This book would be invaluable to general surgical trainees, in particular specialist registrars in general surgery who, with changes in surgical training, are likely to have increasingly limited opportunity to become confident in the operative management of trauma. I would also recommend it to all basic surgical trainees involved in the care of trauma patients.

Breast Surgery: A Companion to Specialist Surgical Practice (3rd edn)

MICHAEL DIXON

EXTENT P/H	320 p, hardback
PRICE/ISBN	£67.00 0702027383
PUBLISHER	Saunders (London), 2005
REVIEWER	Hugh Bishop
STAR RATING	*****

The Companion series in specialist surgical practice is designed to meet the needs of surgeons in higher training and to update practising consultants. Does this book achieve its goal? Yes it does: it is superb.

The book logically charts the diagnostic and therapeutic pathway of the present-day breast patient. Its structure reflects the multidisciplinary nature of modern practice in this field, with excellent chapters from radiologists and pathologists. There is an intriguing chapter on ductoscopy in breast cancer by William Dooley, hinting at a new approach in diagnosis.

The surgery of breast cancer is well addressed, the editor himself considering in chapter 4 the crucial issue of the balance between good local control and cosmesis. This is a fair and up-to-date statement of the current position. There are good chapters on partial breast reconstruction and an excellent chapter by Gareth Evans and Andrew Baildam on the genetics of breast cancer and risk-reducing surgery. The chapter on breast reconstruction by Eva Weiler-Mithoff is a concise summary of modern techniques. Adjuvant therapy and radiotherapy are well covered as one might anticipate.

Where the book really scores is in its chapters on 'difficult' subjects like ductal carcinoma *in situ* (DCIS). This is a masterly summary of the present situation in this relatively ill-understood condition. I enjoyed the chapter on uncommon breast cancers, as well as the chapters on psychosocial issues, palliative care and benign breast disease. It is also a salutary reminder of modern surgical breast practice that there is a chapter on litigation.

How easy is this book to use? I have a series of talks on different aspects of breast cancer to deliver in the next 6 months. I have consulted it deliberately to test its usefulness

and I have found it invaluable. The references are excellent, with key references flagged up with a scalpel motif, and an accompanying summary of the paper.

In short, this book has most that the candidate for the Part 3 UK examination needs in preparation. The authors are leaders in their field and give a balanced view on current controversies in breast disease.

Previous editions of *Companions to Specialist Surgical Practice* have combined breast surgery with endocrine surgery. No longer: the overall editors now recognise that breast surgery is an independent specialty that has come of age. This book contains the working detail that breast surgeons need in current practice. The emphasis is on multi-disciplinary working producing good local control of disease by selecting the correct operation for the individual patient. Careful selection can achieve very acceptable oncological and aesthetic results. This book is highly commended. Each breast trainee needs their own personal copy and I am certainly not letting anyone borrow mine.

Spinal Instrumentation: Surgical Techniques

DANIEL KIM, ALEXANDER VACCARO, RICHARD FESSLER

EXTENT P/H	1330 p, hardback
PRICE/ISBN	£225.00 313141331X
PUBLISHER	Thieme (Stuttgart), 2005
REVIEWER	Paul Thorpe
STAR RATING	***

This is a large-volume text aimed at surgeons involved in the field of spinal implantation, including orthopaedic and neurosurgical spinal surgeons as well as fellows and trainees with a specific interest in spinal surgery. The authorship is certainly comprehensive, with the contributors' list reading as a who's who of North American and continental European spinal surgery.

The book aims to be a comprehensive (and it claims 'complete') guide to modern spinal instrumentation. In a different approach to many traditional operative surgery texts, it focuses on implant-specific guidance with a chapter on each proprietary device that the authors have identified as being part of the armamentarium of the modern spinal surgeon. It does not attempt to describe or address different pathologies in the spine and their differing instrumentation requirements but structures the chapters in broad anatomical applications, with a useful summary chapter of anatomical approaches heading each group of implant chapters.

The authors have, therefore, made a laudable attempt to provide an 'implant roadmap', using each chapter to identi-

fy the indications for use, surgical application, advantages, pitfalls, limitations and complications of different implants, often with the collaboration of contributors closely involved in their design. Many chapters contain useful hints for those surgeons using the implants and are clearly written, with useful diagrams by authors who have experienced both the highs and lows associated with their use in spinal surgery.

