BOOK REVIEWS


How do paediatric orthopaedic surgeons learn to operate? Their training consultant is eager to share his or her theoretical knowledge and clinical skills, but when it comes to surgery, there may be a distinct reluctance to hand over the scalpel. Consequently, many surgeons involved in children’s orthopaedics tell of the nightmare of the first few years in practice as they learned on the job, having relatively little first-hand experience of performing major surgery on children. During this time, they also came to realise for themselves that the very nature of surgery on children can make it very difficult to hand over a case to a trainee.

Paediatric orthopaedic surgeons therefore have some reliance on operative atlases. Some of these feature heavily annotated line diagrams which score on clarity but lose on authenticity. It is difficult to relate a neat diagram of an open hip reduction to the small but terrifying reality of a bleeding hole in an infant’s groin. Other authors use artists to create more realistic representations, but on occasions realism can get in the way of clarity.

Raymond Morrissy’s atlas steers a careful course between these extremes. It is designed to accompany Lovell and Winter’s Pediatric orthopaedics, and uses line drawings and radiographs to supplement the main illustrations in a largely successful balance between realism and clarity. Inevitably, the coverage is somewhat selective, but the author has included the most commonly-performed operations, together with some more specialised procedures. It may not be wise to try to describe techniques such as Ilizarov lengthening in such a book; justice cannot be done in six pages.

There is naturally a North American bias to the selection: vertical scapular osteotomy for Sprengel shoulder is not mentioned, although I suspect that it is performed more commonly in Europe than the Woodward procedure which is described. The quality of the illustrations in the chapter on club foot is disappointing; this is one topic that would have benefited from the addition of line drawings. The text reads easily, and is a well-measured blend of background clinical information, personal experience and sound practical advice. References are up to date in this second edition, and it is good to see changing practice reflected in the inclusion of a section on elastic intramedullary nailing.

Despite this, the book seems somewhat old-fashioned. After all, this is the age of the CD-ROM, and of interactive programs, virtual reality and high-resolution computer graphics. It can only be a matter of time before we have operative atlases, perhaps switching between a photorealistic representation of the procedure to a diagrammatic labelled version with yellow nerves and blue veins when we want a little more help.

For the present, however, Morrissy’s elegant atlas is an excellent example of its genre. It will give help and confidence to many young surgeons. Buy it for these reasons; but buy it also for its historical value, since it may be one of the last of a dying breed. – J. Mark H. Paterson.


This is the book for the arthroscopist who thinks that he has everything. It is large, over 1200 pages, and therefore a major investment worthy of serious consideration before purchase.

It starts, as it should, with a well-illustrated history of the technique. The next chapter concerns advances in instrumentation and is commendably brief, given that it will be out of date before the book reaches the shelf. Then follow four chapters on technicalities in a variety of settings which provide a fascinating insight into the practice of North American surgeons: the section on complications illustrates the dangers of overenthusiasm and is followed by a chapter on arthroscopy in children which is well balanced and sensible.

Arthroscopy is difficult to master; this makes the inclusion of a step-by-step approach to education both helpful and informative. In 30 pages we are told most of what there is to know about the anatomy of joints with useful sections on collagen and synovium. An attempt to provide a scientific basis for rehabilitation may tax the credence of some readers. The most beautiful illustrations, especially those of Arnoczky, are to be found in the chapter on basic science which covers much of the ground of the earlier chapter on chondral and osteochondral fractures. This shows one pitfall of the multi-author book: each section has a tendency to reiterate parts of earlier chapters. Two chapters on basic techniques of knee surgery and chapters on arthroscopic meniscectomy and on repair are most instructive, but also expose many differences in technique. Leg holders are not mentioned by one author but the others obviously find them essential and one even advocates a knee distractor. Meniscal allografts are properly placed in the research section, but open and closed meniscal repairs are presented in separate chapters. All three show that certain aspects of knee surgery are much more advanced in North America where the tendency for earlier intervention may provide more suitable cases for repair and where, despite all the problems associated with the collection, sterilisation and preservation, allografts are more readily available.

