Book reviews

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Reconstructive knee surgery. Third edition.

Edited by D. W. Jackson

Pp. 560. Philadelphia: Lippincott Williams & Wilkins, 2008.

ISBN-13: 978-0-7817-6563-3. \$229.

Since the first edition in 1994, this book has become a classic for specific surgical techniques around the knee. Its strengths have been the relevance of the techniques to current clinical practice, and the clarity of the descriptions, amplified here by superb illustration. Although not a comprehensive review of the procedures, the author of each chapter was specifically chosen for his expertise and reputation. Each has presented a personal description of the chosen technique.

This third edition contains 15 new chapters and 20 updated ones. Classics such as the chapter on Patellectomy and Patella Tendon Harvest, have received and indeed need no changes. Antero-medial tibial tubercle transfer, although mainly performed for instability rather than osteoarthritis, as claimed by the author, remains a typical example of the high quality of the book as a whole. The addition of medial patellofemoral ligament reconstruction is welcome and the double bundle techniques for ACL and PCL reconstructions are also included. Whether these will remain in the next edition will depend on whether they produce superior clinical results.

In the last decade Giancarlo Puddu has popularised osteotomies around the knee and has modified his fixation device. His chapter on the subject is his personal philosophy and technique. In Europe the Tomofix device for early weight-bearing has become very popular and tibial tubercle osteotomy to avoid patella infera and tibial slope considerations, are being widely taught and practiced; a chapter dealing with these and how to avoid complications would have been complimentary to Professor Puddu's.

In summary, this is a useful book to have either at home, in the library or available in the operating theatre. It will be frequently referred to by all grades of surgeons.

N. Thomas

Vertebral tumors

Edited by R. Gunzburg, M. Szpalski, M. Aebi

Pp. 272. Philadelphia: Lippincott Williams & Wilkins, 2008.

ISBN-13: 978-0-7817-8867-0. \$139.

This is not a textbook. It's a collection of papers on a single subject emerging from the Brussels Spine Symposium in 2006. We are accustomed to a book introducing and defining a subject and then

leading us through the maze of aetiological definition, assessment and treatment. In this case, and very soon, I was lost.

The problem with a multi-author book is to maintain the theme and balance the emphasis. These papers are all very different in style and with no cross referencing nor any attempt to maintain balance. Repetition and the airing of idiosyncratic views, often diametrically opposed, must have an explanation. Many of the contributions are informative and well researched, particularly those on the classification and investigation of vertebral tumours, but others are irrelevant to the subject, particularly those on spinal trauma in children and the newborn.

I learned much about the latest techniques of radiotherapy around the spinal cord, but this should have been balanced with a chapter on the latest advances in chemotherapy for spinal tumours. The choice of papers under the heading of surgery of spinal tumours is always controversial; here we have papers on intra-operative navigation and the use of radionuclide localisation. Both of these are worthy as an update but of little value to the surgeon trying to plan surgical management of an individual patient.

The most controversial topic in this book, and probably the crucial one, addresses the criteria for undertaking surgery in the first place. How does the surgeon balance his desire to intervene with the need always to bear in mind the patient's future quality of life? Scoring systems are helpful and prevent major errors, but nothing replaces the thoughtful advice of experienced colleagues. All authors agree that this is a difficult subject, in which intervention can make all the difference. The anatomy of the spine and the surrounding structures suggest that in the future minimal access surgery with more use of navigational systems will be the way forward.

There may be justification in bringing together a group of papers on a single subject, but it should be approached on a "pick and choose" basis. This is not a volume to be read from cover to cover. There is a considerable variety of style in the writing which combined with uneven editorial control, makes this particular volume difficult to digest. A book should not only be full of useful and informative content, but also should be a joy to read.

T. Morley

Oncology and basic science

Edited by T. A. Damron

Pp. 545. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins, 2008.

ISBN-10: 0-7817-8045-4. \$99.

This book is one in a series entitled "Orthopaedic Surgery Essentials". As such, it is designed to support the trainee surgeon through individual attachments and serve as a revision aid for the American Board Examinations, or, indeed, the Intercollegiate Board FRCS (Trauma and Orthopaedics). This series genuinely seems to be trying to do something different in bridging the gap between the multivolume works beloved of the Americans and the short notes approach of the British.

When I first picked up this volume, I genuinely anticipated a book on the basic science of oncology; perhaps not an unreasonable expectation given its title. Instead, I find a book which falls into two distinct parts, the first on surgical oncology and the second on basic science. This is certainly reasonable in the context of the series, but I cannot help but feel that these two rather distinct areas of orthopaedic knowledge were lumped together for lack of anywhere else to put them. This does not in any way decrease their value.

