BOOK REVIEWS


‘Rockwood and Green’ is not just an established textbook. For many it has become the surgeon’s friend, providing guidance for the experienced surgeon and a vast repository of knowledge for the trainee. This new two-volume edition has adopted the Texan approach in that ‘big’ must be better, but it may have succumbed to that curse of sequential editions, literary obesity.

The main editorial board has grown from three to four while contributors have increased from 49 to 58. The individual page is larger, by 18%, and their number has grown by 225, an increase of 10%. The volumes weigh 7.8 kg. One wonders why it has not been split into three volumes; injuries of the upper limb still sit uncomfortably across the volume divide.

The first section covering general principles accounts for much of the expansion. It has increased from six to ten chapters and now includes chapters on the multiply-injured patient, the principles of internal and external fixation and periprosthetic fractures. This has been well done and is undoubtedly a considerable improvement on the third edition. In terms of the number of pages allocated, most of the other sections remain almost the same except for spinal trauma which now covers two chapters. Carpal instability also receives more prominence. Within the sections there is a change of emphasis, much more being included on operative techniques with surgical procedures clearly described in relation to specific fracture types. This will undoubtedly prove very useful, particularly when tackling less common injuries.

I was delighted to see that the book retains its “authors’ preferred method of treatment”. It is these sections which have provided the dynamic interaction between author and reader. It is most enjoyable to disagree profoundly with an eminent authority. And yet the authors’ individual bias does not seem to enter the main text; indeed I share some anxieties with Professor Heatley in his review of the first two volumes of Fractures in adults (vide supra). The volume weighs 3.0 kg compared with 1.9 kg in the third edition; the number of pages has increased to 1531 and the number of contributors to 30. It begins with a generous tribute to Richard King, whose place in the editorial team is taken by James Beaty. Perhaps a more significant tribute is that much of his work is still included in this volume in spite of a major rewrite by new contributors.

The section on general principles has been expanded to include the incidence and patterns of injury in children, and sedation and analgesia which includes the use of regional blocks in children with clear descriptions of those techniques which the authors prefer. I am not sure that this is a book which anaesthetists would use and I am doubtful of the benefit to orthopaedic surgeons, especially as there is very little information on the difficulty and danger of using regional anaesthesia in children.

There are good sections on the management of the multiply-injured child and on the psychological aspect of injury, something I suspect that we tend to neglect in all aspects of trauma management. The sections on physical injury, pathological fractures and special injuries such as those associated with burns, radiation and infection have been significantly and appropriately expanded. These are welcome additions as integral parts of the care of the injured child and recently have increased in importance.

The book follows a regional pattern similar to that of previous editions. As in Fractures in adults excellent and comprehensive descriptions of manipulative and operative techniques are included with the authors’ preferred method clearly stated. Omissions are hard to find but it is curious that slipped upper femoral epiphysis is mentioned only under renal osteodystrophy.

The book is well produced with the use of blue in headings and panels, and black print for tables, classifications and points of special emphasis. The illustrations, both photographs and line drawings, are of a universally high quality although on occasion the pictures are some pages away from the relevant text. This is a volume which anyone involved in children’s trauma would wish to own. All three volumes should be available in every department where trainees are learning about musculoskeletal injury in children.

David Hunt.


The authors make no claim that their book is encyclopaedic, but they do cover the less esoteric injuries encountered in sport. They confine themselves to what they consider to be the best management of these lesions. The descriptions are written in clear, plain English and the instructions are easily followed, being enhanced by Justin Green’s clear illustrations.

There are a few, not uncommon conditions which perhaps should have been included and some lines of treatment which I would have preferred: the management of heel bumps and of...
hallux rigidus must meet the demanding needs of sportsmen. Instability of the cubometatarsal joint can be quite troublesome, but it will only show up on radiographs taken while applying a dorsal stress to the fifth metatarsal.

