Book reviews

Reconstructive knee surgery. Master techniques in orthopaedic surgery. 2nd edition. Edited by *D. W. Jackson*. Pp 464. Philadelphia: Lippincott Williams & Wilkins, 2003. ISBN: 0-7817-3167-4. US \$199.00.

Opening a new book is always a pleasure, but unfortunately with increasing changes in medical practice, it is often obsolescent before sampling. However, this book is remarkably topical and essentially relevant to any reconstructive knee surgery. The leading author has collected the techniques of the most eminent surgeons for most of the procedures described. The preface suggests that the reader is almost looking over the surgeon's shoulder and this claim seems justified. The surgical photographs are easy to interpret and the diagrams complement the text.

The format for each chapter is standardised and easily followed by both expert and trainee. There is a section on indications and contraindications as well as preoperative planning, postoperative management and complications. The book does not aim to debate techniques, and intentionally, there are few surgical options and results. However, this does not detract from its value; there is plenty of literature elsewhere with the results of ACL surgery etc.

This second edition has expanded to include new techniques of meniscal repair, osteotomy and chondral surgery, as well as some very informative chapters on graft harvest for ACL reconstruction and synovectomy. The strength of the book lies in the reputation of the surgeons and their philosophy; for example, Dick Steadman and Bob Rodkey cover microfracture together with their programme of rehabilitation. There are also very helpful tips and pitfalls. I would strongly recommend this new edition to all knee surgeons with a specific interest in reconstructive surgery.

Jonathon Lavelle

The wrist. Master techniques in orthopaedic surgery. 2nd edition. Edited by *Richard H. Gelberman*. Pp 528. Philadelphia: Lippincott Williams & Wilkins, 2002. ISBN: 0-7817-2372-8. US \$199.99.

The Editor of this technical manual has an international reputation in wrist surgery, as do the other 40 contributors. They present extensive personal experience in hand surgery.

The work covers injury and degenerative change, both in primary intervention and reconstruction. The aim is to restore function and prevent arthritis, although not all deformity will inevitably produce secondary degeneration, and if it does, it can take several decades. Particular attention is given to selection and preoperative planning and there is emphasis on possible pitfalls and the technical tricks of the trade. The procedures, rather than excluding each other, are now placed in their rightful position of choice in the management of the various conditions. This is very useful, but, unfortunately, there is a lack of reference to results.

The management of nonunion of the scaphoid fracture is well known, but new or less familiar procedures are also presented. These include intrafocal pinning of the distal radius, the use of bio-degradable bone cement, capitate-lunate arthrodesis with excision of the scaphoid and triquetrum and radiocarpal arthrodesis combined with midcarpal arthroplasty. Although supported by experience, critical research data are required. Readers are reminded that wrist surgery has not always been supported by large numbers of patients reviewed at length.

The section on fractures of the distal radius is excellent. Routine and careful assessments of volar tilt, radial inclination, articular defects and ulnar variance, seem remote from the routine approach in many of our busy Accident and Emergency Departments. Management of a scaphoid fracture can only become easier and more predictable with the cannulated and compression Herbert screw. Some may not miss the inscrutable jig, and sadly, we may say farewell to the superb Russe procedure, well described and judged soon to be obsolete.

The care of dysfunction in the ulnar corridor is covered well, but still difficult and the joy of success still needs to be tempered by occasional failure. Well-illustrated cases are not enough reassurance when considering the TFCC, ulnar variance, or DRUJ instability. Finally, motion-preserving procedures in carpal arthritis must be worth the undertaking. Some are fashionable; others need time. Preserving even some movement at the midcarpal or radiocarpal joint can transform the day-to-day lifestyle of those afflicted with wrist pain and multiple joint disease. Total joint replacement may still be handled by the super-expert. The quoted rate of loosening at five years (20%) indicates that more work is needed before the procedure is released for the enthusiast. This is an excellent book for the trainee wrist surgeon.

P. J. Mulligan

Joint motion – clinical measurement and evaluation. By *R. Soames*. Pp 203. London: Churchill Livingstone, 2003. ISBN: 0443058083. £15.99.

