Low back pain: a scientific and clinical overview. Edited by *James N. Weinstein* and *Stephen L. Gordon*. Pp 766. Rosemont, Illinois: American Academy of Orthopaedic Surgeons. ISBN: 0-89203-160-3. Members \$85; Non-members \$105.

This book is based on a symposium entitled 'New Horizons in Low Back Pain' which was held in 1995 in San Diego and covered the epidemiology and basic sciences of back pain, radiculopathy, and spinal stenosis. There are 76 contributors, mainly from the USA, of whom 21 are orthopaedic surgeons (13 from the USA, six from Japan and two from Sweden). They present a series of excellent, thought-provoking, but somewhat disconnected papers. For the style of the book, this is inevitable, and seems entirely appropriate.

Topics are summarised by the editors and, at the end of each section, reports of round-table debates suggest the route for future research. Themes which emerge include the paucity of sound science and outcome studies in the support of clinical practice, and also the increasing relevance of chemical rather than mechanical factors in the aetiology of inflammation and the provocation of pain. Much of the material has a bearing on the logic of surgical or conservative methods of management and is therefore highly relevant to both training and contemporary practice. The cost of treatment of low back disorders continues to be very high, while our success in managing the problem, is, to say the least, unreliable.

This volume includes a wealth of new information and a vast number of references. It is a highly desirable addition to the library of any orthopaedic surgeon with a significant clinical or medicolegal interest in low back disorders.

J. A. N. Shepperd.

Handbook of hip fracture surgery. Edited by *Martyn J. Parker*, *Glyn A. Pryor* and *Karl-Göran Thorngren*. Pp 145. Oxford, etc: Butterworth Heinemann, 1997. ISBN: 0-7506-2179-6.

Fractures of the hip are very common, but their management is often left to junior staff and the results are often suboptimal. The myth that these are easy fractures to treat is compounded by the all too prevalent feeling that the results are not important since the early mortality is so high that the skill employed in fixation is irrelevant. We now realise that better treatment for patients with hip fractures pays dividends; the group in Peterborough is well known for their work in addressing this for elderly patients.

Some specialist registrars with little experience of the basic operative procedures may be expected to deal with quite complex fractures of the hip. To this group of people I commend this book since it gives details of the most commonly used methods of internal fixation and hemiarthroplasty. The chapters are concise, well-referenced and have many illustrations both as radiographs and diagrams. They also contain several 'tricks of the trade' that can aid the reduction of difficult fractures: these rarely appear in textbooks of surgery.

This book does not provide comprehensive and detailed descriptions of special aspects of the surgery of hip fracture, but the authors clearly state that they aimed to produce a practical guide for trainee orthopaedic surgeons. From this aspect, it would have been nice to see some mention of prioritising by fast-track protocols and integrated-care pathways. Rehabilitation is often the key factor in determining the outcome. These are minor quibbles and should not deter trainees from buying this book.

David Goodier.

Orthopaedic knowledge update: pediatrics. Edited by *B. Stephens Richards*. Pp 292. Rosemont, Illinois: American Academy of Orthopaedic Surgeons, 1996. ISBN: 0-89203-159-X. Members \$95; Non-members \$115.

This mini textbook from the Pediatric Orthopaedic Society of North America is innovative in concept and useful in content. Thirty-five expert contributors have put together as many topics, collected in four main sections. These are, with examples, general issues (infection, limping child, cerebral palsy, arthrogyposis), spinal disorders (scoliosis, spondylolysis) lower extremity (SUFE, LCP disease, DDH, tarsal coalitions) and trauma (individual fractures, polytrauma, child abuse). Virtually all of children's orthopaedics is thereby represented, but there are a few obvious omissions such as metabolic disease, neuromuscular disorders including muscle dystrophies, and the hereditary sensory and motor neuropathies.

At the end of each topic the authors have presented up-to-date references condensed in annotated form. Herein lies the book's strength because it allows both the surgeon and the wider audience to expand their knowledge. Understandably, there is a North American bias but the references redress this to a considerable extent and allow readers to seek a more balanced view.

This is a strong book, well presented and illustrated. It may not sell in huge numbers among general orthopaedic surgeons in Europe, but it deserves to be widely represented in libraries and training programmes as a work of reference. Many individual surgeons may find it a useful *vade mecum*.

D. H. A. Jones.

Imaging of soft tissue tumors. Edited by *A. M. DeSchepper*, *P. M. Panziel*, *F. Ramon*, *L. De Beuckeleer* and *J. E. Vandevenne*. Pp 390. Berlin, etc: Springer-Verlag, 1997. ISBN: 3-540-61392-7. DM298.00.

Soft-tissue tumours are rare, but occur three times more commonly than the bone tumours which are usually treated at supraregional units. No such centres are thought necessary for the management of soft-tissue sarcomas, and they are treated variously by both general and orthopaedic surgeons depending on initial referral.

In this fascinating book, A. M. DeSchepper, his co-editors and contributors from the soft-tissue sarcoma group, EORT, have reviewed over 1000 cases to form the basis of the work. They describe different imaging methods and then go on to the staging and characterisation of these tumours. Over half of the book addresses the diagnosis of types of tumour, with

comprehensive coverage both radiologically and by MRI. An important final chapter deals with the difficulties of post-treatment imaging.