This slim volume describes succinctly most sports injuries encountered in the ankle and foot together with generally sensible management. It will be easily understood by coaches, trainers and physiotherapists; it should be on the bookshelf at sports injury clinics.

Jean-Yves Alnot. There are 25 chapters, Narakas himself contributing to the work of Algimantas Narakas who was its editor with this English translation of the second edition is a fitting monument to the work of Algimantas Narakas was its editor with Jean-Yves Alnot. There are 25 chapters, Narakas himself contributing to six of these. The text is set out in a methodical and orderly manner, starting with descriptions of the anatomy of the brachial plexus in the newborn and in the adult with valuable discussions about surgical exposure. There follow chapters describing those nerves which are available for graft and those which can be used for nerve transfer, and excellent chapters on clinical diagnosis and indications for operation. Alnot and Bayon make an important contribution on neurovascular injury in which they advocate delayed repair of the nerves, a policy which is contrary to that proposed by the London School.

A detailed analysis of the outcome of nerve repair, of nerve transfer, and of operations for reconstruction occupies a substantial part of the book. Berger, Askesbi and Emery present a valuable chapter on pain. Those on birth lesions of the brachial plexus, from Gilbert and from Slooff and Blaauw, are particularly stimulating. Appropriately, the book ends with a chapter from Thomas Carlstedt describing functional recovery after replantation of avulsed spinal nerves: this is surely the way forward for the complete lesion.

The book is written with assured precision. The numerous illustrations are of good quality and are pertinent; the tables are clear. This is a great work. It summarises 35 years of endeavour, reflecting both achievement and failure. It is essential and pleasurable reading for any surgeon or physician remotely engaged in the management of lesions of the brachial plexus.

R. Birch.


Knowledge of these instruments is essential for those contemplating surgery so that proper judgements can be made as to what is possible and, more importantly, what is necessary.


The title ‘Musculoskeletal examination’ is precise and should not be confused with ‘orthopaedic’ examination. Good-quality drawings demonstrate with simplicity exactly what one is touching when one lays on hands, but the emphasis is essentially on soft-tissue injuries in the fit, rather than on orthopaedic pathology.


Although monographs are often criticised, Richard Ferkel’s book proves that there is still a place for them. Perhaps because foot and ankle arthroscopy is still in its infancy, the broad experience of one man contributes much to the field.

The book leads one through chapters on preoperative evaluation, instrumentation and anatomy, into the diagnosis and surgical management of soft-tissue injury, articular lesions and instability of the ankle. It outlines surgical technique and the classification of most of the conditions described. It also predicts the outcome which can be expected. There is something for everyone from the simpler techniques to descriptions of subtalar and great toe arthroscopy. For the pioneer, arthroscopic subtalar fusion and dorsal cheilectomy of the great toe are described. The book has few weaknesses in its 300+ pages, but has relatively few illustrations.

The length of the book should persuade anyone that arthroscopy in the foot is more than an occasional exercise. It is essential for those who wish to undertake a considerable work load in ankle arthroscopy, and should be available in departmental libraries for those who need to know what these procedures may have to offer in the future.

Paul H. Cooke.


This English translation of the second edition is a fitting monument to the work of Algimantas Narakas who was its editor with Jean-Yves Alnot. There are 25 chapters, Narakas himself contributing to six of these. The text is set out in a methodical and orderly manner, starting with descriptions of the anatomy of the brachial plexus in the newborn and in the adult with valuable discussions about surgical exposure. There follow chapters describing those nerves which are available for graft and those which can be used for nerve transfer, and excellent chapters on clinical diagnosis and indications for operation. Alnot and Bayon make an important contribution on neurovascular injury in which they advocate delayed repair of the nerves, a policy which is contrary to that proposed by the London School.

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R. Birch.


The 17 chapters of this book, which is dedicated to Professor Gilbert Drouin of Montreal, are arranged in three sections on basic science, artificial ligaments and future trends. That on science includes mechanics, mathematics and work on the sensory function of ligaments. The section on artificial ligaments is exhaustive and a valuable source of references, some chapters listing over two hundred.

