

Posterior cervical spinal surgery. Edited by *William H. Dillin* and *Frederick A. Simeone*. Pp 240. Philadelphia, etc: Lippincott-Raven Publishers, 1998. ISBN: 0-7817-1005-7. US\$138.00.

This multiauthor book presents various techniques for posterior cervical spine surgery. The first four of 20 chapters are dissertations on historical perspective, position on the operating table, the pathogenesis of neck and neural pain and a disappointing one on the principles, decision-making and complications. The other chapters cover the various techniques of metallic fixation and bone fusion and the final eight deal with different methods of bony decompression of the cervical spine. The technical chapters are generally of a high standard although some of the line diagrams and drawings are barely adequate and do not enhance the narrative. There is some repetition among the chapters but this does not detract from the book.

The surgical techniques range from the mundane to the arcane, from laminectomy to the use of complex plate and screw fixators for long-segment occipitocervical stabilisation. Many useful practical tips and clever dodges are described by the authors, who tend to press their personal preferences. The authors of the chapter on cervical laminectomy, for example, use fiberoptic intubation of conscious patients with monitoring of somatosensory evoked potentials. The only major fault is the absence of a critical overview: each of the authors makes appropriate reference to the relevant literature, but there is the feeling that we are looking at spinal fixation techniques through rose-tinted glasses.

I read this book with pleasure and recognise it as an up-to-date and accessible source of reference. It is recommended for trainees in spinal surgery, and also for those already established in the specialty.

Robin Johnson.

Orthopaedic allograft surgery. Edited by *Andrei A. Czitrom* and *Heinz Winkler*. Pp 292. Wien, etc: Springer-Verlag, 1996. ISBN: 3-211-82647-5. US\$215.00.

This beautifully produced and authoritatively written multiauthor text covers all aspects of allograft surgery in orthopaedics. Basic science, including the biology of bone grafting, bone banking and biomechanics, is dealt with and clinical experience of bone grafting is presented in revision joint replacement, tumour surgery, spine surgery and trauma. Soft-tissue and articular defects are considered along with the use of tendon, meniscal and osteochondral allografts.

The allograft reconstruction of bone defects in the revision of failed total hip replacement is already of great importance and, with increasing numbers of patients, the use of bone transplantation is essential for this and the next generation of orthopaedic surgeons. The important shortcomings and risks in allograft tissue transplantation, not the least of which is the risk of transmitting infectious disease, are all well covered in this book.

In the short term there is a need to modify total hip replacement, particularly for young patients. We need to change design to limit bone resection and to reduce bone loss due to stress shielding, and to find more robust bearing surfaces to minimise the debris responsible for osteolysis. In the medium term we need a better source of bone graft, and animals genetically modified to reduce immunity may be important in the future. In the long term better understanding of the pathology of arthritis may lead to modifications of drugs, diet or lifestyle to postpone or prevent the disease. In the meantime, however, we must persist with barbaric Meccano solutions.

At present, 500 000 patients have hip replacements each year and smaller numbers have other joints similarly treated. Many of these will outlive their implants, failure of which will cause damage to the surrounding skeleton. For this reason bone allografts are an important adjunct of reconstructive or revision procedures. This book is essential reading for orthopaedic surgeons engaged in this and other fields of tissue transplantation.

Derek McMinn.

Instructional Course Lectures. Edited by *Dempsey S. Springfield*. Pp 624. Rosemont, Illinois: American Academy of Orthopaedic Surgeons, 1997. ISBN: 0-89203-161-1. £95.95.

The 1997 volume of this annual is up to the high standard of its predecessors. With over 600 pages it reflects the efforts of its many contributors. There is something for everyone since the chapters cover the whole of orthopaedics including, in the last section, the use of computers to improve the quality of presentations at meetings. This book is a compulsory purchase for the orthopaedic section of every library. For the examinee it is an excellent way of becoming aware of the latest progress.

Leslie Klenerman.

Metabolic bone disease and clinically related disorders. Edited by *Louis V. Avioli* and *Stephen M. Krane*. Pp 811. San Diego, etc: Academic Press, 1998. ISBN: 0-12-068700-3. US\$179.95.