This excellent book is aimed mainly at radiologists, but contains information vital to the practising surgeon. It is well written and illustrated, and provides a fully comprehensive account of the subject.

T. W. R. Briggs.

Movement, stability and low back pain. Edited by *Andry Vleeming, Vert Mooney, Chris J. Snijders, Thomas A. Dorman and Rob Stoeckart*. Pp 612. Edinburgh, etc: Churchill Livingstone, 1997. ISBN: 0-443-05574-2. £65.00.

Much of this book is about the sacroiliac joint, which surgeons have generally overlooked as a common cause of low back pain, and particularly about the joints between L5 and the sacrum. Many of the expert contributors are from the disciplines of sports medicine, rehabilitation and obstetrics. In the small final section devoted to surgical treatment, no strong case is made for intervention, except for neoplastic invasion and frank infection.

M. Laurence.

Outcome after head, neck and spinal trauma. Edited by *Robert Macfarlane and David G. Hardy*. Pp 439. Oxford, etc: Butterworth Heinemann, 1997. ISBN: 0-7506-2178-8. £75.00.

Insufficient appreciation has been given to those surgeons who give of their time and expertise to represent the profession in court. This sacrifice of time is made reluctantly from a busy practice or training programme, but if the greatest and the best do not submit themselves to "the insolence of office and the law's delays" we shall be represented by those with time on their hands. On legal opinion may depend a patient's livelihood, a colleague's career or the reputation of the profession.

The law is increasingly aware and demanding of medical opinion. No longer does the flamboyant display of eloquence in court carry the same weight as scientific publication and statistical analysis.

This volume provides a groundbase of current opinion and medicolegal work in a broad area, half of which relates directly to orthopaedics. Messrs Macfarlane and Hardy, neurosurgeons at Cambridge, address the demands made not only in analysing what has already happened, but also in predicting the future. Their collection of references provides the published evidence required, sometimes to clarify, sometimes to explain the impossibility of being dogmatic.

They start broadly with 160 pages on head injury, covering neurosurgical opinion on particular injuries. Matters of headache, motor function and psychological sequelae are well discussed. The next 160 pages are devoted to the special areas of ophthalmology, ENT and skeletal damage to the face. The final third of the book, on injuries to the spine, includes an invaluable review of 'whiplash', that emotive term which so bedevils dispassionate judgement. My own opinion is that the term should refer only to symptoms in the neck without signs discoverable on ordinary techniques of investigation. There are many authoritative references after each chapter. The variety of these demonstrates some of the difficulties of the subject, and should induce reticence to play the prophet.

The authors also discuss skeletal damage to the neck, peripheral nerves and the very complex matter of low back pain. This section is essential reading for anyone who may find himself before a

judge, requiring more than his own personal experience to define and predict an outcome. Every 'medical expert' needs access to this material, and its excellent presentation should attract similar studies on other parts of the musculoskeletal system, including, and especially, the feet!

Michael Laurence.

Internal derangements of joints: emphasis on MR imaging.

Edited by *Donald Resnick and Heung Sik Kang*. Pp 951. Philadelphia, etc: W B Saunders Company, 1997. ISBN: 0-7126-6760-0. £143.00.

A request to review this book, the principal author of which is an internationally famous radiologist, was received with caution. It soon became obvious that no single orthopaedic surgeon could give a balanced appraisal. For this reason I have sought the opinion of several of my colleagues in the special fields, and of a radiologist. We reached a consensus for which I am deeply grateful.

The first section covers the technique, protocol and the physics of MRI in a comprehensive fashion, which is reasonably easy for orthopaedic surgeons to understand. The second section gives a basis for the understanding of the signal changes of MRI relating to various pathological conditions.

My orthopaedic colleagues were impressed with the quality of the images and found the book authoritative and comprehensive. All felt that they had been educated, particularly in the use of MRI in rare conditions. The information provided will improve diagnosis and operative planning.

The book has the potential to allow closer co-operation between radiologists and specialist orthopaedic surgeons, but the majority view was that it should be part of a radiology library. Our radiologist has already offered to buy the review copy!

Hugh Phillips.

Scientific foundations of trauma. Edited by *Graham J Cooper,*

Hugh A. F. Dudley, Donald S. Garva, Roderick A. Little and Robert L. Maynard. Pp 767. Oxford, etc: Butterworth Heinemann, 1997. ISBN: 0-7506-1585-0. £150.00.

The many excellent books on the clinical aspects of trauma have sections on the mechanism of injury and pathophysiology, but there has long been a need for a textbook on the basic science of trauma medicine. This book attempts to fill that gap. It has a strong military flavour, since many of the authors have connections with the Armed Forces either directly or as workers at military research establishments. There are only three orthopaedic surgeons among the 84 contributing authors.

