Book Reviews

Constructive Surgery of the Hip. By Otto E. AUFRANC, M.D., Assistant Clinical Professor of Orthopedic Surgery, Harvard Medical School, Massachusetts General Hospital, Boston, Mass. Medical illustrations by Muriel McLatchie Miller. Fine arts and exercise illustrations by Randolph Arnold Aufranc. 11×9 in. Pp. 226, with 153 figures (some in colour). Index. 1962. Saint Louis: The C. V. Mosby Company. London: Henry Kimpton. Price £10, 2s. 6d.

At £10 this book of 200 large pages is expensive, even though it is most beautifully produced in every way. It is the work of a dedicated surgeon, one who sincerely believes that the equation Constructive Surgery—Mould Arthroplasty holds good, except for the occasional use of a long-stem prosthesis.

The opening chapter concerns "The Patient with a Hip Problem" and describes *inter alia* the surgeon's careful approach to the patient and how to deal with his family and well-meaning friends. This chapter sets the tone of the book—almost conversational, intimate, advisory, detailed and always confident—and the effect is sustained by a complete absence of the statistics and tables that lesser surgeons find necessary to sustain their argument.

The following chapters cover the indications for mould arthroplasty, which would appear to be wide; the surgical anatomy of the hip, illustrated by eighteen full pages of diagrams; the general surgical technique, which incidentally does not include continuous suction drainage of the deep wound; the surgical approach, with the accent heavily on that of Smith-Petersen; and then a really detailed account of the régime of post-operative care and the prolonged course of exercise considered essential for ultimate success. A short chapter on the management of infections is full of interest; several cases of sepsis following the insertion of either a cup or an intramedullary prosthesis were treated with good results by revision and arthroplasty with a cup on the upper end of the shaft. The book ends with an account of some special problems and a short bibliography related closely to the main theme.

Scattered throughout the book are some sixty-five illustrated case reports. Many present difficult problems that would daunt the average surgeon, and no doubt the renown of Dr Aufranc's special skill has attracted large numbers of these to Boston. Nevertheless, a number comprise the common type of osteoarthritis that develops in an apparently normal joint and is often called degenerative arthritis in North America but primary or idiopathic osteoarthritis in Great Britain. On my count there were eighteen such cases, eight of them at an early stage with the femoral head still a good round shape and Shenton's arch intact, indicating that bony collapse had not yet occurred (Figs. 16, 24, 37, 76, 94, 135, 141, 147). In one of these cases (Fig. 94), the best documented of all, the range of flexion movement was 90 degrees before operation and 130 degrees after mould arthroplasty. It is now gradually being recognised, however, that cases of "degenerative" arthritis at this stage yield excellent long-term results from a simple operation which conserves *all* the bone stock of the hip joint (a point that would have appealed to Smith-Petersen) and requires only a short convalescence. The reader only has to turn to page 613 of this issue of the Journal to find support for this statement.

A number of other hip joints, severely affected, look as if they could have been rendered pain-free and mobile very successfully by simple resection of the joint in the Girdlestone manner. But by far the most important criticism of Dr Aufranc's work is that it pays no attention to the fact that in early cases of "degenerative" arthritis the local osteocytes and chondrocytes await only a certain stimulus, equivalent to an intertrochanteric fracture with some displacement, to change their ways and repair the damage already done to the best of their ability. It is a criticism that applies to the work of many other surgeons deeply devoted to a particular technique of radical surgery for the arthritic hip joint.—K. I. NISSEN.

FIG. 94