Book reviews

Clinical challenges in orthopaedics: the knee. Edited by R. L. Allum, C. M. Fergusson and N. P. Thomas. Pp 206. Oxford: Isis Medical Media, 2000. ISBN: 1-899066-63-2.

To attempt a review of the clinical challenges in knee surgery in a book of 200 pages must have represented a daunting prospect and I congratulate the editors on achieving their objective. The book is well presented and the overall quality of the illustrations is excellent. Perhaps surprisingly, given the large number of contributors, there is a uniform style which is very easy to read and will sit comfortably on the bedside table.

There are good chapters on predictable topics such as the torn posterior cruciate ligament and the management of defects of the articular cartilage. Some of the problem-related topics such as "the patient with the failed anterior cruciate ligament reconstruction" and "complex regional pain syndromes of the knee" will be particularly well received. It should be essential reading for orthopaedic trainees since it provides a well-referenced, up-to-date summary of most of the clinically contentious topics. It will be a valuable source of reference for general orthopaedic surgeons but, despite the stated objective of the editors to present a book that appeals to knee specialists, I feel that it may fall somewhat short on account of its length which inevitably limits detail.

In general terms the layout is attractive but I would like to have seen the comprehensive references presented at the end of each relevant chapter, rather than at the end of the book. I believe that there is something for all orthopaedic surgeons in this concise and up-to-date offering, but since advances in knee surgery are moving at such a rapid pace there must be a call for a second, perhaps expanded edition quite soon.

Malcolm Glasgow.

Manual of orthopaedics. 5th edition. Edited by Marc F. Swiontkowski. Pp 414. Philadelphia: Lippincott Williams & Wilkins, 2001. ISBN: 0-7817-1909-7. £39.95.

This is an updated edition of what has become a standard basic index of orthopaedics with sound statistics and some new and inventive line drawings. Pictorially, this makes points more clearly than the compressed text. This is purely an instructional work, essentially for the trainee. It is not designed to excite inquiry but to inform.

Michael Laurence.

Chapman's orthopaedic surgery. 3rd edition (Vols. 1 to 4). Edited by Michael W. Chapman. Pp 4304. Philadelphia: Lippincott Williams & Wilkins, 2001. ISBN: 0-7817-1487-7. \$425.00.

The third edition of this magnum opus has grown to four volumes and is large and American, although I spotted one Australian contribution and a few from women in the contributors' list which

totals 250. The whole has been subedited by seven section editors under the principal editor. A first glance indicates that colour has been added to the black-and-white format, being mid-blue for headings and pale blue for the background to the many tables and algorithms which, along with the illustrations, provide useful information in an easily digestible format. The comprehensive reference list at the end of each chapter is annotated by different symbols to differentiate, for example, a historical classic from a review article.

There are nine sections: surgical principles and techniques; fractures, dislocations, nonunion and malunion; the hand; sports medicine; joint reconstruction, arthritis and arthroplasty; the foot; neoplastic, infectious, neurological and other skeletal disorders; the spine; and children's orthopaedics.

The text itself covers more than 5000 double-columned pages. An important difference in this edition is that there is more perioperative discussion rather than straightforward operative orthopaedics and this has been reflected in the title change to *orthopaedic surgery*. This is a very sensible move since the matter of 'what', 'when' and 'why' in orthopaedic surgery is much more important than 'how', at least in education, which is what orthopaedic textbooks are about.

