Commentary

Dr. López de la Garma's paper was published in 1956, i.e. over 50 years ago. It is the transcription of an oral presentation delivered at the IVth National SECOT Meeting. In those days, SECOT meetings were organized as symposia, that is, several prestigious orthopedic surgeons got together to speak about the key topics of our field. This format corresponded to what we would nowadays call panel discussions, which feature largely at our annual meetings.

The first thing that strikes us about this paper is the way it is written. Nowadays, authors usually follow the Vancouver norms[1], which means that papers tend to be written in a clear and highly structured way with a strictly predefined order. This uniformity, which makes it easy to quickly capture the key information in a paper, was not the norm before the setting up of the Vancouver system in 1978, when an international group of medical journal editors got together in the Canadian city (located on the Pacific coast, in British Columbia) in order to bring some order to the great disparity of formats in use at the time.

Dr. López de la Garma's style is plain and colloquial, he makes constant reference to previous oral presentations and he uses some very elegant terms that are now in disuse like «cliché», an old Spanish word for an x-ray; «clapper-like movement», which refers to a toggling motion; «to intone a *mea culpa*», indicating admission of error; «cautiously performed», meaning that something was carefully done; «ad hoc screw», referring to a screw conceived for a specific purpose; «ablation» meaning excision, etc. Some of these terms may be considered incorrect today but others are still part of our vocabulary but they are not used partly because of the invasion of English loan words, which in some cases have replaced their Spanish equivalents. Paying greater attention to our language would be desirable for those of us who regularly write for journals, translate English texts into Spanish or make presentations before an audience.

The journal where this paper first appeared, the *Acta Ortopédica Traumatológica Ibérica* was published only between 1953 and 1956. It was the successor of the first orthopedic and trauma surgery journal published in our country, founded by Dr. Sanchís Olmos after the Civil War, which bore the title *Cirugía del aparato locomotor*, (Musculoskeletal surgery). In 1956 the *Acta Ortopédica Traumatológica Ibérica* disappeared to be succeeded by the current *Revista de Ortopedia y Traumatología.*

The paper refers to enlarged radiographs, a technique developed in the 50's, which made it possible to diagnose many a fracture or nonunion of the carpal scaphoid. Nowadays, such technologies as computerized axial tomography (CAT) or nuclear magnetic resonance (NMR) have become invaluable diagnostic tools, although enlarged x-rays are still used in some hospitals. The gold standard for diagnosing hidden fractures is today CAT[3] or NMR, the latter offering sensitivity and specificity rates close to 100%[4], even higher than the common (and also more expensive) practice of repeating the x-rays a week later. This paper, although focused on treatment, also dwells extensively on diagnostic factors. In this connection, it should be pointed out that it has been shown that 12% of patients sustaining a scaphoid fracture who are not diagnosed or immobilized will develop presudoarthrosis[4].

In the time of Dr. López de la Garma, surgical approaches to scaphoid fractures (chiefly screw or nail-based procedures) disrupted the bone's blood supply and led to poor results and were therefore called into question. Today, the advent of new techniques such as percutaneous screw fixation has increased the number of surgical indications[4]. In fact, nowadays surgical treatment is recommended when the fracture is displaced, which often requires using CAT[3], although some authors suggest that surgical treatment should be the norm in all cases[4]. The literature stresses the fact that the surgical technique is demanding and should only be performed by experienced surgeons.

Another important aspect is the author's emphasis in the correct performance of immobilizations. As far back as in 1956, Dr. López de la Garma already stated that «poor immobilizations are unfortunately not infrequent». Nowadays, surgery is experiencing a rapid expansion, which entails a «disdain» for cast immobilization. Currently, residents are not properly taught how to apply a plaster cast, which means that conservative treatment yields poorer and poorer results, which in turn increases the demand for surgery. Even nowadays there is no consensus as to the best immobilization method for scaphoid fractures (inclusion of the first thumb, immobilization of the elbow, position of the wrist, duration, etc.)[3], although the standard practice is to immobilize the elbow and include the thumb (12 weeks in proximal pole fractures and slightly less in other injuries)[3].

The paper discusses several aspects related to the management of nonunion, such as the use of styloidectomy as coadjuvant treatment (nowadays only indicated in the presence of osteoarthritis, but very much in use until fairly recently). The paper also advises against resection of the scaphoid, a usual practice at the beginning of the XXth century; speaks in favor of osteosynthesis with bone grafting, which has become common since then; and makes a distinction between delayed healing, requiring longer immobilization, and nonunion.

In summary, the paper gives us an idea of the treatment given in Spain to fractures and nonunion of the carpal scaphoid 50 years ago. By reading the article we immediately realize the phenomenal development of science and technology in these years. However, that is not all. Fortunately, research, discoveries and developments are still the order of the day. I believe the best is still to come.

REFERENCES

1. International Committee of Medical Journal Editors. Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication [actualizado febrero 2006; último acceso 19 mayo 2007]. Disponible en: http://www.icmje.org/
2. Ballesteros Masso R, Gómez Barrena E, Delgado Martínez AD. Historia de la traumatología y cirugía ortopédica [último acceso 19 mayo 2007]. Disponible en: http://www.ujaen.es/investiga/cts380/historia/historiadef.htm
3. Haisman JML, Rohde RS, Weiland AJ. Acute fractures of the scaphoid. Instr Course Lect. 2007;56:69-78.
4. Steinmann SP, Adams JE. Scaphoid fractures and nonunions: diagnosis and treatment. J Orthop Sci. 2007. Publicación electrónica previa a su publicación impresa. DOI: 10.1007/s00776-006-1025-x.

A.D. Delgado-Martínez
Department of Orthopedic and Trauma Surgery. Jaén University Hospital.University of Jaén. Jaén. Spain