However, the attempt to provide such a gazetteer leads to the inevitable flaw in such a text. In the rapidly evolving world of spinal implantation, no textbook will ever be able to provide a complete guide. This is exemplified by the book's omission of new developments in pedicle screw systems such as Pangea (Synthes SpineRRR) and ExpEDIUM (DePuy SpineRRR) and the complete omission of groups of commonly used implants; flexible stabilisation systems, such as the Dynesys (Zimmer SpineRRR) and Wallis (AbbottRRR) systems; and interspinous spacer devices such as the X-Stop (St Francis Medical TechnologiesRRR).

This text inevitably covers many implants that will gradually become superseded by technological and biomechanical advances. In the attempt to be comprehensive, the reader becomes somewhat 'lost'; for example, in the 20 chapters of different anterior cervical plates described in detail over 126 pages.

This is not to underestimate the text in the areas that it addresses well. The anatomical approach chapters are generally excellent – clear, concise and relevant to surgeons, not just anatomists. Particularly good chapters involve the anterior approaches to the cervical, lumbar and lumbosacral regions as well as the craniocervical junction. However, these could be accommodated in a much smaller text.

For a trainee preparing for a supervised operation using a new implant or an established consultant surgeon wishing to explore the range of implants on offer, this text offers some valuable guidance. Nevertheless, in a field moving so fast, one does wonder whether the authors' efforts would have been better placed in a more adaptable web-based resource.

A further point for us all to remember is that the implant used is only as good as the indication for which it is chosen and the skill and experience of the surgeon who applies it. Many surgeons frequently use implants for which they have derived significant training and have experience of their use in training programmes and specialist fellowships. In addition, this text should not be regarded as a shopping list for implants nor a training manual.

In summary, the text is a useful addition to the reference library of any spinal unit, especially in larger departments where there may be a range of implants frequently used. However, in view of the speed of developments, the authors are likely to find the need for addition and revision may come sooner than they wish.

Cancer in the Spine: Comprehensive Care

ROBERT McLAIN, MAURIE MARKMAN, KAI-UWE LEWANDROWSKI, RONALD BUKOWSKI, ROGER MACKLIS, EDWARD BENZEL

EXTENT P/H	400 p, hardback
PRICE/ISBN	£115.00 1588290743
PUBLISHER	Humana (New Jersey), 2005
REVIEWER	Paul Thorpe
STAR RATING	****

The presentation of spinal tumours, especially metastases, to surgeons has increased significantly over the past few years. Recent research discussed mainly in oncology circles appears to have confirmed the important role of spinal surgery in palliative care, an area that was often dismissed as inappropriate in the past. Improvements in spinal reconstruction techniques, implants and peri-operative care have revolutionised the surgical options for patients with both primary and secondary spinal tumours.

This text is, therefore, well timed in its publication. The editor has assembled a broad range of North American authors representing most healthcare professions providing care for patients with spinal tumours, including oncologists, palliative care physicians, radiotherapists, surgeons, radiologists, pain specialists and physiotherapists. This gives the book a pleasing multidisciplinary outlook, reflecting the clinical co-operation that is essential to provide proper care for such patients.

The chapters are succinct and generally well referenced, giving this book appeal to a very broad range from the junior doctor embarking on an oncology or spinal surgical career to established clinicians seeking to refresh thinking on basic pathology or areas of care outside their immediate subspecialty. The basic science chapters are particularly well written – easy to cover but giving a broad understanding of, for example, the cell biology and growth of tumours. There are also useful chapters on the pathology and management of the most frequent pathological types of spinal tumour, including haematological malignancies.

The surgical techniques for spinal reconstruction in tumour surgery are complex and often challenging. The book touches on these, using authors well recognised as leaders in this field but does not claim to be comprehensive in its descriptions; it is not an operative manual. However, a slightly more in-depth analysis of surgical techniques, including *en-bloc* spondylectomy, would have made the text more attractive to the established spinal surgeon. The section on vertebroplasty and kyphoplasty usefully reminds the spinal surgeon that injection of cement into vertebra was originally developed for oncological applications rather than osteoporotic fractures, where it is most frequently used. It can be an excellent method of pain relief in spinal tumours, with the benefits of a minimally invasive approach.