In reviewing textbooks of this nature the tendency is to go immediately to special interests. I carefully scrutinised the 500 pages concerning the spine but noted with some disappointment that the contribution of the axial skeleton is barely a tenth of that of the appendicular skeleton which is surely a disproportion of pathological significance. There are chapters on spinal instrumentation, surgical approaches, fractures, disc herniation and spinal deformity. Having welcomed the introduction of perioperative information there are many empirical statements made without scientific foundation. There is no evidence that collapse of the anterior cortex of 50% and focal kyphosis of more than 25% have anything to do with spinal instability nor is there any evidence that operating on burst fractures influences neurological recovery. The sections on cervical and lumbar disc herniation contain no mention of microdiscectomy which has been the technique of choice for many years. The Zielke modification of the Dwyer apparatus has been superseded over the past many years by anterior non-threaded rod systems. As regards thoracic deformities we are invited to believe that curves of greater than 65° reduce total lung capacity, implying that this may be a worrying organic health problem. It is of course the age of onset which matters rather than the Cobb angle, as was demonstrated two decades ago. Perhaps it would have been better to have left out perioperative discussion after all.

Those accustomed to the trend to set out textbooks on anatomical lines (after an initial foray into basic science) may need to relearn their navigational skills. A review of the section on shoulder surgery took me to Volume 1 for surgical approaches and fracture management, Volume 2 for disorders of the rotator cuff (loosely categorised under 'Sports'), Volume 3 for arthroplasty (except in fractures) and Volume 4 for shoulder disorders in children. In general, the range of options for managing instability, disease of the rotator cuff and arthritis is described.

What comes across is a presentation of accepted clinical practice. When there is no consensus the variety of options available is discussed, often without judgement. Thus in fractures of the proximal humerus a wide range of techniques is described for an equally wide range of indications. Relatively straightforward cases receive much attention while difficult cases are

often treated rather superficially. This may indicate that a cut-off point is reached at which subspecialty care is required, which perhaps extends beyond the remit of this authoritative but very general tome. Thus emerging, yet widespread, procedures such as radiofrequency arthroscopic capsular shrinkage are simply noted to be 'under evaluation'. On occasions personal opinion does creep in and some rather controversial statements are made without adequate justification. An example is the suggestion that the humerus responds well to nailing—this may not be a unanimously agreed opinion but it is not debated.

The matter of target audience can also be raised in considering the overall content of the text. While there are excellent chapters on surgical planning, basic science and preparation of the patient for theatre which should be read by all new trainees, the section on surgical approaches is misleadingly simplistic. It is easy to imagine a trainee being tempted to tackle a new approach and being taken aback by the anatomy which is in reality more complex than the clear but incomplete diagrams. The descriptions, however, are adequate for practising surgeons with experience of regional anatomy. Special mention should be made of the section on the closed treatment of fractures. While Charnley has written perhaps the definitive text on this subject, the photographs and descriptions of casting techniques in this section are without rival.

In the chapter on soft-tissue cover it seems to be assumed that the trauma surgeon manages whatever defects remain after fracture surgery. We are presented with considerable detail on swinging flaps to cover bone and tendon. Free flaps are barely mentioned and indeed it is suggested that they are not usually indicated in trauma. This is perhaps against the trend in the management of open fractures in which the best results are seen after early flap coverage using free flaps as and when necessary. I suspect that the author of the section does not have colleagues in plastic surgery who are readily available for tissue transfers, as is recommended in the UK.

The orthopaedic surgeon in training and the young consultant still doing a considerable amount of general work on the way to his/her subspecialty will need this comprehensive text. Among tomes on operative surgery this book is definitely superior but it could have easily been supreme.

Robert Dickson.
David Limb.

Atlas of hand surgery. By Sigurd Pechlaner, Heribert Hussel and Fridun Kerschbaumer. Pp 567. Stuttgart, etc: Georg Thieme Verlag, 2000. ISBN: 3-13-102941-2. DM 398.00.

Hand surgery has become well established as a discipline involving both orthopaedic and plastic surgeons. The achievement of a good outcome from surgery requires many different skills, one of which is an appreciation of the complex anatomy relating to function. This is of paramount importance for any surgeon operating on the hand.

