

Book reviews

Clinical orthopaedics (Textbook of orthopaedic surgery)

Craig EV, 1070 pages, Lippincott Williams & Wilkins, Philadelphia 1999

ISBN 0-683-02180-X

Clinical orthopaedics, a new 1120-page textbook in orthopedics, is edited under the aegis of EV Craig of the Hospital for Special Surgery, New York, by no less than 11 section editors and over 100 contributors. It is intended as a road-map on therapy for residents and general orthopedists. Is it a good map? Yes and no. The answer largely depends on the cartographic scale one prefers.

Clinical orthopedic's main advantage, in my opinion, is that it provides a clear survey of the orthopaedic surgical landscape. The book is logically structured. The sections are arranged anatomically—from hand to foot—with special sections for tumors and pediatrics. Since the index is excellent (it also includes figures and tables) and all chapters are organized in the same fashion, it is easy to navigate. One editorial policy that I find particularly attractive is that in each chapter, facts are condensed into tables and management algorithms. Although this approach, of course, cannot give a fully nuanced picture, it is gold for the novice.

In a large book like this, the relative emphasis given to the various conditions is a difficult question, but on the whole I think that the editors have found a sound balance. It contains a lot of useful information and discussion, and most of the chapters are fun to read. It is richly illustrated, many of

the drawings are beautiful and of superb clarity, which is not always the case for the radiographs. Numerous illustrations would improve from cropping and resizing. The next edition would benefit from a thorough review by a battle-hardened picture editor.

Most of the space is allotted to operative techniques. And here one faces the question of the optimal scale of a map. Clearly, this book cannot replace larger textbooks and surgical atlases, not having a sufficiently detailed resolution. On the other hand, clinical orthopaedics requires some prior knowledge, therefore it is no substitute for more elementary books; for instance, there is no basic science presented. Nevertheless, I believe that it has a defined target group, the trainee who wishes to obtain a survey of surgical options. But even for this group, the book might better serve its purpose in a shortened and compact version. However, the first edition of this book can be recommended to young orthopedic surgeons. I think that it's the kind of book that I would have liked to have had.

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Surgical disorders of the peripheral nerves

R Birch, G Bonney, C B Wynn Parry, 539 pages, Churchill Livingstone, Edinburgh, 1998

ISBN 0 443 04443 0

A literature search for articles dealing with “peripheral nerves” and “surgery” going back 1 year found 105 articles, only a handful of which were published in orthopedic journals. In Scandinavia, neurosurgeons, hand surgeons, and plastic surgeons deal with most traumatic lesions of peripheral nerves. To a Scandinavian reader it may be surprising that the first two authors of this book are orthopedic surgeons, while the third one specializes in rehabilitation.

The target audience comprises surgeons in training and in practice, physicians in general and neurologists in particular, and the authors “... even hope that undergraduates will come to no great harm through reading it”. I believe that the readership will be rather more limited, i.e., to those who have a special interest in this subject. For the rest of us, more pertinent texts are available. In stating the aim of their work, they are curiously indirect and negative: they have observed a general lack of knowledge in the clinic and in the courts!

Although the cranial nerves are not completely covered, the book is exhaustive in its approach. The language is mostly elegant, sometimes perhaps a little too elaborate to please a reader who does not have English as his first language. Most of the points offered are documented by literature references or personal experience, often taking the form of brief presentations of original material. While adherence to detail in documentation may seem a virtue, it does tend to reduce readability. Historical references are quite abundant. Even political comments can be found. All literature references are placed at the end of the book. There are more than 2,000 of them. There is no national bias in the selection of references, and the original material is presented in sufficient detail to convince the reader that it would have passed the critical process of peer reviewing.

The book is profusely illustrated except in the part of chapter 7 dealing with operative approaches. More drawings here would have been helpful.

Figures are in black and white except for 6 pages of color duplicates of selected illustrations placed between the introduction and chapter 1. Many intraoperative photographs lack markers to point out the clues, and most of the photographs would have been more valuable in color. The drawings are of professional quality.

The chapter on compound nerve injury should be particularly interesting to most orthopedic surgeons dealing with trauma. A little more than 1 page is dedicated to compartment syndrome, but no more needs to be said. This is effective writing.

There are two chapters on lesions of the brachial plexus. One deals with traumatic lesions, and one deals with birth lesions. Here, the authors are at their best. In evaluating traumatic lesions, they recommend contrast-enhanced CT scanning rather than myelography. MR has proved disappointing in demonstrating the intradural rootlets. Over a period of 20 years (1976–1996), the experience includes 1162 supraclavicular lesions, 442 infraclavicular lesions and 51 penetrating missile injuries. What an impressive material! They recommend simultaneous repair of nerves and vessels, since secondary nerve repair is problematic due to scar formation which invariably negatively affects the final functional result. Carlstedt is recognized for his experimental and clinical work on reimplantation of avulsed spinal nerves. In birth lesions, there is a correlation between birth weight and the severity of the lesion. There is an increased incidence of birth lesions attributed to the increase in birth weight. Treatment is covered in considerable detail, including secondary orthopedic intervention. The chapter on entrapment neuropathy should also be of interest to the orthopedic surgeon. A hereditary susceptibility to pressure neuropathy is described.