The third edition of *Metabolic bone disease* has been exhaustively researched and referenced by the authors of its 25 chapters. Its subtitle is *and clinically related disorders* and it includes chapters on bone granulomata and tumours, bone disease in rheumatological disorders, and inherited and acquired disorders characterised by osteosclerosis or hyperostosis. It covers more than is required by orthopaedic surgeons, but such a reference book is a valuable addition to their department, to be delved into when necessary, and more frequently than they may expect.

The term 'metabolic bone disease' was coined in 1948 by the late Fuller Albright for his treatise *The parathyroid glands and metabolic bone disease* (F. Albright and E. C. Reifenstein, Williams and Wilkins, Baltimore). Under its umbrella the cause of osteoporosis was attributed by Albright to "hypoplasia of the osteoblasts". All this remained fairly esoteric for a generation. The

absence of effective treatment rendered the diagnosis academic: broken bones and bent backs were seen as unavoidable consequences of ageing.

Over the past two decades, however, advances in bone biology have led to effective means of quantitation, prevention and treatment of osteoporosis and other disorders of bone metabolism. Osteoporosis has been defined by the World Health Organisation as any bone mineral density that is 2.5 standard deviations below the (peak) average of young adults. Fifty percent of women qualify for this label by their early seventies, and almost that proportion will suffer one or more fractures due to osteoporosis during their lifetime. They will continue to present to orthopaedic surgeons who increasingly face the responsibility for recognising and acting upon the need for further investigation and treatment.

Paget's disease of the bone is less common but 5% of the population over 45 years of age are affected and one-third develops symptoms. The ease of effective, brief treatment with the newer potent bisphosphonates and the prolonged duration of remission should greatly facilitate intercurrent surgery to Pagetic bone and may well lessen the development of later complications.

The soft bones of acquired (or oncogenic) hypophosphataemic osteomalacia, yielding to a scalpel or failing to hold pins and screws, may be seen only once in a surgeon's career. But the years of gross disability which may pass before there is an accurate diagnosis, and subsequent complete cure, can exact a wholly disproportionate toll on the surgeon as well as the patient.

Trevor Stamp.

Current practice in hand surgery. Edited by *Philippe Saffar, Peter C. Amadio and Guy Forscher.* Pp 440. London: Martin Dunitz, 1997. ISBN: 1-85317-349-5. £75.00.

This book includes 48 articles on various aspects of hand surgery, grouped into sections of differing size. Reflex sympathetic dystrophy has a single paper while the section on the wrist extends to 13 papers. The editors state that they have chosen the most interesting from the stream of new developments, but it is evident that many of the articles have already been published during the last four years and often represent only small personal series of clinical cases. Some are excellent reviews of the literature on a particular subject, such as the use of tubes in nerve repair and the use of suture anchors in the hand and wrist. Most of the articles on congenital conditions summarise the literature before discussing the treatment recommended by the author.

There are some significant irritations about the layout. In some instances there appears to be random grouping: articles on the management of spasticity in the hand are included under 'Nerves' and a paper on gauging the tension of tendon transfers is grouped under 'Tendons'. Similarly, that on the use of bone substitute for fracture fixation of the distal radius is separated from four others on distal radial fractures, and an article under 'Rheumatoid arthritis' on surface replacement arthroplasty is mostly about degenerative arthritis.

The added commentaries at the end of sections rarely have very much substance and fail to review critically the papers in the light of existing knowledge. This may reflect the novelty of many of the procedures recommended.

It is difficult to know to whom this book is aimed. Some excellent review articles would be particularly useful for the orthopaedic trainee, but the book is not an overview of current practice in hand surgery and is appropriate only for a departmental library or the library of a surgeon with a major interest in hand surgery.

The editors have missed the opportunity to discuss the papers more deeply, and possibly be more critical of some of the new techniques. The contents are an uncomfortable mixture of repetition of the already published and that which is yet too new and untried for critical evaluation.

Michael Craigen.

Functional movement reeducation. Edited by *Susan Ryerson and Kathryn Levit.* Pp 488. New York, etc: Churchill Livingstone, 1997. ISBN: 0-443-08913-2. £65.00.

