Book reviews


This book is aimed at a broad readership but is especially recommended to trainees who allegedly lack a historical perspective. This may be true since to many younger students of rheumatic diseases older papers which have not been captured electronically are as remote as the Palaeolithic cave paintings of Lascaux. Too many authors omit earlier work either by accident or design. Restatements of older conclusions are commonplace. Any attempt to remind us of some of the seminal publications of the last 50 years is thus to be welcomed.

The book is divided into four sections dealing with the impact of measurement on our grasp of the rheumatic diseases, classical descriptive papers, common musculoskeletal disorders, and finally a section on treatment. Thirty-three international authors have contributed, most of whom are very well known in their fields and some are old enough to savour personal recollection of the publications which they quote, especially their own. There is some predictable self-publicity and a shameless lack of modesty displayed by one or two.

One example of the chapter design is enough to convey the flavour of the whole book. Chapter three is written by Smolen and is entitled ‘Serological tests’. There is an introduction which refers to sheep-cell agglutination, first described by Waaler in 1940, the LE cell of Hargraves in 1948, soluble nuclear antigens as outlined by Tan in 1966, the extractable nuclear antigen of Sharp described in 1972 and more. The individual papers are then summarised with additional references. The reasons why each is considered to be important are reviewed and its strengths, weakness and relevance are emphasised.

Although I found this to be a most enjoyable read, I suspect that it will be more appreciated by established clinicians than trainees. It is heavy, and could have been made lighter and thinner by more efficient use of space. There are large sections of blank paper. The cover has an attractive orientation. Conversely, in the chapter on DDH (p. 364), the diagram is of good quality but the ultrasound images are poor. Similarly, the operative photographs, never clear in black and white, relating to resection of a growth plate (p. 596) would be helped by accompanying diagrams or line drawings to demonstrate the technique.

Now notwithstanding these minor criticisms, I recommend the book for every orthopaedic departmental library.

David Jones


This is the latest volume in a series of books edited by Charles Court-Brown and Dietmar Pennig. The concept of the series is to examine the long bones of the limbs separately, and the other volumes cover the humerus, radius and ulna, and the tibia and fibula. This anatomical approach can have disadvantages. There is a certain amount of repetition of general principles across the series, and in this volume the chapters on fractures of the hip in the elderly and those on fractures of the femoral shaft in polytrauma sit somewhat uncomfortably together. At times it feels as if two separate books have been amalgamated, with a final chapter on the outcome of fractures of the hip being distinctly out of place.

The coverage of the book, however, is excellent. All the current controversies in the management of fractures of the shaft are discussed in detail, with a critical analysis of the available literature and an unbiased discussion of current theory and practice. Fractures of the hip are also analysed, but there are minor niggles when author bias emerges in the discussion on hemiarthroplasty, in which the available literature is quoted, but conclusions are drawn which are not necessarily supported.

Overall, this book gives a clear and comprehensive account of the current operative management of fractures of the femur from all causes and in all age groups. It has enough detail to satisfy the most literature-obsessed consultants and specialist registrars, yet is clear enough for senior house officers, physiotherapists and nurses to find useful. I recommend it highly.

W. David Goodier


I had the pleasure of reviewing the first edition of this book and commented highly on it then. The second edition is even better, and establishes it as a major work on the subject. The new edition is enhanced, not in the numbers of pages but in the page size, clarity of illustrations, enhanced editorship (Klaus Parsch) and improved layout.

The book is presented in five main sections. A series of overview chapters is followed by chapters on generalised skeletal conditions, all of universally high standard. The strengths of the previous edition remain. There are excellent chapters on skeletal dysplasias, metabolic disturbances and neuromuscular conditions. Regional disorders such as limb anomalies, developmental dysplasia of the hip (DDH) and obstetric brachial plexus injuries are strongly represented. Finally, the section on fractures has been markedly improved and is an excellent synopsis of the subject.

I have a few minor niggles and these relate to the illustrations. As examples, the ultrasound investigation of DDH could be more clearly presented; in the chapter on imaging (p. 56), the ultrasound picture should have an adjacent diagram to show the anatomy and its orientation. Conversely, in the chapter on DDH (p. 364), the diagram is of good quality but the ultrasound images are poor. Similarly, the operative photographs, never clear in black and white, relating to resection of a growth plate (p. 596) would be helped by accompanying diagrams or line drawings to demonstrate the technique.

