

## BOOK REVIEWS

### ESSAYS IN THE HISTORY OF MEDICINE

By GEORGE GASK, C.M.G., D.S.O., M.A., F.R.C.S.  
Pp. viii + 209. London: Butterworth and Co.  
1950. 30s.

Professor Gask's work is one more manifestation of the humanistic culture characteristic of contemporary British surgeons, and of which the works of a d'Arcy Power, a Walter Spencer, a Herbert Spencer, a Johnston Abraham, a Geoffrey Keynes are other brilliant demonstrations. Is this humanistic background responsible for much of the greatness of British surgery?

A large part of this work is devoted to the beginnings of medicine. The common error is to assume that our art begins principally with Hippocrates, whereas in fact Hippocrates represents a relatively late phase of Greek medicine which was already developing two centuries before him in the work of the Ionians. This was well stressed in Professor Gask's work with a wealth of scholarly details. The importance in the history of medicine of the cult of Asklepios is well described. A fine page in the history of medicine was written when, on a summer day in 1881, a young Greek archaeologist, Professor P. Cawadias, left Nauplia with two unskilled workmen—the only help that could be given to him by the impoverished Greek government—and guided by ancient texts explored the rugged and deserted mountain region of Argolis in search of the sacred town of the God of Medicine. Guided by Pausanias, the Baedeker of 2,000 years ago, and by some lonely shepherds, he reached a wild region where through the bushes emerged some ancient marbles. The first strokes of the spade uncovered the seats of the magnificent theatre of Polycleto and marked the beginning of one of the most romantic and brilliant archaeological discoveries, the discovery of Ephidanos. Professor Gask writes very wisely about the relation of Hippocrates to the temple medicine of Asklepios. Already P. Cawadias had shown that the shrines of Asklepios were religious healing shrines like modern Lourdes, and that the Greeks knew how to separate religion from science. It is not more astonishing to find a typical scientific physician like Hippocrates coming from a family of priests of Asklepios any more than to meet today with a distinguished surgeon or physician son of an Anglican bishop. Much unnecessary ink has flown over that problem which, in fact, is easily solved by those who, placing Greek medicine in the frame of Greek civilization, take into consideration the intellectual atmosphere of ancient Greece,

The essays on Vicary's predecessors, on the medical staff of Edward III and on the medical services of Henry V's campaign, are vital for our understanding of a much neglected period of British medicine. The whole work is crowned by Professor Gask's Lettsomian Lectures and by his presidential address on 'Changing Surgery.' Here, the author links the past with the present and the future, and makes us understand what thoracic surgery is. Benedetto Croce has said that historical thinking is the most perfect scientific thinking, and the original meaning of the term 'history' in ancient Greece was 'science.'

A book to be read and treasured by all those who feel that to avoid our being submerged by our technological advances the guiding philosophical and historical principles in medicine have to be preserved. That this book has been written by a man who has contributed greatly to such technological advances is the more significant.

A.P.C.

### THE HINGE GRAFT OR GINGLYMUS IMPLANT

By ARNOLD K. HENRY, M.B., M.Ch., F.R.C.S.I.  
Pp. viii + 64, with 47 illustrations. Edinburgh:  
E. & S. Livingstone. 1950. 15s.

After such an important piece of work as the well-known 'Extensile Exposures Applied to Limb Surgery,' this book is rather a disappointment. Indeed, some of the author's ideas may confuse the postgraduate student who has not received a sound training in the basic principles of orthopaedics, and especially in the rationale of the treatment of deformities of the foot secondary to anterior poliomyelitis.

The idea behind hinge grafts is to fashion internal bony splints which can preserve useful movement in some directions but which ensure stability in others. Thus, for the ankle, long pliable osteo-periosteal grafts are taken from the tibia and placed on either side of the joint deep to the tendons which run behind each malleolus; the grafts persist as well-defined bony structures and each develops a distinct hinge in the axis of movement of the joint, the hinges allow a small degree of movement up and down but none sideways, and are said to give a satisfactory measure of lateral stability.

The argument develops from experience with such a technique in two patients with calcaneo-valgus deformity of the foot, both of whom had suffered infantile paralysis. The calcaneus element

of this deformity is of course mainly due to paralysis of the calf muscles in the presence of active dorsi-flexor muscles; the valgus element is due to the overaction of strong peroneal muscles against weak invertor muscles. The posterior part of the os calcis gradually becomes 'steep' while the remainder of the foot is drawn upwards and outwards; a great 'elephant pad' develops under the heel and may become tender; the front part of the foot is quite useless and tends to atrophy. It is well known that no type of external splintage can counter the gross muscle imbalance. Now what does hinge grafting do to prevent the advance of this characteristic severe deformity? Let us turn to Fig. 8, which conveniently includes 'three X-rays of Anina's right foot at the ages, respectively, of 7, 9, and 13½, showing how the slope of a calcaneus—not pulled on by Achilles' tendon—came gradually near a right angle.' The answer, therefore, is precisely nothing.

