Large and small views on arthroscopy

Arthroscopy: Diagnostic and Surgical Practice. S Ward Casscells. (Pp 192; \$44.) Lea and Febiger. 1984.

O'Connor's Textbook of Arthroscopic Surgery. Ed Heshmat Shahriaree. (Pp 337; £81.) J B Lippincott. 1984.

In the foreword to Dr Casscell's book, R W Jackson states: "History will probably confirm that the advent of arthroscopy is as great a contribution to orthopaedics as the techniques of internal fixation and total joint replacement." Though many surgeons will disagree with this statement, all will agree that improved technology and intense study of the subject have made arthroscopic surgery a major subspecialty of orthopaedic surgery, principally for knee joint problems. The precise place of the techniques for surgeons working in a district general hospital has yet to be defined and probably will continue to vary with the abilities and inclinations of the individual surgeons. It is clear to me that all young surgeons seeking consultant appointments should be competent at diagnostic arthroscopy. Skill in arthroscopic surgical techniques will continue to be desirable. Since the techniques for any of these and the many other subspecialties of orthopaedic surgery demand considerable intensive study and continuing practice to become and remain efficient and safe, not all surgeons will wish to practise the full range of arthroscopic surgery. Indeed, it may be an inefficient use of resources for all to do so and the subspecialisation evident in orthopaedic surgery since its inception will be yet more evident by the end of the century. All districts will require at least two surgeons with a special interest in techniques which have the potential for raising the standard of care for the many patients with knee symptoms. Such techniques cannot be learned by reading alone, but a very sound knowledge of anatomy, pathology, and the experience of others is essential and much may be learned from both these books from the United States.

The smaller, less detailed, well produced book edited by Dr Ward Casscells contains a level of information that should be available to any surgeon treating acute or chronic knee problems by arthroscopic or other methods. The standard of illustration is high and the text clear, although containing lapses of proof reading. Since arthroscopy continues to develop and expand, the limited problems may be corrected in the further editions which will be required for this very good book.

The larger book was started by the late Dr O'Connor and completed, as a tribute to his memory, by some of those trained by him. It is detailed on the knee and on the possibilities of diagnosis and treatment of acute and chronic pathology by arthroscopic methods in this and other joints. It is a fitting tribute to Dr O'Connor's work in popularising and developing these methods after he had studied at the feet of Dr Watenabe, the principal Japanese pioneer in this work. Indeed, the section on the history of the subject by Dr Watenabe and his associates makes a fine first chapter.

This more expensive book covers similar ground to that covered by the other but does so in greater detail and is well supported by statistics giving the results of methods used. In particular, the section on the anatomy of the knee is excellent and that on partial meniscectomy a model which should be read by all those practising these techniques who are not yet masters of the art.

At least some reference is made to the possibility of spontaneous functional recovery after certain common types of degenerative splits of the meniscus—a point well known to older surgeons but in grave danger of being forgotten now that the emphasis has shifted so rapidly to the benefits of arthroscopic methods of management. One of the great dangers of such methods remains the concern that because these are available they will be used and the less dramatic methods of history, examination, and observation belittled. Fortunately, Dr O'Connor's book continues to give due emphasis to these points.

Dr Casscells's book is easier to read and contains less repetition. It will supply sufficient information for most surgeons but those aspiring to become specialists in the techniques would do well to read the other book. Both are well worth a place in the libraries of district general hospitals and are essential reading for those on the accreditation programme.

A H G MURLEY

Irish doctors on the coffee table

A Portrait of Irish Medicine: an Illustrated History of Medicine in Ireland. Eoin O'Brien and Anne Crookshank, with Sir Gordon Wolstenholme. (Pp 307; 276 illustrations; IR£250 limited edition; IR£55 trade edition.) Ward River Press. 1984.

For the doctor who enjoys a glass of Irish coffee, this is the ideal Irish coffee table book: lavishly illustrated, beautifully printed, perpetually browsable, and very expensive. The limited edition costs £250, though there is what the fast food shops would call a "regular" version available for £55. This less expensive version is called a "trade edition," but I trust it is available to medical tradesmen as well as to booksellers and reviewers.

At the lower price, the book, though still expensive, is good value for any Irish graduate who is interested in history or who enjoys occasional indulgence in nostalgia or national pride. Those who are cunning will let it be known that the book is an ideal gift for grateful patients to give to their doctors in this bicentenary year of the Royal College of Surgeons in Ireland.

The idea of presenting history in terms of portraits and of sculpture is a happy one. Browsing through the section on the twentieth century, and finding an occasional picture of someone I once knew, reminded me how a good portrait—and the proportion of good portraits in this book is surprisingly high—can convey character in a way the camera rarely does. I'm not an Irish graduate but my father was, and many of the people who loomed large in his conversation seem to have been caught by an artist while playing the parts in which he cast them.

The method is not perfect. There are a few duds—depressing examples of the "dutiful aldermanic" school of portraiture in which sitter and painter try to outmatch one another in pretentious solemnity—and there are, of course, no pictures of those who were too busy being doctors to find time to have themselves painted.

It is sad, for instance, that the twentieth century section contains no picture of Sir John Henry Biggart, who the present vice chancellor of Queen's University, in his essay in the book, suggests had as significant an effect on the development of the Belfast medical school as the founding fathers, Drummond and MacDonnell. Nor is there a picture of the splendid Sir William Ireland de Courcy Wheeler, who gave my father a testimonial that concluded: "This conscientious and imaginative doctor will clearly go far in our profession—possibly to the United States of America, probably to England." Doctors have always been a major Irish export, ranking alongside priests and Guinness.