This well-illustrated book can easily be slipped into the pocket of a white coat and will become a rival to *The Clinical Measurement of Joint Motion* published by the American Academy of Orthopaedic Surgeons. It includes a brief description of each joint with the technique of examination, a good combination to compensate for the present trend of reducing the time spent on studying anatomy. All the joints of the locomotor system, including the temporomandibular joint, are discussed.

There are a few minor points to be considered for the next edition. In the introduction to the flexibility and mobility of synovial joints, there is no mention of generalised joint laxity. Instead, there is the bare statement that flexibility tends to be joint-specific. It is important to stabilise the opposite side of the pelvis when testing for movement of the hip. Precision of recording joint range is important but it depends upon a defined zero starting point, which is not stressed.

Measurement of pronation and supination in the foot is not a clinically useful exercise, but one should be aware that these movements are triaxial and therefore a combination of dorsiflexion, abduction and eversion, and *vice versa*. Examination of the subtalar and metatarsophalangeal joints should be done with the foot at

a right angle to stabilise the talus in the ankle mortice and to stimulate the walking position for the great toe. Dorsiflexion is the most important part of the range and a hallux rigidus can easily be missed. With these reservations, this book remains a very useful study of a subject, knowledge of which is often assumed, and therefore neglected.

L. Kleberman

Bone metastases – medical, surgical and radiological treatment. Edited by *Dominique G. Poitout*. Pp 162. Heidelberg, Germany: Springer-Verlag, 2002. ISBN 1-85233-495-9. €89.95.

This small volume gives a multidisciplinary overview of various aspects of metastatic bone disease. Inevitably, there are some areas where any given specialist may feel that additional detail could be provided. The section on basic principles of surgery, for example, discusses biopsies but does not mention the use of a trucut needle for lesions with a soft tissue component, nor is the possible role of fine needle aspiration discussed. It would also be useful to remind the reader that the surgical approach to a biopsy should be via an incision in the longitudinal axis if the lesion is in a limb, and wherever possible, should be carried out by a surgeon who is likely to perform definitive surgery, if necessary. The use of allografts is discussed at some length, but in clinical practice, methyl methacrylate bone cement is more likely to be used in the management of skeletal metastases as it provides immediate structural rigidity for the requisite period of time.

In the section on pathology, the basic morphology of bone metastases is well described and the relationship between the nature of the lesion and the radiographic appearances are discussed in an excellent section on imaging. Sections on chemotherapy, immunotherapy, the use of bisphosphonates and hormonal therapy all give a good overview of the advances in recent years, which have been made in the medical management of metastatic bone disease. These sections will be interesting and useful for non-oncologists, particularly orthopaedic surgeons and those in primary care. The section on radiotherapy is quite detailed, although it would perhaps be worth emphasising that radiotherapy cannot

treat pain arising from spinal instability as opposed to pain due to metastatic deposits.

The section on surgical treatment for bone metastases in the limbs could have been usefully expanded together with illustrations to indicate the range of procedures and prostheses now available for the management of advanced bone destruction. The place of a dynamic hip screw and of Enders nails for treatment of pathological fractures is referred to, although most authorities in this field would suggest that the use of cemented long-stem hip arthroplasty or reconstruction intramedullary nails would now be the preferred treatment. The spinal sections are particularly well illustrated and give an excellent overview of the surgical approach to spinal metastases; they also provide valuable reading for all surgical trainees.

This book will be of value to trainees in surgery, hospital medicine and general practice and would also provide a useful source of information for nurses and nurse practitioners in the field of oncology. The role of the multidisciplinary team could perhaps have been emphasised, but this book will be useful for any healthcare professional seeking an overview of the management of metastatic bone disease.

Roger M. Tillman

BOOKS RECEIVED

Diagnosis of bone and joint disorders. 4th edition. Edited by *Donald Resnick*. Pp 5760. Philadelphia, USA: Saunders, 2002. ISBN: 0721689213. £560.00.

Surgical techniques in orthopaedics and traumatology. Edited by *Professor Duparc*. London: Harcourt, 2002, ISBN: 2-84299-443-4. £377.00.

Essential orthopaedics and trauma. 4th edition. By *D. J. Dandy* and *D. J. Edwards*. Pp 472. London: Churchill Livingstone, 2003. ISBN: 0443072132. £26.99.