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Terence Gibson

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A new textbook on the operative treatment of injuries of the elbow is a welcome addition to the small number of works on such disorders. Its contributors, mostly from the USA, are of a high calibre, and have written on their particular areas of interest.

The anatomy and surgical sections of the book are particularly helpful and comprehensive covering the appropriate surgical approaches for different injuries of the elbow.

There is an interesting section on biomechanics which deals in great detail with the changes that occur during the different phases of baseball pitching. Other throwing techniques are also mentioned but are discussed in less detail.

There are several well-written chapters on instability of the elbow and tendon injuries. This problem is something of increasing interest to the elbow surgeon and is undoubtedly a cause of pain in the elbow after certain subtle sporting injuries.

The book has an excellent chapter on MRI of the elbow which is something that, for the orthopaedic surgeon, is especially helpful. Arthroscopic surgery is dealt with in five chapters with both diagnostic and therapeutic procedures described in detail. I was somewhat disappointed with the quality of the illustrations in this section of the book since even the colour prints have not reproduced well. Despite this, the chapters on arthroscopic surgery are very clear and give advice not only on the surgical techniques but on the results which can be expected from this type of procedure.

Within the section on fractures the chapter which stands out is that dealing with fractures of the radial head. Not only does it cover all aspects of management of the radial head, but it is also well referenced quoting 118 papers on this injury. The text also includes a chapter on tumours of the elbow and although initially I thought that this was perhaps out of place in a publication on injuries to the elbow, I feel that it has some merit in alerting the surgeon to the possibility that, although uncommon, tumours can present with pain at the elbow and in some instances may mimic injury. Overall, this is an excellent text revealing the significant advances in knowledge relating to conditions in the elbow which have been made over recent years.

David Stanley


There is no doubt that in the field of fracture care, AO has produced a scientifically-based revolution. It has brought the surgery of fractures to its rightful place by research, development, documentation and education. What started with the dreams of a few inspired Swiss surgeons in the 1950s has become a worldwide organisation within a global brotherhood of surgeons, all sharing a similar patient-based philosophy.

The birth and infancy of such a massive endeavour are a tale worthy of the telling and the author has produced an authoritative and well-researched documentation of the evolution and development of AO in its early years.

He starts with a fascinating section on osteosynthesis before AO and then a very readable account of how the founders came together, discussed their problems with fractures and set about their quest for solutions in a collaborative and analytical way.

As the story evolves, it becomes evident to the reader that something magical and inexplicable grew from this initiative. It is also clear that the AO group was able to develop an ethical partnership with the surgical industry, sowing the seeds for the current symbiotic relationship between the AO foundation, as a professional, scientific and non-profit-making body, and its licensed industrial partners. The book describes this growth and is liberally furnished with historical images. The photograph (Fig. 2-1) of Maurice Müller and Robert Schneider on Swiss Army service will bring a wry smile to the lips of many, symbolising, as it does in some ways, the military precision with which the founders set about their self-imposed task. Perhaps AO just had to be born in Switzerland!

The chapter on ‘The individual practice of osteosynthesis and its development from 1958 to the end of 1963’ adds a warm spin to the content of the rather sterile manuals of osteosynthesis, placing the classical early AO fixations into a more personal context. At the end there are reproduced a number of old documents which make engaging reading. Occasionally, the text is a little hard-going, but it will reward any reader with a feeling for the initial struggle to produce a scientific basis for fracture surgery and to gain its acceptance in a reluctant establishment. Without this pioneering work in the early years, the world of fracture care would be very different today. In some ways, I felt sad that the account ended still in the early days and my appetite for a fuller history of AO was whetted.

The young trainee, who naturally takes all the modern techniques for granted, would do well to read of the industry of these pioneers, and the more mature surgeon will enjoy reading of the lives of those with whom he or she may well have come into contact. The book is unique, a valuable archive and a fascinating read.