The chapter on patellofemoral disorders would have been improved by some form of treatment algorithm for this difficult source of anterior knee pain in which treatment remains rather ‘hit and miss’. Chondral and osteochondral fractures are well covered in two chapters. The discussion on the management of arthritis strays beyond arthroscopy to osteotomy, but synovial pathology, synovectomy and arthrofibrosis are presented clearly. It was refreshing to find that the crucial ligaments can be covered succinctly in a few well-illustrated pages. The chapter on knee fractures is worthy of serious consideration by those who never use an arthroscope to ensure accurate alignment of the joint surfaces.

The first half of the book deals with arthroscopy in general and
the knee in particular. One-third of the remainder is about the shoulder and once again exposes the gap between current practice in North America and the rest of the world. The section on the elbow reveals that arthroscopy of this joint has yet to reach its full potential. The section on the wrist takes up an eighth of the book. Wrist fractures are very common, and this section shows that arthroscopic visualisation is possible and helpful in some cases.

Two chapters on arthroscopic carpal tunnel release failed to impress or convince, but three on hip arthroscopy confirmed that there is a future for this technique. Ankle arthroscopy tends to require some form of distraction, but the account and the illustrations should inspire greater efforts to understand and treat appropriate conditions. The temporomandibular joint is outside the remit of most orthopaedic surgeons and one of the authors has written all three chapters on arthroscopy of the spine, indicating that even in the USA this is a highly specialised area.

At first arthroscopy was ridiculed by some as a frivolous and unnecessary investigation. It is now one of the primary means of diagnosis and treatment of knee and shoulder. This splendid book shows that nearly every joint can be visualised; direct vision of the joint cavity is valuable in a wide range of traumatic and degenerative conditions. If you can afford it - buy it. – A. J. Hall.


Chronic wrist pain is to hand surgeons as low back pain is to the general orthopaedic surgeon, a diagnostic challenge offering great scope for investigation and research. This collection of essays, ably edited by Ueli Büchler, brings together all the latest information on anatomy, physiology, classification, diagnosis, imaging and treatment. The authors are mainly from Continental Europe with just two chapters from each of the USA and UK. The contributions from France, Germany, Switzerland and other countries are in impeccable English, demonstrating the value of European unity on at least one matter.

The first four chapters attempt to unravel the complexities of carpal anatomy and mechanics. Saaff then lists the several classifications of instability, and there follows an excellent chapter on clinical diagnosis by Dumontier demonstrating that the laying on of hands is still important. The next five chapters describe arthroscopy and various imaging techniques with an excellent survey of examination and investigation by John Stanley. Each of the recognised instability patterns are then discussed: perilunate dislocation, scapholunate dissociation, scapholunate advanced collapse (SLAC), lunotriquetral dissociation, lateral column injuries and midcarpal instability. Finally, there are excellent essays on wrist instability associated with fractures of the distal radius and carpal collapse in rheumatoid arthritis.

This excellent monograph collates the current thinking on wrist instability. Some concepts are now easier to understand, others remain arcane. It is a book for the specialist and may be of limited interest to those in other fields of orthopaedic surgery. For the surgeon managing patients with wrist pain it is essential and fascinating reading. – W. M. Steel.


This book contains 33 chapters by a team of experts, mainly from the USA, with a few European and Japanese contributors; there are a number of notable absences.

Each chapter is the author’s personal view of the topic with a noticeable lack of discussion and relative failure to present alternative views. The strength of the book is in bringing together the work of many authors, with generous bibliographies. There are many photographs, radiographs, diagrams and tables, making understanding easy. Difficult anatomical, biomechanical and functional concepts are well illustrated by line drawings.

Rotator-cuff disease is described from its interesting history to the most up-to-date concepts behind the use of MRI and arthroscopic repair. Most of the material is not controversial, but examination of the shoulder and the use of special techniques are presented without critical comment; this leaves the reader without guidance on the value of various signs. Difficult and frequently misunderstood lesions such as the rotator interval and the SLAP lesions are dealt with by experts in a way that makes them readily understandable.

