

Book review

Operative Orthopaedics

M. W. Chapman (ed), 3 vols, 2,235 pages, J. B. Lippincott, Gower Medical Publishing, London, 1988. £195
ISBN 0-397-50772-0

In the difficult task of producing a new textbook on orthopedic surgery Michael W. Chapman has been assisted by 14 associate editors to master 170 U. S. contributors, as well as 4 from Switzerland, 4 from Austria, 2 from the United Kingdom, and one each from Italy and Australia.

The contents of the three volumes are divided into 15 parts containing 175 chapters. Anatomic regions, as well as different kinds of surgery, are used as a basis of division for both parts and chapters, which is a bit confusing. For example, the chapters on hip, knee, ankle, shoulder, and elbow arthrodesis are found in Part V (Arthrodesis). The technique of midfoot arthrodesis is, however, described in Part XIII (The foot), in Chapter 144 (Arthrodesis of the foot), and in Chapter 147 (The rheumatoid foot), and again in Part XV (Pediatric disorders). Good help is, however, offered by the excellent index.

The editor has not been successful in avoiding iterations, which probably can be explained by the confusing division of the text. Chapters 22 (Principles of management of forearm fractures) and 23 (Internal fixation of forearm fractures) cover essentially the same topic, and the technique for intramedullary nailing of the femur is described in detail in both Chapter 13 (Principles of intramedullary nailing) and Chapter 31 (Diaphyseal fractures of the femur). Likewise, the technique for external fixation is thoroughly ventilated in Chapter 14 on external fixation and in Chapter 36 on tibial fractures; and similarly, the technique for lumbar discectomy is described in Chapter 148 on surgical approaches to the spine and in Chapter 164 on lumbar disc herniation. Indeed, these pages with repetitive content could have been used for a better section on pediatric orthopedics, which—with exception of the spine—is not well covered. For example, the treatment of leg-length discrepancy is not mentioned. It is also difficult to grasp the treatment of certain pediatric disorders, for instance, that of myelomeningocele, where information is obtained partly in the text on spina bifida and partly in the text on congenital anomalies of the foot.

The amount and quality of the references differ considerably among different authors. The chapter on joint reconstruction contains 246 references,

whereas the chapter on revision arthroplasty of the knee has 13. Further, the chapter on tibial fractures is followed by 186 references and intertrochanteric osteotomy of the femur by six. Similarly, the chapter on principles of limb salvage in tumor surgery is followed by only seven references, of which three are from the 1930s. And, finally, the chapter on spinal stenosis, although well covered, has only five references.

Some examples of missing or incomplete information are the following: osteonecrosis in the humeral head is mentioned as an indication for a prosthesis, but its spontaneous occurrence in the knee is neither indexed nor mentioned in the chapter on osteoarticular defects of the knee or elsewhere. Rheumatoid arthritis of the knee is not indexed, and the orthopedic treatment of this rather common disorder is not to be found in Part XII (The knee) or elsewhere. Neither are the following mentioned: the Dowel technique for ankle or talonavicular fusion, the nowadays much used transtrochanteric approach to the hip, the possibility of bone scanning to predict the healing of a cervical hip fracture (Strömquist 1983), and the treatment of a patient with a dislocating biceps tendon in the shoulder.

The chapter on Ender nailing of the femur and hip is written by Ender himself; and in spite of many reported evidences to the contrary (Herrlin et al. 1988, Sernbo et al 1988), the chapter ends with the following statement: In comparison with conventional nail-plate fixation, possible complications after Ender nailing are less dangerous to the patient, and, when present, much easier to correct.

Close adherence to the principles advocated by the AO group is the only recommended treatment of ankle fractures. The syndesmosis is considered stabilized by fixation of the fracture and further stabilization is unnecessary. There does not seem to be any indication for conservative treatment of Stage II SE injuries; and the treatment principles of Wiberg and Cedell (1967), much used in Scandinavia, are not mentioned.

Some authors have a tendency to report cases instead of writing a text. The chapter on traumatic knee dislocation is based on 47 cases reviewed by the author and presented in great detail, and the too

extensive chapter on surgery of the spine in ankylosing spondylitis and rheumatoid arthritis contains far too many detailed case reports.

The book is well illustrated and, with the exception of pediatric orthopedics, does provide state-of-the-art reading on many (but far from all) orthopedic subjects. The obvious comparison text to the reviewed one is Campbell's *Operative Orthopaedics*, which I think continues to be the standard reference text, being better balanced, covering the field much more completely, and, above all, containing more

up-to-date references. Chapman and his 196 collaborators are, however, to be congratulated for their accomplishment. In spite of its shortcomings, I consider *Operative Orthopaedics* to be essential complementary reading for both the experienced orthopedic surgeon and for his resident.

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Lumbar Spinal Stenosis

Franco Postacchini, 240 pages, Springer-Verlag, Wien - New York, 1988.
ISBN 3-211-82111-2

This is probably the first monograph written on the subject of lumbar spinal stenosis. Postacchini, working at "La Sapienza" University in Rome, is a well-known authority on the subject.

The book begins with a historical review—starting with Portal's observations from the early 19th century of spinal canal stenosis at autopsy of patients with rickets or syphilis. Two chapters on anatomy and pathomorphology are beautifully illustrated by Rauschnig's cryomicrotomic images of normal and pathologic anatomy of the spinal canal. These two chapters are undoubtedly the highlights of this book; better illustrations of normal and pathologic anatomy have probably not been presented before.

The clinical features are outlined and illustrated by case reports.

A 55-page chapter goes through diagnostic investigations very thoroughly, although, to my mind, there is an excessive number of illustrations on CT examinations and myelograms, whereas the MR images are of inferior quality. Indications for and technique of operative treatment are thoroughly discussed. However, this chapter is mainly based on

clinical experience, as scientific documentation still is limited on the subject. There is no consensus today on the need for vertebral fusion in combination with decompressive surgery, or on the need for bilateral decompression in patients with unilateral symptoms and bilateral myelographic findings. Nothing is said about antibiotic and antithrombotic prophylaxis. Nice illustrations accompany the description of the surgical technique.

The book ends with a presentation and an analysis of the results of decompressive surgery in the author's series consisting of 109 cases of spinal canal stenosis and 54 cases of nerve root canal stenosis. The results presented, as well as the book as a whole, provide a good description of the current state of the art, and demonstrate the need for increased experimental and clinical studies on the subject of lumbar spinal stenosis.

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