Book Reviews

DUPUYTREN'S CONTRACTION: WITH SPECIAL REFERENCE TO AETIOLOGY AND IMPROVED SURGICAL TREATMENT: ITS OCCURRENCE IN EPILEPTICS: NOTE ON KNUCKLE-PADS. By Tord Skoog. 9½×6 in. Pp. 190, with 50 figures, including 4 colour plates. (Supplement 139, *Acta Chirurgica Scandinavica*, 96.) 1948. Uppsala: Almqvist & Wiksells, Boktryckeri AB. Paper cover.

Ever since 1832, when Dupuytren correctly attributed the finger contraction which bears his name to changes in the palmar aponeurosis, surgeons and pathologists have sought unsuccessfully an adequate explanation of the condition. It has been attributed to such widely varying pathological processes as syringomyelia, gout, pituitary deficiency and local neoplasm. Nevertheless, very few of the theories advanced withstand close analysis. Many are clearly based on isolated clinical coincidences. Indeed, a review of the literature gives cause only to deplore the lack of scientific reasoning of many of the authors. In the circumstances of this widespread confusion it is refreshing to read a well documented and reasoned review of the whole problem such as is contained in Dr Tord Skoog's paper. Moreover, this work will be of special interest to British surgeons because it is based on material largely accumulated at the Plastic Surgery unit of the Queen Victoria Hospital at East Grinstead, directed by Sir Archibald McIndoe.

The greater part of the monograph is devoted to a consideration of the clinical and pathological features of the contraction, with a full review of the literature. This leads up to an exposition of the author's own conception of the cause. Dr Skoog is convinced that the primary pathological lesion, occurring usually in patients with an hereditary predisposition, is a rupture of aponeurotic fibres of the palmar fascia. Small haemorrhages follow, with the subsequent formation of fibrous tissue which contracts like any other scar. This process, oft repeated, leads ultimately to the formation of the typical dense contracted bands of fibrous tissues which characterise the disease. This conception is based mainly on histological and experimental evidence. Whether or not the conclusions are fully acceptable, it must be admitted that the arguments are based on sound reasoning, and that much of the accumulated evidence lends support to the possibility that trauma does at least play a part in causation.

The paper concludes with a detailed and well illustrated account of the operative technique developed by McIndoe for excision of the palmar aponeurosis, inelegantly called "aponeurosectomy." The results reported from a series of fifty such operations are impressive. It is not stated, however, whether the operation is used exclusively for all cases of Dupuytren's contracture irrespective of severity, or whether the alternative technique of amputation of the grossly contracted and stiff fifth finger has been employed for the worst cases; to this extent the stated results must be regarded with reserve.

Dr Skoog's paper will be of interest both to orthopaedic surgeons and plastic surgeons as well as to many pathologists. Like most exhaustive surveys it is somewhat heavy reading, but this is mitigated by the excellence of the English translation.—H. OSMOND-CLARKE and J. Crawford ADAMS.

A WAY OF LIFE FOR THE HANDICAPPED CHILD. By Eirene COLLIS, M.C.S.P., M.A.O.T. (with a Foreword by Somerville HASTINGS, M.B., M.S. (Lond.), F.R.C.S. (Eng.), M.P., and an introduction by Winthrop M. PHELPS, M.D., F.A.C.S. 8½×5½ in. Pp. 168, with 12 figures. Glossary. Index. 1947. London: Faber and Faber Ltd. Price 10/6.

In the United States, certain workers, notably Dr Winthrop Phelps of Baltimore, have approached the problem of cerebral palsy more intensively and comprehensively than has been usual in this country. Phelps has stressed particularly the need for accurate diagnosis and careful mental assessment. Manifestations of cerebral palsy may be spasticity, athetosis, ataxia, rigidity or tremor. In congenital spastic diplegia, mental defect is frequent because the lesion is in the cerebral cortex; whereas, in athetosis, the lesion is in the basal ganglia, and most patients have a normal intelligence, although this is often masked by difficulties of speech, swallowing, and hearing. Such athetotic patients often exhibit superimposed muscular tension which is mistaken for spasticity, and in consequence they are sometimes subjected to operations which are unsuitable and indeed harmful. It is to these patients, almost as numerous as the true spastic diplegics, that Phelps has given special attention.

Mrs Eirene Collis is a physiotherapist and occupational therapist who has had the advantage of working under Dr Phelps, to whose inspiration and encouragement she pays tribute. In 1943 she opened a treatment centre at Queen Mary's Hospital for Children, Carshalton, and her valuable monograph is based largely on experience gained there. After a general description of the types of cerebral palsy and of the psychological problems in children suffering from them, Mrs Collis describes at length the principles of treatment and the details of re-education, relaxation and specific muscle training; some of the ingenious mechanical aids are clearly illustrated. These sections are excellent. Future editions might usefully