(The reader of this criticism, is quite entitled to ask what could have been done to prevent the progressive deformity? The logical procedure would have been a tendon transplant of Peroneus Brevis, and perhaps Longus as well, into the tendo Achillis. This is a superb example of the preventive treatment of a paralytic deformity, because the old unbalanced power of the main evertor muscles is now used to prevent the deformity of the heel.)

There are some other heterodox ideas in later chapters. A good example is the suggestion that before attempting the reduction of grave fracture of the os calcis the surgeon 'might do well to crush in continuity the nerves supplying gastrocnemius and soleus.' Candidates for the Fellowship should remember that they might meet an examiner who worships the calf muscle and who would resent such a suggestion.

Despite all this the text makes the pleasant and stimulating reading one has come to expect from the author and, apart from a few sub-standard radiographs, the book has been produced beautifully.

K.I.N.

### ASTHMA

By CLEMENT FRANCIS, M.A., M.B., B.Ch. Pp. 50.  
1950. London: William Heinemann. 5s.

This booklet will chiefly interest those who believe that vasomotor instability is the common factor in all forms of bronchial asthma. The author, who has had extensive experience in the management of asthma, has treated over 1,100 cases by nasal cauterization. In his hands this form of treatment has proved remarkably successful; 28 per cent. were relieved for periods up to ten years 'from all symptoms under all circumstances and conditions,' and there were only 6 per cent. of failures.

It would be less difficult for the reader to be convinced of the almost universal value of nasal cauterization in bronchial asthma, if the author did

not indulge in so much unscientific speculation as to how the treatment works. It is not easy to understand how touching the nasal mucosa with a cautery can stabilize the vasomotor system for an indefinite period, particularly when Dr. Francis accepts a change of 5 to 10 mm. Hg. in systolic pressure as evidence of reflex stimulation of the sympathetic system. He speaks of blood pressure readings as 'normal' or 'below normal,' without attempting to define his criterion of normality or stating the conditions under which the readings were made.

Even if one disagrees with most of the author's arguments and reasoning, there is much in this little book of interest and value. The section on medicinal treatment, skin testing and breathing exercises will be found useful.

D.S.L.

### RECENT ADVANCES IN PHARMACOLOGY

By J. M. ROBSON, M.D., D.Sc., F.R.S.E., and  
C. A. KEELE, M.D., F.R.C.P. Pp. xi + 418,  
with 46 illustrations. London: J. & A. Churchill.  
1950. 24s.

'Our purpose in writing this book has been to survey some important recent developments in Pharmacology likely to be of interest to students and practitioners of medicine, and to present the material in such a way as to provide not only an account of our knowledge concerning the action of drugs but also a basis for their use in practice.' Reading this book should benefit clinicians and post-graduate medical students of all types.

Appropriately the book opens with chapters on anti-cholinesterases (neostigmine, D.F.P., etc.), curariform agents and anti-histamine drugs. These reviews pleasantly throw illumination on these confusing fields, of which a clear and satisfying account is not possible till further research has been completed. A fourth and parallel chapter on vasodilating adrenolytic and digitalis-like drugs would also have been welcome. The chapters on anti-bacterial and anti-malarial drugs are full of helpful facts, and are as concise as the expanding antibiotic knowledge will permit. Under the chemotherapy of malignant disease are discussed the uses of oestrogens, androgens, nitrogen mustards, urethane and radio phosphorous ( $P^{32}$ ), and aminopterin. Under the haemopoietic system are discussed the metabolism and uses of iron as well as of vitamin  $B_{12}$ , folic acid and their allies. There are useful chapters on anti-coagulants and on analgesics, though none on sedatives or anaesthetics. Reference is made at various places to several diagnostic, pharmacological and therapeutic uses of radioactive isotopes. Chapters on the thyroid and on the steroids of the gonads and adrenal cortex doubtless had to be included; they are brief but might have given more pharmacology of the related drugs and less glandular physiology and therapeutics. General consideration is also given to drug allergy and to drug action. The latter discussion merges into a



# The Hinge Graft or Ginglymus Implant

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Updated information and services can be found at:  
<http://pmj.bmj.com/content/27/303/33.2.citation>

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