BOOK REVIEWS


The ninth edition of Mercer’s Orthopaedic Surgery is a comprehensive multiauthor text that is of “doorstop” type thickness. The format of the book is musculoskeletal system structure, congenital and developmental abnormalities, general pathological conditions, followed by a regionally based description of orthopaedic conditions. The final chapters are on amputations, prostheses, and wheelchairs along with physical therapy, rehabilitation, and orthotics.

If reading this book were likened to sampling a cheese then this text would definitely fall into the category of a mature stilton; somewhat dry and crusty on the outside but once explored has a core that is full of important flavours. I felt that the chapters on musculoskeletal infection and arthritis were particularly well written. Overall, the illustrations were satisfactory: the line diagrams were excellent, some of the black and white photographs were old, however, and updated examples could have been sought. The radiographic reproduction was satisfactory, but I felt the histological sections should have been in colour.

The specific sports surgical areas were distributed within the regional chapters and I think that future editions should have a specific chapter allocated to this ever-increasing area of orthopaedic practice.

This book would not be my first choice if I were studying for an examination as it falls into the category of a large reference-type book as opposed to a clinically based problem solving text. As an orthopaedic surgeon I would also have preferred greater operative detail in the management sections.

Nevertheless, the authors have continued with Mercer’s original desire to “embrace the essentials of the old and a summary of the new”. [Richard M Nicholas, Northern Ireland]


Despite the title, the emphasis of this book is on overuse injuries. It is written by an authoritative American sports orthopaedic surgeon with contributions from a freelance writer. I particularly liked the first three chapters, which highlight the importance of risk factor analysis in the diagnosis, management, and prevention of injuries. The tables and figures clearly emphasise and illustrate important points.

The following six chapters consist of a regional approach to overuse injuries, which I found unexciting and repetitive, but it may be satisfactory for most recreational runners looking to self-diagnose and to gain some understanding of their injuries. The final two chapters on female runners and nutrition seemed an afterthought. There was no information on psychological preparation for running or on maintaining health while training, which creates an imbalance in a book that purports to be a handbook for “healthy” runners.

Despite these shortcomings, this is a practical book that provides a common sense approach to overuse injuries, and is an inexpensive buy for the average recreational runner.

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Where was this book when I was asked to be the medical officer on the successful Irish Everest Expedition in 1993? I was a general practitioner and my knowledge of altitude and expedition medicine limited to my back-packing days in Nepal and Southeast Asia. I had nine months to prepare, and frantically searched for relevant literature. Naively, I looked first at medical textbooks, but the information found there was out of date and hopelessly inadequate. A colleague in anaesthetics compiled recent papers on hypoxia, which made heavy reading but ultimately padded out medical explanations for the trekking handbooks. These medical guides for trekkers provided the basis of my knowledge. The expedition kit was compiled from these guides and my out of hours “black bag” experience.

If only this book had been available then. From the first chapters describing acclimatisation to the appendix advising on the compilation of the medical kit the detail is perfect. Accurate commonsense advice that would make any doctor feel confident but, importantly, not too confident; in other words how to treat within the limits of field medicine. One chapter deals specifically with prevention and management of illness and injury on mountains. Here the authors warn of unnecessary risks that may directly result in accidents. The message of this chapter underlines the basis of expedition medicine that preparation and anticipation mean fewer problems and may even avoid tragedies.

The two authors are well respected doctors and climbers. Their first hand experience of problems encountered at altitude is evident by the balance and content of the text. This book is a gem. It reminds me of that excellent series “Lecture notes in...”, and therein lies my only caveat. It is a brilliant summary, but potential medical officers should realise that the further reading at the end of each chapter is not an optional extra. Once that reading is done, students will pass with honours if they know a quarter of this book. A very welcome micro edition is available for treks or expeditions.

As a companion to give advice to the rapidly increasing numbers of holiday trekkers no surgery should be without it. [Kathryn Fleming, Hindley, Co Down, Northern Ireland]


Today, swimming is a mass participation sport for enjoyment and health and is at the core of world and Olympic sporting movements. Yet research into swimming remains, in many respects, in its infancy. Just ponder for a moment the inherent difficulties in determining a truly swimming specific VO2 max, for example. It is really only in the past 30 years that technological advances have allowed scientists to enter the unique watery environment of the swimmer. Biomechanics and Medicine in Swimming VII contributes significantly to the expanding base of knowledge in this field. It represents 36 selected research papers and presentations from the 7th and most recent World Biomechanics and Medicine in Swimming Symposium held in Atlanta, USA in 1994. It is divided into six sections: overview, biomechanics, medical aspects, physiological aspects, energetics, and training aspects. Many of the world’s respected figures in swimming science have presented their latest research findings before they appear in the journals.

As a physician, I was impressed by the excellent work by McMaster in the USA and Holz and colleagues in Germany, which adds to the mounting evidence that muscular imbalances and occult instability are fundamental in the development of “swimmer’s shoulder”. Specific strengthening programmes of the dynamic shoulder stabilisers should be used in its management and, I feel, in the primary prevention of this problem. Other interesting papers look at assessments of the huge energy expenditure of elite swimmers by a variety of methods. Requirements in excess of 20 MJ/day represent a nutritional nightmare! Biomechanical investigations are beset by a lack of standardised terminology and techniques of analysis, but credit should be given to the ingenuity shown in endeavouring to overcome the practical difficulties.

This publication will enthuse the scientist, coach, and the doctor involved in aquatic sport and because of the universality of swimming will also have wider appeal to researchers and sport physicians in general. Research itself, however, as John Troup says, cannot result in faster swimming but it can help the practitioner understand how fast swimming will happen. [Kevin Boyd, Nottingham]