

## Book reviews

### A. H. Crenshaw (ed.) *Campbell's Operative Orthopaedics*. 7th ed.

Vol. I. General principles. The hand. Microsurgery, Amputations, Infections

Vol. II. Tumors. Non traumatic bone and joint disorders. Arthrodesis. Arthroplasty.

Vol. III. Fractures. Dislocations. Disorders of muscles, tendons and associated structures. Traumatic disorders of joints.

Vol. IV. Arthroscopy. Congenital anomalies. Nervous system disorders. The spine.

Oxford: Blackwell Scientific Publications, 1987.

This major work in orthopedics has evolved from a rather small manual, *Operative Orthopaedics*, by W. C. Campbell in 1939 through seven editions to 3,374 pages.

Since the 6th edition (1980), the book has been thoroughly revised and expanded. Each of the four volumes contains four or five sections, which in turn are divided into 55 chapters. The section on arthroscopy is entirely new, as are chapters on microsurgery, pediatric fractures, osteochondrosis, and podology. Of the 7,000 illustrations, 2,000 are new. For the first time since the first edition, all the contributions to the book are written by staff members of the Campbell Clinic in Memphis, Tennessee.

The first two chapters on general surgical principles and hand surgery are virtually unchanged, although the illustrations have been improved and increased in number. It is somewhat surprising that the authors have chosen to illustrate the fracture through the hamulus ossi hamati on three full pages. The internationally accepted technique for wrist arthrodesis of Mannerfelt and Malmsten (1971) is, however, not described.

The 88-page microsurgery section covers everything from organization to preoperative planning and postoperative treatment regarding both replantation and reconstruction.

The chapter on amputations lacks description of the sagittal incision in below-knee-amputation (Persson 1974) and modern possibilities of preoperative evaluation of peripheral circulation (Christensen and Falstie-Jensen 1987, Gebuhr et al. 1987).

Positive, as well as negative, radiographs are presented in the chapter on tumors, which is disturbing to the reader. Clear guidelines for preoperative evaluation of skeletal and soft tissue tumors (scintimetry, CT, MRI, biopsy, etc.) are given, but more could be said about the evaluation of patients with soft tissue tumors and the value of fine needle aspiration cytology (Rydholm 1983), as well as about the possibilities of extremity-sparing surgery as an alternative to amputation.

The section on arthrodesis is well written, but does not contain any description of isolated talonavicular arthrodesis in rheumatoid arthritis. Rheumatoid surgery in general is sparsely covered. Indications for and surgical technique in, for example, elbow synovectomy is missing, and in the chapter on foot surgery, the rheumatoid foot is given 13 pages of coverage as compared with 51 pages for hallux valgus, 12 pages for flatfoot surgery, 7 for Morton's neuroma, 10 (!) for paronychia, and 8 for hammertoes.

Arthroplasties are described in a very long chapter, too long as regards hip arthroplasty; it contains a lot of repetition and a lack of balance. While revision hip arthroplasty is described in 31 pages, knee revision arthroplasty is discussed in only 2 pages. For treatment of infected hip prostheses, the authors recommend a Girdlestone procedure rather than prosthetic exchange. This fact might be explained by lack of experience of antibiotic-containing cement and the strange information that Palacos cement with gentamicin is not injectable. The chapters on shoulder and elbow arthroplasty are up to date and are introduced with excellent overviews on biomechanics. However, it is disturbing that 86 of 105 illustrations on knee arthroplasty are taken from Howmedica's brochures on PCA and kinematic prostheses.

The fracture policy is more oriented towards open treatment than is common in Scandinavia. Ankle fractures are described in a very unclear way, and screw fixation is mentioned as the only way to stabilize the tibiofibular syndesmosis. Another four Howmedica illustrations, by mistake on femoral fracture, are contained in the section on intramedullary fixation of tibial fractures. External fixation of fractures is well described, but the most modern instruments are not presented. The possibility to demonstrate femoral head avascularity at the time of femoral neck fracture fixation (Strömqvist 1983, Strömqvist et al. 1987) is incorrectly denied. This is especially surprising because Harold Boyd and Rocco Calandruccio of the Campbell Clinic were early pioneers in this important develop-

ment (Boyd and Calandruccio 1963). A very liberal attitude towards primary arthroplasty for femoral neck fracture dominates these chapter according to American traditions; in part, this attitude is due to the fact that the osteosynthetic techniques described for this fracture are Knowles' pins, screw and plate, and the Deyerle technique. "Hanging cast" as the treatment of choice in humeral shaft fractures seems old-fashioned.