This beautifully illustrated atlas of hand surgery presents the surgical anatomy of the hand, wrist and forearm in a clear and concise form. The areas of pathology covered include soft-tissue injuries, compressive neuropathies, dislocations and fractures, rheumatoid disorders, Dupuytren's contracture and infectious diseases. It is not intended to be a comprehensive review of hand surgery. It concentrates on the relevant anatomy and surgical approaches including those with minimal access for hand trauma and the common non-traumatic conditions. Attention is given to techniques for handling the soft tissues and the principles of fracture fixation in the hand. Individual procedures are shown with indications, surgical technique, and postoperative management in a simple and easy-to-read format. The illustrations

convey the intricate anatomy of the hand appropriate for clinical application, so that this atlas is perhaps more a manual of hand surgery.

The publishers offer 567 pages in hard back containing 1459 illustrations of the highest quality, accompanied by a useful and concise text. Any surgeon operating on the hand will find this atlas of considerable value, particularly if it is available in the operating theatre suite. We strongly recommend this reference book to any department involved in considerable hand surgery.

J. W. M. Jones.
J. R. T. Eckersley.

The athlete's elbow. Edited by David W. Altchek and James R. Andrews. Pp 288. Hagerstown: Lippincott Williams & Wilkins, 2001. ISBN: 0-7817-2606-9. \$115.00.

The editors offer this multi-authored book "in hope that it will fill in the gaps left by training programmes, which devote very little to the details of anatomy, biomechanics and treatment of the elbow". How right they are!

Compared with those for the shoulder and knee, training programmes for the elbow are inadequate. This book deals throughout in well-referenced detail with developmental anatomy, biomechanics and investigative techniques. Indeed, the investigations are described not only with proton densities recommended for MRI but arm positions for radiography.

A chapter is given to each injury (lateral epicondylitis, medial collateral ligament, median nerve entrapment, and dislocations). Conservative methods are presented and discussed followed by surgical procedures including the variety of possible procedures, the authors' own preferred operation and complications. A full chapter is devoted to arthroscopy, beginning with the vital placement of entry portals and ending with a chapter on rehabilitation giving complementary programmes for each of the 13 or so injuries discussed in preceding chapters.

Like all American books, the baseball pitcher dominates. There is no mention of the cricketer, and even the mechanisms which cause such injuries in other sports are not so well covered. My 'complaint' as I read through the book would be of some repetition of information, but if the reader was simply to extract information on one injury which is covered in one chapter, then this would not be apparent. This is a thoroughly detailed, well-referenced book, which truly does fill the space between the shoulder and wrist.

Malcolm Read.

Management of fractures in severely osteoporotic bone. Edited by Karl Obrant. Pp 603. London, etc: Springer-Verlag 2000. ISBN: 1-85233-220-4. £95.00.

This book is a valiant attempt to bring together the strategies of diagnosis and treatment of osteoporosis, both medical and surgical. It is divided into 41 chapters. After an introduction, the greater part is concerned with options for orthopaedic management and the rest addresses the physical and pharmacological methods of treating or preventing osteoporosis. The authors are to be commended for trying to bring together all aspects of a common and increasing problem.

The initial chapters on the general aspects of osteoporosis and fracture are interesting and readable. The orthopaedic sections are unfortunately less so, some giving a broad overview whereas others describe complex surgical techniques. I am not sure that this detail of surgery is appropriate for the readership of this book. The remaining chapters on preventative measures give a good review of the management options for a general readership.

The book has some excellent chapters but, as with many multi-authored books, there are some which disappoint. This certainly is not a book to read from cover to cover but rather to dip into for selected knowledge. I am still unsure as to who would benefit most from reading it. An orthopaedic surgeon will probably find the orthopaedic chapters simplistic; a non-orthopaedic reader may find them too detailed, particularly with regard to surgical technique. There is, however, much information here for the targeted reader.

W. M. Harper.

Apley's system of orthopaedics and fractures. 8th edition.

Edited by *Louis Solomon, David Warwick and Selvadurai Nayagam*. Pp 781. London: Edward Arnold (Publishers) Ltd, 2001. ISBN: 0-340-76372 8. £85.00.