The book fails to address the very difficult issue of when surgery is actually indicated for rotator-cuff tears. There is an assumption that a painful shoulder with a rotator-cuff tear is in itself an indication for a surgical solution, and little about the consensus of doubt. The section on assessment of the pain is thorough in its description of how to take a history, but it does not include the all-important assessment of the part that a tear may play in the symptomatology.

This book will appeal to those interested in shoulder problems and is a useful reference guide, although a general orthopaedic surgeon will probably have little use for it. Its value for a trainee is the relative ease with which it can be read, and the good bibliography. It cannot be a substitute for working with a specialist shoulder surgeon. – C. R. Constant.


The cause, treatment and results of osteoporosis occupy an increasing amount of medical time. The ability to measure bone density, predict fracture and prevent bone loss has brought with it new hopes and new dilemmas. It has also resulted in a rash of new books on osteoporosis. Some of these are for the potential patient, some are predominantly clinical and others are mainly aimed at those involved in biological and clinical research.

This book is in the last category. It is large and heavy, with nearly 1400 pages and 131 contributors, and cannot be ‘eaten whole’. It is divided into major sections on skeletal biology, structure and biomechanics, epidemiology and risk factors, pathophysiology, evaluation and management, and pharmacology and therapeutics.

Of the many authors, all the ‘good’ names are there. This is not always an advantage since they may have written the same chapter so often in many different books that boredom creeps in, but this is not so here. The editors have managed to produce a work which is interesting, comprehensive and up-to-date; each chapter has something new and important to say.

For the many who have missed the recent work on oestrogens, bisphosphonates, calcium and vitamin D there are readable and authoritative accounts. These chapters are towards the end of the book and, to make a change, I would advise a clinician to read them in reverse order. A true scientist will wish to take the more arduous route through biology, biochemistry and biomechanics before coming to the clinical meat. Whichever direction one chooses to approach this monumental work I predict that it will be worthwhile; I have consumed most of it piecemeal and could find no significant fault.

Orthopaedic surgeons have little time to read, and a limited inclination to do so; but they are constantly dealing with the end
results of osteoporosis. This book should be on their shelves and chapters read individually; it is only the size of the tome that makes bedtime reading dangerous. – R. Smith.


This book is directed to the orthopaedic surgeon with an interest in the basic sciences. The title immediately conjures up the name of Marshall Urist and, indeed, it is dedicated to his honour. There is a comprehensive analysis of all that is new in the field; it is essential for the shelves of every academic unit with this interest. – M. Laurence.


In Dr Miller’s second edition there has been a change of emphasis which brings up to date his amazingly comprehensive work. With the expansion of our specialty I am sure that there are significant omissions, but so compact and concentrated is the text that anyone who seeks to find a gap will be hugely rewarded by the increased knowledge that the task will give him.


This weighty book provides up-to-date core information for orthopaedic surgeons, including basic sciences and clinical practice. It is comprehensive in the fullest sense of the word, making use of a large team of contributors. Each section is followed by an annotated bibliography of recent references and a ‘classic bibliography’ of key articles. There is even a chapter on “evidence-based recommendations for patients with acute activity intolerance due to low back pain” which grades the contribution of each feature of the clinical picture from history to special investigations. This is a useful book for candidates for the specialty examination, but will also be valuable for postgraduate teachers. It should be available in all hospital libraries and a replacement copy will be needed each year. – L. Klenerman.


This is the report of the ninth symposium on the subject, held in Arizona in 1994. The cast of presenters is impressive but not exclusive. It is a good example of a commercially-funded research meeting containing some biased ideas (which may be the best sort) and some evidence of outcomes. It will be of value to the specialist in the subject. – M. Laurence.


This is simply and exclusively an index of everything ever written on the subject of hand surgery. Repetition must make many entries redundant, but the detail will be appreciated by librarians.


Manipulation, apart from the reduction of fractures, is often neglected by orthopaedic surgeons. Yet they have the most intimate knowledge of the internal structure of joints, and should be the most likely to succeed with these techniques. This handbook is a timely reminder, but what is really needed is the scientific evaluation of results.