's operation and an alternative to the mutilating amputation of the toes. In his operation, with an ellipse of skin excised from the plantar surface of the foot in addition to the removal of the metatarsal heads, the weight-bearing metatarsal pad is restored to its normal position. This simple operation offered a dramatic relief of one of the more persistent disabilities of the rheumatoid patient.

THE PRESIDENT, DR. G. D. KERSLEY (Bath), in opening the discussion, said that he had two cervical spines showing dislocation—preserved in jars from pre-steroid times. He emphasized the essential teamwork between orthopaedic surgeon and physician in view of the need for early surgery and the management of steroid regimens. If synovectomy was to become early and universal, was there any place for medical synovectomy with chelating agents, as the alternative was to double the strength of the orthopaedic faculty?


This little book on “slipped epiphysis” of the hip is a delight to review. It is beautifully printed and illustrated and the text is a model of clarity. The problem is illustrated in the opening chapter by citing the medical history of a rather fat girl of 11, a doctor’s daughter, who developed pain in the right hip due to a slipped epiphysis, was treated along conventional lines, and did well—perhaps by chance, because while she was under observation, a very early lesion of the left epiphysis was spotted on the x-ray plate. Treatment was started early, again on conventional lines with the best available advice, and despite all this the hip went on to crippling destruction. Such an experience seriously questioned the adequacy of conventional treatment and prompted further study, the results of which are brought together here.

The chapter on the morbid anatomy of the condition is a minor masterpiece. It is based on the systematic study of two complete specimens of femoral head and neck removed at operation (not by the author) and on a number of biopsies. A subtle dystrophy of the cartilage of the epiphysial plate seems to be the basic fault. Instead of the cells growing and multiplying in parallel arrays of columns with a well-organized fibrous structure between the columns, the growth seems to take place in a way which, although still orderly, more nearly resembles that seen in a pseudarthrosis. This dystrophic cartilage no longer becomes successively vascularized and ossified in the normal regular manner, but develops fibrosis and fissures due to the shearing forces. Following this the head of the femur is displaced downwards and backwards by the forces of muscle action and weight-bearing, and the femoral neck becomes a secondary remodelling of the femoral neck takes place. Small islands of normal cartilage amidst the dystrophic structure eventually seed sufficient ossification to allow bony union, but this may be only after considerable deformity has taken place.

The author’s message is simply that the pathological process, which is probably already well advanced at the time of first diagnosis, should be treated by drilling a hole from the greater trochanter to the femoral head through the femoral neck and curetting as much as possible of the epiphysis. The organization of the wound in the bone then results in ossification which bridges the gap. He illustrates this with seven detailed case reports of patients successfully treated.

Points in the very early clinical and radiological diagnosis of this condition are fully described and there is a discussion of history, aetiology, and treatment handled with both scholarship and restraint. The cause of the condition is unknown, although the author favours genetic factors, perhaps acting through a biochemical change in a manner analogous to that of the epiphysial dystrophy of the hip seen in experimental lathyrism. The book can be unreservedly recommended and one looks forward to an edition in English.

A. ST. J. DIXON.