Considering the aim of the book, it is not surprising that a chapter of 40 pages is dedicated to “iatropathic injury”. It is claimed that the commonly used term “iatrogenic” really means “doctor-producing” rather than “produced by or de-

rived from a doctor”. They do acknowledge, however, that the alternative term “iatropathic” may differ too little from the commonly used term “iatrogenic” “... to be appreciated by most clinicians”, and that “it may have been caviare to the general”. Otherwise, there is a lot to be learned from this chapter.

Reconstruction to compensate for permanent sequelae of peripheral nerve damage is covered in a separate very useful chapter. In dealing with Volkmann’s contracture, they advocate operative decompression of the nerves concerned (median and ulnar in the upper extremity, posterior tibial in the lower extremity) and find that this can lead to

remarkable results with early relief of pain and some recovery of distal muscle function.

I enjoyed reading significant parts of this book. I cannot recommend it to orthopedic surgeons in general. For the orthopedic surgeon whose interest in the peripheral nerves goes beyond avoiding them in his surgical approaches and the occasional operative decompression of a nerve, reading this book may be worthwhile.

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Instrumented spinal surgery—Principles and technique

J. Harms and G. Tabasso, 198 pages, Georg Thieme Verlag, Stuttgart-New York, 1999

ISBN 3 13 110761 8

This book, written by Professor Jürgen Harms of Karlsbad and Doctor Giuseppe Tabasso of Turin, surveys principles of instrumented spinal surgery and has emerged because “many clinics apparently do not follow the basic principles of spinal surgery to the extent that has meanwhile become standard in surgery of the extremities”. The first chapter concerns spinal mechanics in a comprehensive way with clear illustrations. It serves as a background for the following 6 where mechanical principles are applied to fractures, kyphoses, tumors, spondylolistheses, degenerative spine disorders and infections, each in a separate chapter which starts with a short review of general principles, followed by richly illustrated surgical techniques. The last part of each chapter consists of case studies (radiographs, CT and MRI investigation), and the book ends with a reference list of a mere 34 publications.

The book mainly serves as a surgical atlas and for this purpose it has excellent illustrations of those techniques proposed by the authors. The Harms cage, widely used by spinal surgeons today, is not unexpectedly recommended for most disorders described. It should be emphasized that the technique of using titanium spacers, especially in corpectomies, has been launched by Harms, and it must be regarded as one of the most important recent additions to the armamentarium of the spine surgeon. For posterior fixation, and also for anterior compression, polyaxial screws and rods are recommended.

The layout is beautiful and the clear structure makes it easy to read. It reflects the ideas and principles adopted by the authors, while it must be remembered that there are many other opinions and implants. Irrespective of whether one uses the implants proposed or other types, the written information and description of surgical techniques, based on biomechanical principles, are of interest. It is valuable to exemplify the principles with case studies, but the number of cases presented could be reduced significantly.

The authors prefer all implants to be manufactured from titanium, and also recommend that only autologous bone grafts should be used, which is commendable. I was also happy to read about the principle of fixating a minimal number of spine segments in spinal fractures. The view of reducing every case of spondylolistheses, however, has certainly not attained consensus in the spinal world.

In my opinion, everybody dealing with spinal surgery can enjoy this book as a surgical manual, although it is restricted to instrumented fusion surgery. The biomechanical knowledge and the great surgical skills of the authors are reflected in the presentation.

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Pocket atlas of radiographic anatomy

Torsten B. Moeller and Emil Reis, 374 pages, Georg Thieme Verlag, Stuttgart-New York, 1999
ISBN 3 13 784202 6

Normal findings in radiography

Torsten Moeller, 276 pages, Georg Thieme Verlag, Stuttgart-New York, 1999
ISBN 3 13 116531 6

In their series of medical pocket books, Thieme has published these books on radiographic anatomy and normal findings in radiography. They are meant for medical students, non-radiologists and radiologists in training.

In the pocket atlas of radiographic anatomy, half of the book concerns the locomotor system, and the other half the chest, abdomen and vascular anatomy. Plain radiographs, arthrograms and angiograms are included. No CT or MR anatomy is shown.

The radiographs are printed on one page and a graph of the landmarks on the opposite page to explain the anatomical structures. The intention of this pocket atlas is good but, unfortunately, the radiographs are generally overexposed and too dark to appreciate the anatomical details fully that are shown in the graphic picture.

In the book—"Normal findings in radiography"—normal radiographs are shown with arrows and figures to highlight special findings that the reader should know. The quality of the radiographs is better in this book, compared to the pocket atlas. The illustrations include a short de-

scription of the normal appearance and a checklist of what to look for. Each illustration also has a box called "important data" with various measurements and angles. Several of these important data can be discussed—for instance, the height of the frontal and maxillary sinuses, the anterior angle between the coccyx and sacrum or information about cortical thickness in various areas. A number of indices also seem superfluous—for instance, the glenohumeral index.

There is one thing I miss in both books and that is a description or graphic illustration of the projection of the radiographs. It is not entirely certain that everybody understands how a Rhese view of the orbit is taken.

In spite of some shortcomings, both books are valuable for a medical student or for a young radiologist in training, and they are both handy to have in one's pocket.

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