So what of the resulting volume? Personally, I feel it achieves its goals with great credit. The layout is fundamentally that of short notes with excellent accompanying illustrations. The information contained within is comprehensive and crisply expressed. The photographic illustrations are excellent and the diagrams, if anything, even better. There are, inevitably, radiographs in the oncology section which are suboptimal, but the authors are describing conditions which are rare and one knows from personal experience that radiographs of rare conditions are never as good as one might wish.

In the basic sciences section, some extremely difficult concepts in cellular and molecular biology are explained with remarkable clarity. Dr Damron is to be congratulated on his editing. He has employed a total of 48 separate authors yet the tailored seams read as the work of one individual.

Finally, I have to confess that I was amused by the strapline on the back cover. It runs "Put this quick reference tool to work for you today!". This is a book that contains nearly 550 pages of densely packed factual information and illustrations. It is much more than a 'quick reference tool' and the publishers should be slightly ashamed of such a glib description which rather demeans a volume of not inconsiderable scholarship, which is just about to become a welcome addition to my library.

A. Ross

The anterior cruciate ligament: reconstruction and basic science

Edited by C. Prodromos

Pp. 650. Philadelphia: Elsevier, 2008.

ISBN-13:918-1-4160-3834-4. £118.00

To produce the definitive book on one of the most written-about and discussed subjects in knee surgery, is an ambitious project. It requires much confidence, time and the ability to persuade the leaders in the field to contribute. The editor has done an admirable job towards achieving this, but not quite enough.

The stated aim of this book is that it is to be the comprehensive text, filling a gap in the market to help anterior cruciate ligament (ACL) surgeons to "stay current". This is the point, it is comprehensive but it is not definitive. It is much easier to be comprehensive, to include everything, but it is much harder to get experts to write a succinct, critical review of the current practice of ACL reconstruction. There is too much "this is what we do" rather than providing an objective analysis of what is best. The author's recommendation after such an analysis is helpful, but this is not the way it is presented. My initial enthusiasm declined into a reluctant but vague sense of disappointment.

Even in a book designed to be comprehensive, balance between the subjects covered must be right. The incidence and causes of ACL injury are heavily weighted towards the importance of gender, a subject the Editor-in-Chief clearly has an interest in. The biomechanics of reconstruction is detailed but the biomechanics of

the normal, intact ACL occupies only half a page, and one of the shortest chapters in the book is that on diagnosis. Virtually every available fixation device has a chapter, whereas non-operatively management is thinly covered, allotted as much space as the economics of reconstruction. There is a sense that all this is hastily disposed of before the real business of "how to do it" is addressed.

The next concern about the balance of this book is the difficult but important question of authority. The book has more than a hundred authors and nine editors. Of the authors, 56 are from the USA, ten from Italy, nine from Greece, seven from Finland, six each from Japan, United Kingdom, France and Germany with one or two from elsewhere. Looking through the author's titles, there are more research fellows than would be desirable in a surgical book, but they do certainly make it comprehensive. I would like to have seen contributions from some of the acknowledged experts from Australia, Sweden and other European countries. It is also disappointing to see the literature quoted having such a North American bias. Whilst much of the work done all over the world is reported in the American literature, it is appropriate to refer to this work. For example when it comes to injuries in Rugby football, to reference a paper on US naval recruits, comparing men with women seems to be focusing on a microcosm of the rugby-playing universe.

Lack of consistency in a multi-author book is the editor's nightmare and for this I have only sympathy. On the whole the chapters are good, well referenced and indeed comprehensive. Some are excellent, such as William Garrett's on the mechanism of injury, the chapter on notchplasty and Shelbourne's chapter on reconstruction using a mini-arthrotomy, although who uses this now? In this chapter the illustrations are excellent but they are not always so. In the chapter on taking a four-strand hamstring graft, the illustrations are such that the novice would get no help and the expert might not follow the argument.

Experienced ACL surgeons will already know much of what is in this book. They know what graft they use and how to do it. What they need is a balanced, well-argued debate on the contentious topics - hamstring *versus* patella tendon or other graft, the single *versus* double-bundles, the place of ACL reconstruction with tibial osteotomy - which would lead to a cogent, well-reasoned argument and conclusion. ACL reconstruction combined with arthroplasty is only mentioned to dismiss it.

A great attraction of this book is the fact that it is available 'on-line'. The book comes with a scratch pad inside the cover which reveals an activation code allowing you to register. This allows the reader to 'stay current' as the book is updated. There are, for example ten more chapters being written and the website includes an 'ask the expert' feature so all the authors can be contacted with specific questions. There is also an ACL database which is updated regularly with all new literature, presentations and even posters. This may be the future of publishing, as is the accompanying CD, but I do ask that editors do more than just fill their web-sites with information, and include critical, definitive peer review and comment.

In summary this book is more a manual than the definitive text, and yet if I wanted to learn a different technique the descriptions and illustrations are not clear enough. As a comprehensive base on which to build knowledge and experience of ACL reconstruction, it is very reasonable, and if you are interested in online updating and even debate, you would find it of interest.

D. Hunt