

## Book reviews

### *The practice of shoulder surgery*

Ian G Kelly (editor), 358 pages, Butterworth Heinemann Ltd, Oxford, 1993

ISBN 0-7506-1383-1

Several texts on the shoulder have been published recently, most of them from the U.S.A. This is a book produced by several well-known shoulder surgeons, one bioengineer and one anesthetist, all but one British, and edited and co-authored by Ian G Kelly in Glasgow.

The opening chapter on anatomy is written by Mr Edelson, an Israeli orthopedic surgeon. It is excellent, and raises the question whether all texts on anatomy for medical students as well as surgeons and practitioners should be written by experienced surgeons, who can point out clinically important structures and, in contrast to the anatomist, omit structures of no clinical importance.

The chapters on fractures and dislocations are comprehensive, and the therapeutic recommendations in accordance with Scandinavian tradition. An exception is that 6 weeks of immobilization is recommended for a patient under the age of 40, following a traumatic anterior shoulder dislocation. The work by Hovelius is recognized but the author stresses his finding that 3 weeks of immobilization do not influence the risk of recurrence. This does not prove that 6 weeks is of no prophylactic value.

I found the chapter on shoulder arthroscopy rather boring due to the lack of illustrations to show how much can be seen with an arthroscope inside the shoulder joint. Color photographs of arthroscopic findings are expensive to print, but even simple line drawings would have made this text more enjoyable.

I usually perform shoulder surgery with regional anesthesia (interscalenus block), a technique with many advantages which unfortunately is only briefly mentioned in the chapter on anesthesia.

The editor is well known for his interest in the management of the arthritic shoulder, and his chapter on that condition is excellent. Of special importance is the stress on the not very well known fact that shoul-

der pain in patients with rheumatoid arthritis only infrequently comes from the glenohumeral joint. The author used diagnostic injection of local anesthetic in 75 painful rheumatoid shoulders and obtained complete pain relief from injection into the glenohumeral joint in only 16! As long as the sphericity of the humeral head, and thus the potential for rotation, is maintained (which includes shoulders in Larsen Grade IV), the site of pain is likely to be the acromioclavicular joint or the subacromial space. Inflammatory destruction at these locations is no indication for prosthetic replacement of the glenohumeral joint, but it could probably sometimes explain inadequate pain relief after arthroplasty.

On the whole, the topic of shoulder surgery is very well dealt with and much can also be learnt about conditions not always requiring surgery, such as calcifying tendinitis, frozen shoulder, recurrent instability, neurological conditions affecting the shoulder, infections, sports injuries and rehabilitation after shoulder injuries, including surgery. I cannot think of any condition affecting the shoulder that is not mentioned in the text. The book can be recommended to every orthopedic surgeon, as even those with considerable experience in shoulder surgery will find something of value.

The editor admits in his preface that the shoulder provides him with considerable pleasure and fascination. I am convinced that fascination will grow and much pleasure will be experienced by everyone who reads this book.

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## **Atlas of paediatric orthopaedic surgery**

Raymond T Morrissy (ed), 747 pages, J B Lippincott Company, Philadelphia, 1992  
ISBN 0-397-50969-3

Pediatric orthopedic surgery is a fast-growing subspecialty, in which indications for surgery and technical performance differ a great deal from adult orthopedics. This surgical atlas is rather comprehensive, covering the spine, pelvis, hip, femur, knee, tibia, foot and upper extremity. The references are adequate, the index good and the reader rapidly becomes familiar with the atlas.

The surgical procedures presented are widely used—some more in the United States than in Scandinavia. Thus, 5 different pelvic osteotomies and 1 shelf operation, recommended for the treatment of late diagnosed CDH, are definitely too many for countries with adequate screening.

Indications for surgery differ and improved procedures rapidly replace old ones. Thus, neither vascularized fibula graft for congenital pseudarthrosis of the tibia nor modern osteotomies for hallux valgus are mentioned. Several very rare procedures, such as the operation for congenital pseudarthrosis of the clavicle and for Sprengel's deformity, take up several pages, whereas a simple osteotomy for tailor's bunion is not mentioned.

Some procedures are controversial—anterior and not posterior drainage of septic arthritis of the hip is recommended. The disadvantage of using the Cincinnati incision for correction of congenital club foot is not mentioned and it is recommended that osteotomies

for correction of cubitus varus following a supracondylar humeral fracture be stabilized with pins and not with staples, which is not in agreement with the present state of the art.

The anatomical structures in the illustrations are not labeled. Drawings with relevant structures and preferably step-by-step drawings would have improved the atlas. At present atlases on anatomy and books with surgical approaches must be studied before performing some of the procedures mentioned. The method that is probably most frequently used, pelvic osteotomy (Salter's), is technically better described in Salter's papers than in this atlas.

Surprisingly few warnings are given against technical errors, and little advice and few tricks for improving technical skill are included.

In spite of these shortcomings, the book can be recommended for surgeons with a reasonable experience of pediatric orthopedic surgery and as a complement to Tachdjian's "bible" on pediatric orthopedics and other textbooks.

### **Lars Danielsson**

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