Since the death of Alan Apley in 1996, Louis Solomon has enlarged the editorial team by the addition of two young consultants, David Warwick and Selvadurai Nayagam from the Universities of Bristol and Liverpool. Together they have produced an excellent textbook. Continuous progress in research and technology which now form part of everyday orthopaedic surgery has inevitably made this edition larger than previous ones.

The general arrangement is unchanged, as is the emphasis on clinical signs which are integral to good practice. Since the first edition in 1959, *Apley's system* has become essential reading for all aspiring orthopaedic surgeons, and is destined to continue to do so. While one can quibble with the details of various sections, there is no doubt that the text provides a sound introduction to the specialty. Any trainee who has studied the contents and referred to the list of references at the end of each chapter can be certain of a safe pass in the FRCS Orth examination. It will also be useful for the keen undergraduate. Alan Apley was outstanding as an inspiring and gifted teacher. His memory will live on in this major textbook.

Leslie Klenerman.

Sports injuries. Mechanisms, prevention, treatment. 2nd

Edition. Edited by *Freddie H. Fu and David A. Stone*. Pp 1240. Philadelphia: Lippincott Williams & Wilkins, 2001. ISBN: 0-683-30477-1. \$159.00.

The opening chapter of this book is entitled 'Customising the preparticipation evaluation', presumably meaning avoidance of injury, and clearly identifies its American origin, although there are interesting chapters on cricket and dance, not to mention scuba diving, surfing and water ski-ing. As is commonly found in such large books (over 1000 pages), the time taken to compile such a work builds in an element of obsolescence by the time that it is published. Most orthopaedic specialists will be familiar with the

basic condition which has been caused by a sport, but the mechanics of repair and the functional outcome are under particularly critical scrutiny during the athlete's period of rehabilitation. This second edition is a timely competitor for the *Oxford Textbook of sports medicine* and should enrich the now burgeoning literature in sports care.

M. S. Irani.

Principles and practice of primary care sports medicine.

Edited by *William E. Garrett Jr, Donald T. Kirkendall and Deborah L. Squire*. Pp 679. Philadelphia: Lippincott Williams & Wilkins, 2001. ISBN: 0-7817-2956-4. \$145.00.

It is always difficult to compare American practice of primary-care medicine with that in the UK, especially as this is changing radically and rapidly in both countries. Nevertheless, this book is an extraordinary volume providing detail in regard to the various circumstances in which the sports physician may find himself. Not only does it encompass the sports-specific conditions which are commonly encountered but also addresses every medical problem that may afflict the athlete.

The reviewer is tempted to list what is not included rather than to cover that which is, and in this volume it was surprising to note that there is a paucity of detail regarding injury to joints as opposed to periarticular injury, including avulsion and traction apophysitis. Also, it was of some note that in a volume of 679 pages barely two and a half are devoted to the management of injuries! Again, the cross-Atlantic differences in practice are highlighted in the chapter on principle-centred rehabilitation; no doctor in the UK would dream of advising a specialist sports physiotherapist how to treat a patient. This chapter, however, does serve as a useful educational tool for doctors.

In the section on epidemiology which is specific to certain sports it would have been of value if the mechanics of each sport and the injuries occurring had been addressed. For example, in the section on weight-lifting, Richard Herrick emphasises the strength-power exercises which are common to rowing, swimming and field sports. It may also have been useful to have had an overview of regional injuries, e.g., shoulder, hip, knee. It is a remarkable oversight to have minimised spinal pain.

Immediate care as opposed to first consultation care ('the Monday morning surgery') is quite distinct in regard to treatment as compared with prevention and rehabilitation. A salutary note, which emphasises the difference between the USA and the UK, is in the section on the athletic heart syndrome in which it states that "it has been estimated that to prevent one case of 'sudden death' would cost approximately \$1 billion if present technology were widely used as a screen". I am not sure whether such a tome would be either affordable or used frequently enough by primary-care practitioners.

M. S. Irani.