The authors of this book are American physiotherapists who specialise in teaching the management of stroke victims. In their own words the book "presents a model for neurological treatment that has developed out of clinical practice and is based on the belief that we can re-educate functional movement patterns in the stroke patient."

Section I contains good definitions of the neurological terminology relating to the movement components of postural reactions and responses, equilibrium reactions, weight shifts and dynamic postural responses. Section II looks at the detailed observation, description and analysis of abnormal movement patterns and the signs and symptoms of brain pathology. Carefully described treatment goals and handling skills are needed to achieve good outcomes and enable patients to reach their maximum level of independence. Section III addresses the observation, description and analysis of normal and abnormal functional movements from primitive activities such as rolling to the skilled function of gait. Again, treatment goals and handling skills are clearly explained.

There is clear reasoning and explanation for the selection of appropriate handling skills, but unfortunately there is very little in the text about motor learning, the role of afferent and sensory input and the various strategies which can be used to achieve this. The book does not cover the immediate period after a stroke when a patient is at their most disabled and generally in hospital.

The book is comprehensive, detailed and highly appropriate for any professional person studying normal and neurologically abnormal movement, and provides a sound basis for physiotherapy students and junior staff who are starting a neurological secondment. For the senior physiotherapist with established expertise this book will reinforce the cognitive and clinical details necessary for a high standard of management. It will also be invaluable as a basis for teaching sessions in the clinical field, and should be available in every rehabilitation department.

Jill Guymer.

The cervical spine. 3rd edition. Edited by *The Cervical Spine Research Society Editorial Committee.* Pp 1003. Philadelphia, etc: Lippincott-Raven Publishers, 1998. ISBN: 0-397-51535-9. US\$182.75.

The first edition of this book was produced by the Cervical Spine Research Society in 1983. At that time the neck was a 'Cinderella' subject chiefly because there was no satisfactory investigation apart from myodil myelography. Modern imaging has now led to an explosion of interest.

In this third edition, produced by an Editorial Committee of ten, 111 authors from the Society cover most aspects of the cervical spine in minute detail. Most orthopaedic surgeons, especially those in training, will benefit from the information available in

this book, but many will have difficulty in getting through its 1000 pages. As a reference book, however, it commands a place.

The last decade has seen a multitude of differing types of implant and of surgical procedures. These are all described but naturally the follow-up studies are short. What happens to the unoperated levels, ten years after an occiput to C3 fusion? I think I know, but should we not be told?

Curiously for this sort of book, there is no chapter on how one should examine a neck; nerves yes, but the actual neck, no. We still await information on the vertebral artery syndrome – does it exist? There must be a better treatment for whiplash injuries.

We look forward to the Cervical Spine Research Society becoming truly international. If its leadership remains as dedicated as Charles Clark, Editorial Chairman of this excellent third edition, the fourth will have much new information on which to draw.

Andrew Ransford.

approach is not new, but this book succeeds in integrating the disciplines of elective orthopaedics, fracture surgery and rheumatology.

The level is about right for the medical student, and the material is well presented with numerous summary boxes and algorithms. Many of the illustrations are good but slack subediting has allowed some inaccuracies (Fig. 3.22), poor quality (Figures 7.24 and 8.19) and indifferent techniques (Figures 8.22 and 8.26). I hope that the quality of the illustrations will be improved in later editions.

There are some omissions from the text and, while one appreciates the need to deal with core topics, the absence of a specific section on osteoporosis is regrettable. Overall, for an undergraduate textbook the presentation is good; with some revision and attention to detail the second edition could be excellent.

R. M. Atkins.

The musculoskeletal system: core topics in the new curriculum. Edited by *David I. Rowley* and *John A. Dent*. Pp 347. London, etc: Chapman & Hall Medical, 1997. ISBN: 0-412-62700-0. £19.99.

This textbook is aimed at the undergraduate medical student and seeks to provide a holistic approach to the musculoskeletal system in line with the current GMC regulations for teaching. The

Books received

Handy views. Radiographic positioning of the hand and wrist.

Edited by *M. Patricia Howson* and *Carolyn L. Kerrigan*. Pp 192. Philadelphia, etc: Lippincott-Raven Publishers, 1997. ISBN: 0-397-51853-6. US\$55.00.