Sports medicine handbook. Edited by *Roger Hackney* and *Angus Wallace*. Pp 472. London: BMJ Publishing Group, 1999. ISBN: 0-7279-1031-0. £75.00.

The publishers promote this book as being holistic and suitable for trainers, general practitioners and specialists in sports medicine. The "all things to all men" approach does not work, perhaps because the authors were told to write for all three groups.

The publisher must take some responsibility for the varied style. The clear layout of the excellent first chapter is not continued throughout the book; some chapters do not have references. Nevertheless, the trainer will find what he needs, although the text may be overlong for him. The general practitioner will receive some help, although I would have expected mention of the mandatory removal of the bleeding player (and the 'blood substitute') in many sports. He may also expect to learn that an intramuscular haematoma of the thigh which is likely to lead to myositis ossificans, is characterised by loss of knee flexion and some degree of effusion, and that the NSAID of choice here is indomethacin.

The separate duties of the doctor for the crowd as opposed to the participants could be highlighted. In these days of sport for all, and of sports participation to a greater age and intensity, the general practitioner will find the first six chapters to be of value. Patients expect advice about training, permitted drugs and the dreaded food supplements. There is a balanced view on bracing and enough information for the trainer or general practitioner to attempt strapping, although the risk of a 'menu' chapter such as this is that strapping may be poorly applied and ineffective. Few people realise how difficult it is to get it right.

What does the specialist in sports medicine obtain from this book? There is much information on differential diagnoses, which is equally useful to the general practitioner, but is contained in a book not small enough for the pocket. Objective information blends with personal anecdote and would be better handled by a specific section on the authors' preferred management after an unbiased review. Some areas are quite misleading. The authors attribute stress fractures of the navicular to the pronated foot, whereas it is far more common in the fixed supinated foot with compressive loads on the key-stone of the arch which cannot be unloaded by pronation. The book perpetuates problems of midfoot collapse. The illustration correctly shows medialisation of the head of the talus but then tries to correct it by elevation of this structure without lateralisation.

This book suffers by trying to suit too many groups. It contains considerably more information than a trainer may need and apart from the points of minor criticism made above, it would be useful on the shelf of a general practitioner whose patients actively participate in sport. The specialist in sports medicine should know the information which it contains and the references will provide little more. For orthopaedic surgeons treating athletes, the first six chapters are mandatory reading. These are the areas of growing importance and frequency of quotation. They do not need to read the whole book!

John B. King.

Brachial plexus lesions. Drawings of explorations and reconstructions by *Aligmantas Otonas Narakas*. Edited by *C. Bonnard* and *A. C. J. Slooff*. Pp 145. Berlin, etc: Springer-Verlag, 1999. ISBN: 3-540-6348-2. DM348.00.

It was a pleasure to be asked to review this educational text. Narakas was the pre-eminent figure of his generation. At the time of his death he had operated on more than 1000 patients.

He was born in Lithuania and actually visited Switzerland as a patient for the treatment of osteomyelitis. Perhaps this acted as the catalyst for his subsequent interest in medicine. He qualified in Lausanne, Switzerland, and was introduced to the surgery of the brachial plexus by his chief, Professor Claude Verdan. Initially, he was trained in microneurosurgery by another famous Swiss émigré (this time from Turkey), Gazi Yasargil, the father of modern neurosurgery.

This book represents the proforma illustrative case notes of 60 patients who had avulsions and ruptures, tumours and post-irradiation injury. The illustrations are by Narakas himself using 'rough coloured sketches' at the time of surgery.

As a teaching text this format is unusual but, in the hands of such skill, it has advantages for the more experienced surgeon in training. Rather than having to peruse all the standard historical background on the subject as is found in most surgical reference works, the reader can go directly to the operative cases. I found the comments after each 'mini-case report' to be most informative and revealing. The authors have not hidden the bad functional results. Too often, nowadays, in meetings (both orthopaedic and neurosurgical) we are led to believe that the 'masters' never have any problems, and that all their patients have great functional results! It is refreshing that the disciples of Narakas are so open.

This book will have considerable appeal for those undergoing specialist fellowships in the surgery of the brachial plexus/peripheral nerves and is not really appropriate for the novice surgeon. It requires a reasonable amount of specialised knowledge before its contents can be appreciated, but to such a reader it may become his most treasured possession.

Adrian T. H. Casey.

Manual of cementing technique. Edited by *K. Draenert*, *Y. Draenert*, *U. Garde* and *C. Ulrich*. Pp 114. Berlin, etc: Springer Verlag, 1999. ISBN: 3-540-6437-2. DM198.00.

This beautifully illustrated and well-translated book goes beyond being a simple operative manual. The first third of its 98 pages is devoted to a careful analysis of a large number of major and minor research projects performed by the authors to study the relationship of bone cement to cancellous bone. They give evidence-based reasons why meticulous preparation of cancellous bone is so important for the longevity of cemented prostheses. They dispel the myth that cancellous bone is unable to carry load and therefore should be removed, and stress the importance of retaining as much of it as possible. They present histological evidence from retrieved specimens that living bone is in direct apposition to cement rather than being separated by a fibrous membrane as has previously been reported.

The latter two-thirds describe a meticulous method for inserting cement into both the acetabulum and the femur. The technique involves special vacuum equipment but certainly seems to be the ultimate in obtaining the best pressurisation of cement in the interstices of cancellous bone. The authors do not refer to any increase in operating time or record any complications and there is no presentation of their clinical results.

This is an important book for all surgeons who perform cemented hip arthroplasty; it clearly outlines the science behind the more modern techniques of cementing. Surgeons who remove large amounts of cancellous bone will find essential information that may modify techniques which have contributed to some indifferent results from the use of cement.

R. A. Marston.

Hypermobility of joints. 3rd edition. Edited by *Peter Beighton, Rodney Grahame* and *Howard Bird*. Pp 182. Berlin, etc: Springer-Verlag, 1999. ISBN: 1-85233-142-9. DM229.00.

This is a third edition of a work which was first published 16 years ago, but the long gaps between editions have brought much new information to this book. From a surgical point of view there is wide coverage of the afflictions of joints which are subject to basic instability. More importantly, the authors list the hazards which can result from surgery planned without the full understanding of global laxity and the healing of pathological tissues.

For the specialist in sports medicine there is a salutary chapter on the risks which rough activities impose upon the performer and the implied responsibility that goes with it.

Michael Laurence.

Fundamentals of biomechanics: equilibrium, motion and deformation. By *N. Özkaya* and *M. Nordin*. Pp 381. Heidelberg, etc: Springer Verlag, 1999. ISBN: 0-387-998283-3. £49.50.

The introduction states that this book is aimed at those studying for a graduate degree in biomechanics. As such, its intention is to teach the fundamentals of solid mechanics to those whose first degree was not in mechanical engineering. Thus, the content is very close to that of a textbook aimed at first- and second-year undergraduates in mechanical engineering.

Although many of the examples pander to biomechanics, for example, drawing an arm in place of a lever, this is basically an engineering textbook. The section on the properties of biological materials covers just ten pages. The table of the properties of engineering materials gives data on the strength of glass and cast iron, but neglects those such as bone cement or polyethylene used in orthopaedics. Similarly, the mechanics of the joints of the limbs and of the spine are discussed in only 26 pages, and therefore do not give the detail useful for those in orthopaedic surgery. Overall, this book is not going to be a great read for orthopaedic surgeons.

A. A. Amis.