In the preface Professor Yahia comments that no single volume publishes progress made outside North America. While it is refreshing to find a work on knee ligaments with no author from the USA, it must be observed that 23 of the 44 authors are from Canada, 22 of them from Quebec. Readers in Britain and the rest of Europe may be disappointed in the chapter on history which deals almost entirely with the English language literature, paying little attention to early French, German and other European pioneers.

Now that artificial ligaments have largely been abandoned, it is important that the techniques for inserting them should be recorded for posterity. The section on future developments includes interesting ideas on the biological regeneration of ligaments. No clinical reports are given but great attention is paid to the theory and development of prosthetic ligaments. This book is a valuable source for early biomechanics, and is essential reading for those involved in research and development. It will help to ensure that fundamental defects in principle are not repeated and help new concepts to evolve, if artificial ligaments are to stand the test of time.

D. Dandy.


Can 145 pages embrace the subject of this title? Of course it cannot but the coverage is quite remarkable, based essentially on

This is a review in French of surgical practice in the rheumatoid hand and wrist, edited by Dr Allieu. It forms an up-date on the first of the monographs of the French Society for Surgery of the hand which was edited by Tubiana. Inevitably, there is a certain amount of repetition of material published elsewhere in English, but also much that may be new to the monolingual reader. The illustrations are so clear as to lead the reader through the language; he will be richly rewarded for his attention.

M. Laurence.


This is a large and heavy textbook and, as such, must justify its existence in the face of mounting criticism that such books are always out-of-date, usually patchy in quality and are prohibitively expensive, even for libraries. It is also probably true that some editors try to make their books appear comprehensive by including chapters on subjects which are better and more appropriately dealt with elsewhere - for example, in the anatomy or pathology literature.

With this in mind, it was with a slightly sinking feeling that I opened the book noting that the early chapter headings included ‘Current concepts in wound healing’, ‘Soft-tissue trauma: an overview’ and ‘Management of closed fractures’. Surely, this was second nature to all of us!

I could have not been more wrong. This work has been written mainly by podiatrists, with a few, but important chapters, by plastic surgeons, and as far as I am concerned, it meets all the criticisms mentioned above and many more. The chapters on general principles are well-written and very much orientated to foot trauma. Many of them make fascinating reading: I, personally, have little knowledge or experience of animal bites and even less of marine-related foot injuries. The quality is consistently high and the literature review and standard of referencing must put the Internet to shame.

I have searched deeply, although perhaps not every word, and I found every aspect of foot trauma covered in exemplary detail. I would have liked some of the illustrations to have been of slightly better quality, but I suspect that this is sometimes a matter of reproduction rather than the quality of the originals. Every reviewer likes to be able to point to a picture which is upside-down or a reproduction rather than the quality of the originals. Every reviewer likes to be able to point to a picture which is upside-down or a classification system which has been superseded. I have not found any and it would, in any case, be petty to mention such things when the general standard is so good.

The editor must be congratulated on achieving a remarkable unity of style in a textbook which cannot fail to be of value to anyone dealing with foot injuries.

T. Duckworth.


Colin Hooker’s interest in history, inspired by Sir Harry Platt, equips him ideally for the task of preserving the heritage of New Zealand orthopaedics. He traces links from Robert Jones and the Manchester Ship Canal through immigrant surgeons to the present-day centres of excellence in orthopaedic surgery.

Early history is well covered, and Chapter 6 carries the story forward with short biographies of the Presidents of the New Zealand Orthopaedic Association from Sir Alexander Gillies in 1950 to John Cullen in 1992. Their Presidential Addresses, some in full, some as carefully chosen extracts, provide a fascinating insight into the changes in thinking during the decades of orthopaedic expansion.

The book is very well produced and indexed; it provides a clear account of developments in the “smallest and most remote of the English-speaking Orthopaedic Associations” and will be an essential reference volume for future historians.

M. Laurence.