The sections on congenital anomalies and diseases of the nervous system are mostly unchanged when compared with the previous edition. As earlier, the authors are so sceptical to the correction of leg-length discrepancy with the aid of Blount's staples that this method is only mentioned in passing, which is a pity (Bylander et al. 1981).

The final section of the book contains 300 pages on spinal surgery, which is well written and uniformly treated as concerns the elective part, but incomplete and outdated where traumatology is concerned. For example, segmental wiring techniques and transpedicular fixation are not mentioned. The lateral radiograph meant to show a vertebral fracture stabilized by the Harrington instrument is of such poor quality that the reader is unable to see the fractured vertebra. The indications for and the possibilities of computed tomography and magnetic resonance imaging in the evaluation of patients with spinal stenosis are sparsely described because the time of rapid development of

these investigative modalities coincides with the time of elaboration of this edition.

It seems to us unnecessary to have a conventional index, as well as an authors' index (80 pages), in each of the four volumes. Here would be a possibility to reduce the number of pages by 240 pages.

We gain the impression that this 7th edition of *Campbell's Operative Orthopaedics* has been completed under the pressure of time. Considering the fact that only 7 years have elapsed since the previous edition, we believe that the editor would have won a lot by devoting another year on a closer survey of the contents, which is especially important in a book that by many is considered the bible in orthopedics. This would also have made it possible to provide better balance between the different sections of the book. Even if the progress in orthopedics is occurring very rapidly, an interval between editions of 10 years seems defensible.

Finally, having presented this criticism, we want to compliment Crenshaw and coworkers for the immense work that they laid down on this book, which probably every orthopedic surgeon, at least in the Western World, has access to and uses regularly. In sum, it is an extremely complete and indispensable manual that is today unsurpassed.

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## Orthopedic Infections

by Sven-Åke Hedström and Lars Lidgren  
Studentlitteratur, Lund, Sweden, 1988, 93 pages.

Both authors are well-known representatives of the Swedish tradition in the treatment of orthopedic infections, with extensive experience in theoretical and clinical research concerning the topic. The book is well composed, concise, informative, and thus easy to read. This book not only provides useful reading, but also serves as a handbook for all of those who deal with traumatic injuries and orthopedics. Finally, the many illustrations are, indeed, well chosen.

The first few chapters of the book present a clear review of the classification, pathophysiology, and microbiology of orthopedic infections. These short chapters also have good lists of current references.

Antibiotic treatment in orthopedics is a rapidly progressing field. During recent years, effective wide-spectrum antibiotics have been developed. The authors point out that when considering ecologic effects of antimicrobial drugs physicians should choose drugs with an antibacterial spectrum as narrow as possible. Failures in the administration of antibiotic treatments may have severe consequences. This chapter presents the theoretical background of chemotherapy in ortho-

pedics and reports the current guidelines of antibiotic treatments that can be used in infections. Each of the specific categories of orthopedic infections are described and discussed separately. Recommendations for treatment are given in combination with a description of the natural history of each specific type of infection, and the text is thus easy to understand.

Infections following total joint replacement surgery are discussed in five pages. In the current literature, the guidelines for treating infected hip and knee arthroplasties are still relatively inconsistent. Bacterial adherence to biomaterials, biofilm-enclosed bacteria, and the polymicrobial nature of the prosthetic infection often make early radical revisions necessary. The authors state that there is no evidence that a period of excision arthroplasty will guarantee an infection-free outcome of the secondary arthroplasty. The advantages of one-stage and two-stage revisions are discussed. The list of current literature references will help the reader to solve more specific problems.

This book contributes to a better understanding of orthopedic infections. The guidelines of current modes of treatment and their theoretical backgrounds are given in concentrated format.

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