The first section is on 'Mechanisms of injury' and the second on 'Pathophysiology of injury'. The military input is immediately apparent since the first 100 pages discuss 'Penetrating injury by projectile', although there are chapters on almost every conceivable mechanism of injury. These are of high quality: 'Injury from falls' is an excellent exposition of the dynamics of falling and the mechanism and pattern of the resulting injuries. There are some anomalies: the ten-page chapter on acceleration injuries has only a single phrase on whiplash, although this is of concern to both clinicians and medicolegal reporters.

Some of the chapters sit rather oddly. Why are the eight pages on injury scoring in the section on chemical injuries? Why is the chapter on the epidemiology of road-traffic accidents in 'Non-penetrating blunt trauma' and, above all, why is the section on burn injuries the only one to include a chapter on clinical management?

There are also considerable gaps; there is little mention of the mechanism of fractures or on patterns of fractures related to age, and little on ocular injuries, although it is stated that 8% of bomb victims in Northern Ireland sustained them. Injuries to the spinal cord or indeed to any peripheral nervous structure are also poorly served.

The contents of this book are outstanding; its weakness is in its omissions. In any second edition, there should be a separate section on the epidemiology of trauma. Pathophysiology should come before mechanisms of injury and space for some missing material could be made by pruning the sections on history and penetrating injury. The current book has a place in the library of a unit treating trauma or training trauma surgeons but a second improved edition could well become the standard text.

M. A. Farquharson-Roberts.

Computer methods in biomechanics and biomedical engineering. Edited by *J. Middleton, M. L. Jones and G. N. Pande*. Pp 554. Amsterdam: Gordon and Breach Science Publishers, 1996. ISBN: 2-919875-00-0. £72.00.

The 'clinical' orthopaedic surgeon should not buy this book: to him it may be as incomprehensible as Sanskrit. Many pages of text are a mosaic of antique letterings and hieroglyphics only decipherable by a senior wrangler.

The book is the report of a symposium of the same title, comprising the fundamentals of biomechanics and the state of current worldwide research. Much of the text is about finite-element analysis of the femur and also of the skull, brain, teeth, arteries and skin.

It is a book for an orthopaedic scientist but study of it, in its varied literary styles, reveals two messages. The biomechanical engineer should avoid obtuse, esoteric, polysyllabic words (the more acronymns, the shorter should be the words) and the clinician must inform himself of this work in progress. The clinical surgeon has a duty to contribute to the debate and influence the biological aspect of the subject, of which he has unique experience. Future clinical success depends on this essential work, but requires continuous lateral and collateral thought from clinical surgery.

M. Laurence.

Orthopaedic manifestations and bone changes in sickle cell haemoglobinopathy. Edited by *Sudhir Babhulkar*. Pp 241. New Delhi: CBS Publishers and Distributors, 1997. ISBN: 81-239-0577-7. Rupees 795.00.

From time to time books arrive for review which remind one of the richness and complexity of orthopaedic pathology. Dr

Babhulkar describes, in terms of geography and anthropology, the catastrophe suffered by those genetically afflicted with sickle-cell disease. As the barriers of nationhood and race and tribe become weaker, those in the West must learn the pattern of Eastern diseases. New multiracial western societies, of which we are proud, will produce the clinical problems discussed in this book. The good descriptions of avascular necrosis, fulminating infection, growth disturbance and peripheral infarction will help practice in every capital city.

One would wish for better radiological reproduction but the message and instruction in this erudite book are clear and correct.

M. Laurence.

Orthopaedic knowledge update: spine. Edited by *Steven R. Garfin and Alexander R. Vaccaro*. Pp 279. Rosemont, Illinois: American Academy of Orthopaedic Surgeons, 1997. ISBN: 0-89203-169-7. \$115.00.

It is my impression that the series of Orthopaedic Knowledge Updates (now up to number 5) is not widely used by British orthopaedic surgeons and trainees. They are an easy means of revising existing knowledge on most aspects of orthopaedic surgery, but it is not clear to which group this specialist series should be recommended. The articles are too brief for the trained specialist, and most of the information is to be found in other broader works more often used by trainees.

This book covers most aspects of the spine and management of its diseases. It discusses anatomy, biomechanics and the various diagnostic imaging methods, using particularly clear diagrams from other books to illustrate facts that are often difficult to recall, such as the muscle groups, tendon reflexes and sensory losses associated with neck injuries. It concludes with an appendix of clinical algorithms published by the American Academy of Orthopaedic Surgeons and North American Spine Society.

For surgeons with a special interest in the spine, other larger texts cover these topics in the detail which he requires. For the trainee the single volume may be of some value. Each chapter is rounded off by an annotated and a classic bibliography, and these alone may be a good reason to have this book on your shelf.

Colin Natali.

On-the-job training for surgeons. Edited by *David H. Hargreaves, Mark G. Bowditch and Damian R. Griffin*. Pp 132. London: The Royal Society of Medicine Press Ltd, 1997. ISBN: 1-85315-314-1. £17.50.

From study of the present will evolve the future. This 'guide' is aimed at both trainer and trainee but it is the former who is obliged to lead and predict. There is useful advice as to how each may get the best out of the other. Both have much to learn.

M. Laurence.