

## Book reviews

### *The shoulder*

E Craig (editor), 496 pages, Raven Press Ltd, Philadelphia, 1995

ISBN 0-7817-0035-3

The main author of this book in the series Master techniques in Orthopedics, Edward V Craig, was a trainee with Charles Neer at the Presbyterian Hospital, Columbia University, New York, and is now Professor of orthopedic surgery at Cornell University and attending surgeon at the Hospital for Special Surgery in New York. In 1981 he received the Neer Award for a paper dealing with continuous passive motion and shoulder rehabilitation, and he is the current President of American Shoulder and Elbow Surgeons.

Five main subjects dealing with the rotator cuff, instability, trauma, arthroscopy and reconstructive surgery are dealt with in 24 chapters, all written by well-known shoulder surgeons in the US. The book is extremely well illustrated, which makes it more of an orthopedic atlas than a textbook.

Shoulder instability is discussed in 5 chapters, but no European techniques (bone-block-operations) are mentioned, nor is version of the humeral head discussed. The classic "capsular shift" repair is replaced by other procedures reducing the joint volume with or without different kinds of Bankart repairs. In this part, I miss a chapter analyzing "the failed repair" and also the recommended treatment of this condition. How-

ever, the modern concepts of the surgical treatment of shoulder instability are described in a way that will remain the general guide-lines for a long time.

Prosthetic replacement is described by Ed Craig, designer of the Atlas Modular Shoulder, and Bob Cofield in 2 brilliant chapters where indications, surgical technique and revision procedures are discussed. Everyone interested in reconstruction of the deficient glenoid will find valuable information here.

Arthroscopy is well covered in 61 pages. All surgeons doing arthroscopic anterior acromioplasty should read this chapter by Harvard Ellman, one of the pioneers in the field.

Although *The shoulder* may have a "touch of the US", with, for instance, several pages describing how to get through the skin and reach the first fascial layer, the book is easy to read, has a very good message and is strongly recommended to every orthopedic surgeon with any interest in shoulder surgery.

#### **Lennart Hovelius**

*Department of Orthopedics, General Hospital,  
S-801 87 Gävle, Sweden*

### *Atlas of hip surgery*

R Bauer, F Kerschbaumer, S Poisel (editors), 334 pages, Thieme Medical Publishers, New York, 1996

ISBN 0-86577-601-6

The immediate and lasting impression of this atlas is the outstanding colored and black-and-white drawings of common and less common operative procedures. Surgical treatment of fresh fractures in the upper femur and the acetabulum is not discussed at all and therefore *Atlas of reconstructive and replacement surgery of the hip* would have been a more appropriate title.

The various operative procedures are generally presented step-by-step in plain and intelligible illustrations, which are accompanied by concise texts, e.g., on pitfalls and complications. However, in the chapter on reconstructive surgery, the fact that some drawings are of the right and some of the left hip complicates an understanding. That the book is a revised translation of a recent German edition will not escape the obser-

vant reader. The latter fact is reflected not only in the reference lists, which are dominated by German literature but also in the types of fixation devices and total hip prostheses. Primary total hip replacement is confined to descriptions of one cemented and one uncemented socket and stem design. Unfortunately, the cementless acetabular components are represented only by a threaded design, today more or less abandoned in the Anglo-Saxon and Nordic countries. Albeit very useful in revisions, the extensive use of acetabular reinforcement devices in primary surgery must also be unfamiliar to surgeons outside central Europe. A description of the sites of “dangerous structures” medial to the floor of the acetabulum, which must be avoided when drilling anchorage holes and removing a medially-migrated socket should have been included in a book of this kind.

The difficult adult CDH-cases stages III and IV are inadequately dealt with in 4 pages, and the important contributions in this field by, for example, Harris in Boston and Paavilainen in Helsinki, are lacking among the references.

The chapter on revision of total hip arthroplasties covers most aspects of the issue, except classification systems for bone defects in the femur and the use of bank bone. As a curiosity, it should be mentioned that the saddle prosthesis is presented in 12 pages and the

total femur prosthesis in 9, whereas the impaction grafting technique popularized by Ling in Exeter has been allotted only 4 pages.

Approximately one quarter of the atlas is devoted to a great number of reconstructive procedures, other than replacement of the proximal femur in children, adolescents and young adults. Nevertheless, those interested in, for example, the Salter osteotomy are recommended to consult Salter’s original papers. However, even surgeons dealing only with replacement arthroplasty, may find technical solutions in this chapter that can be valuable in patients with a distorted anatomy.

Apart from what is said above and the meager reference lists, *Atlas of hip surgery* is useful and enjoyable reading for the orthopedic surgeon in the beginning of his or her career. Those more experienced certainly also will find points that may improve their skills.

Hopefully, the reader will understand that most surgical procedures, in reality, are more complicated than they appear to be in this atlas.

**Åke Carlsson**

*Department of Orthopedics, Malmö University  
Hospital, S-205 02 Malmö, Sweden*