The text includes a fascinating, and instructive, account of the history of portraiture in Ireland written by Anne Crookshank, professor of the history of art at Trinity College, Dublin. And there are essays on medicine in Ulster by Peter Frogatt, Dublin hospital architecture by Noreen Casey, and the Victorian era by Sir Gordon Wolstenholme.

What, you may wonder, is a Yorkshireman doing dealing with the golden age of Irish medicine—Adams, Graves, Stokes, Corrigan, Colles, Sir William Wilde, and other giants? The answer is that Sir Gordon created this genre of book with his history of the portraits of the Royal College of Physicians in London and here, writing with sympathetic understanding, conjures up a believable vision of not just the triumphs but the tragedies of Victorian Ireland.

Two other essays I much enjoyed were Eoin O'Brien's evocation of Georgian Dublin and a painstaking—and diplomatic—unravelling of the complex threads of recent history by Jack Lyons, professor of the history of medicine at Ireland's Royal College of Surgeons.

Seven years ago Anne Crookshank and Eoin O'Brien, a Dublin cardiologist who is also an accomplished medical biographer, set off with photographer David Davison to scour Irish medical institutions and private collections for medical portraiture. They returned with a rich haul which they have now, with the help of a talented designer, and equally talented publishers and printers, turned into a memorable book.

MICHAEL O'DONNELL

Women against men

Explorations in Feminism. "Well-founded Fear: a Community Study of Violence to Women." Jalna Hanmer and Sheila Saunders. (Pp 112; £3.50.) Hutchinson. 1984.

"We dedicate this book to women in prisons everywhere who are locked up for murdering violent men." It is hard to take seriously women who condone in their own sex behaviour which they deplore in the other.

Hostility, even violence, to men pervades the book. Their research is generally ignored or scorned but more obvious aggression—and naivety—emerges in a quasi recommendation (page 69) "A curfew on all men after dark would make the streets safe for women." Other women, however, are hardly respected. The educated, middle aged, white feminists doing this research say: "If interviewers had been men, the superior status of men . . . would have made it very difficult to acquire any information." Their image of women, then, is of inferior beings incapable of giving straight answers to straight questions from many bona fide researchers.

Although critical of the authors' prejudices, which I think ultimately diminish their report, I cannot praise too highly the other side of their approach. With minimal resources they completed 129 questionnaires from 171 consecutive houses in inner city Leeds. Their concept of violence is overinclusive. Some of the figures presented are thus difficult to interpret, but it appears that a sixth of the women interviewed had experienced physical violence and there was much underreporting. For the authors, however, the major findings are: (*i*) the greater the uncertainty about the outcome (of the attack) the more terrifying the encounter; (*ii*) specific violent events are not sealed off into private versus public domains; (*iii*) the vast majority of the women interviewed do not think that the police in practice are either able or willing to protect them; and (*iv*) women are more likely than the police to perceive violence to themselves as serious.

Though taken at face value each of these conclusions has validity and some merit for further inquiry, undoubted bias has crept in. two incidents

As evidence for (iv) we are told that a woman judged two incidents serious enough to report to the researcher but not to the police. The questionnaire, however, specifically inquired for such incidents.

Have the authors learnt anything about themselves from this research? They did not ask their subjects any personal details through concern that they might be identified. They later concede that it would have been better to have asked about age, but did they ever see their original decision as "misplaced maternalism"? Simply transferring oppressive behaviour from one sex to another, be it violence or "parentalism," is no solution to the problem.

PAMELA J TAYLOR

Questioning oesophageal disease

Pathology of the Esophagus. Horatio Enterline and John Thompson. (Pp 192; 185 illustrations; DM 136; approx \$50.80.) Springer. 1984.

An oesophagus removed at a routine necropsy must surely be the dullest tissue seen by the morbid anatomist. Dull and flimsy, its mucosa partly autolysed, it lies on the bench, hacked off between its sphincters, the only recognisable pathology being a tumour or a perforation. Little wonder that we know so little of its more subtle pathology; it is as though the standard necropsy had been designed to conceal the mysteries of the gullet.

This welcome book underlines our ignorance. It is quite slim, many of its illustrations are radiographs and endoscopic photographs rather than pathological ones, and a recurring theme is our incomprehension or uncertainty of the nature or cause of some syndromes. The authors have usefully collated clinical descriptions, investigative findings, and pathological changes (gross and microscopical) and discuss aetiology as well, so that the book will be of interest as much to clinicians, radiologists, and endoscopists as to pathologists.

Because there are so many uncertainties the authors have had to favour some theories rather than others, and their choice will not command universal support. So it is that those curious webs and rings remain mysterious, the mechanism of diverticula formation is no less obscure, and the reasons for achalasia and its imitators are no clearer.

The lengthiest section is that on the currently fashionable Barrett's syndrome, the many excellent illustrations clarifying at least the variety of epithelial changes, even if not the reasons for them. The authors controversially imply an almost invariable origin of adenocarcinoma in such metaplastic epithelium.

The quality of the illustrations, from photomicrographs to double contrast radiographs and colour endoscopic photographs, is (with a few exceptions) excellent. We must hope that by highlighting the considerable number of topics of ignorance this book will stimulate useful research, so that the second edition will have more answers than questions.

JOHN R BENNETT

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Some new titles

Addiction

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Aids to Anaesthesia 2. "Clinical Practice." M J Harrison, T E J Healy, and J A Thornton. (Pp 200; £6-50.) Churchill Livingstone. 1984.

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Clinics in Emergency Medicine. Vol 4. "Psychiatric Emergencies." Ed William R Dubin, Nancy Hanke, and Herbert W Nickens. (Pp 268; £24.)

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