C. Colton


The editors intend this book for orthopaedic residents preparing for in-training examinations and Part I of the examinations for the American Board of Orthopaedic Surgery. The format of the text is practice multiple-choice questions for the above examinations. The text is therefore written, unsurprisingly, with a high American bias. It is difficult to encompass all aspects of orthopaedics within the scope of such a book. It is therefore a great compliment to the contributors that they have covered such a wide spectrum. There are nine sections dedicated to the individual anatomical areas, from the hand to the spine, with separate chapters on tumours, metabolic bone disease and paediatrics. The subject matter within each section varies widely in style and approach and includes knowledge of anatomy, orthopaedic disorders and surgical technique. The questions are complemented by excellent images and illustrations to highlight clinical situations. There are curiously few on trauma, with the promise from the authors of a separate book dedicated to the subject.

The ‘answer’ section at the end of each chapter deserves special mention. There is a concise explanation for each answer, which also includes reasons why the others are wrong. This is especially helpful in those questions involving several different eponyms or syndromes. Important references are also listed for further, in-depth, reading.

As a candidate studying for the FRCS (Orth) examination, I found the text to be an excellent adjunct to my revision. A minor criticism is the size of the book; pocket-size would have been
preferable. It is extremely useful for filling in theatre time while waiting for the next patient to arrive! The ultimate accolade must be reserved for whether or not I pass.

Peter Calder


These three volumes join a series of major textbooks produced by the Oxford University Press. They obviously sell well as ‘Medicine’ has had three editions and ‘Surgery’ has had two. This shows that there must be a need for a comprehensive treatise in this age of increasing specialisation. The book is the fruit of the labours of seven editors, three section editors and 330 contributors – a triumph of organisation. The editors are either from Oxford or Iowa and there is no evidence that the practice of surgery differs markedly from one centre to the other.

The chapters include all subdivisions of modern elective orthopaedic and trauma surgery, basic science and contributions from India on poliomyelitis and tuberculosis. I was surprised to find that the North American form of spelling was included in the title and was used throughout the book. What has happened to Oxford English?

In the preface the editors state that they hope that the book will be on the shelf of every practising orthopaedic surgeon, whether in training or not and available in libraries as a reference work. The price will dampen the enthusiasm of junior doctors. Keen undergraduates and specialist registrars will use it in the library, to obtain an overview of a subject. For example, club foot is covered in two pages. It will be more useful for specialists in other fields than the one addressed.

There will be no rest for the editors since the book will need constant revision to keep it up to date. It is destined to become a standard work. They have asked for omissions, inevitable in a book of this size, to be noted, and there are many. As someone interested in the foot, I could find no mention of Morton’s neuroma.


This interesting and well-illustrated 24-minute video about the principles and techniques of spinal decompression is very much the personal view of Harry Crock. He makes the point that spinal stenosis is becoming much more common because of increasing longevity. The principles of treatment include: respect for the arterial supply of the paraspinal muscles, restoration of the venous drainage of the lumbar nerve roots by adequate decompression and preservation of the spinous processes, laminae and interspinous ligaments to maintain stability. In keeping with these principles he advocates conservative surgical methods rather than total laminectomy.

The beautiful photographs obtained from the now famous anatomical specimens prepared by Harry Crock and his wife, serve to illustrate the important features of the arterial blood supply and the venous drainage. With these structures in mind advice is given to limit the use of diathermy and release retractors every 30 minutes. Once these principles have been developed, there is an operative video of single-level and multiple-level decompression. The spinal canal is entered beneath the edge of the upper lamina using an angled punch and then the angled curette is used to peel away the undersurface of the overlying facet joint, especially the medial margin of the superior articular process of the inferior vertebra. There is an animated sequence of this aspect of the technique. In cases in which opening into the spinal canal is obstructed by overhanging bone a high-speed burr is used to enlarge the interlaminal space.

Experienced spinal surgeons can learn something from this video and it may lead to some useful amendments to their established techniques. However, while the preservation of the supporting anatomical structures is a laudable principle, wider decompression has been shown to carry a lower risk of nerve-root damage, and for a less experienced surgeon the use of a curette through a small fenestration so close to the nerve root could prove both daunting and dangerous. Although the illustration is very good and the points are well made, there are times when variations in the speed of the commentary threaten to spoil Harry Crock’s usual eloquence and clarity of communication.

R. W. Marshall

**BOOKS RECEIVED**


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