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## Book Review

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### **Musculoskeletal Oncology**

Edited by Michael M. Lewis.

Philadelphia, W.B. Saunders Company, 1992. ISBN

0-7216-5771-0.

\$95.00

THIS BOOK has 27 chapters written by 54 co-authors and aims to give a moderately comprehensive account of the main areas of musculo-skeletal oncology. There are many competitors—mostly considerably larger. The chapters tend to be reviews of topics rather than guides about what to do with a patient. In this respect the book is wholly different from say, Campanacci's *Bone and Soft Tissue Tumours* or the much larger text of Mirra *et al.* Like all reviews, the chapters are heavily referenced (who needs 15 references to the age and sex incidence of Ewing's sarcoma?) The clinical and radiological descriptions are, for the most part, clear. The paper is an off-white art paper which doesn't take the black and white histology very well or, for that matter, some of the X-rays. I have used the book in clinical practice for a few weeks and found it informative but not innovative. It contains a good solid description of bone tumours, but no new insights.

The balance of content is unsatisfactory. There is a whole chapter on allografts and bone banking, but endo-prosthetic replacement (which is much more widely practised) is tucked into a general chapter on reconstructive surgery. There is very little indeed on soft tissue sarcomas and 90% of the book is about bone tumours—I don't know how such an imbalance can have been overlooked. The pathology of soft tissue tumours is

almost non-existent, and there is no mention of the recent and potential future developments in molecular biology of bone and soft tissue sarcomas. Elsewhere, important diseases have been under-represented, appearing in bits and pieces in several chapters. For example, there is only a brief pathological description of eosinophilic granuloma in chapter 2 which doesn't adequately discuss the cell of origin of the tumour or its natural history; fragments of information are then scattered in other chapters (site-related tumours) but there is no authoritative or helpful description of the management of this group of puzzling variable conditions.

What is here, is a solid selection of chapters where the authors survey some of what is known about major diseases and try to give a balanced account of the pathology, radiology and treatment. There are useful chapters on rehabilitation, nursing and counselling. The book is useful for trainees interested in this field and, for the most part, gives reliable information concisely. In the next edition the authors might ask the question if I had a patient, say, with mesenchymal chondrosarcoma or retroperitoneal liposarcoma, would this book help me decide what to do? The editorial task would then become clearer.

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## News

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### **G.P. Role in Cancer Care**

The European School of Oncology funded several multinational courses in 1991 to look at the role of the general practitioner in primary, secondary and tertiary prevention in cancer care in Europe. We report on the French language course at which 20 delegates represented Spain, Germany, Holland, Belgium, Portugal, Italy, Greece, Ireland and Great Britain. Specialist and generalist input, as a formal lecture on each area of prevention, were followed by discussion in small mixed nationality groups, at which the difficulties of the G.P. were freely and openly addressed.

The different health care systems in Europe vary widely, as do the undergraduate and postgraduate medical training programmes.

#### *Primary prevention*

In the political forum and in the public perception, primary prevention often has a low status. It is not taught in medical schools or as part of postgraduate training and many doctors demonstrate their own scepticism of primary prevention by continuing to smoke, thereby giving conflicting messages to patients.

The fear of losing 'customers' (patients) makes those in countries without fixed patient lists particularly reluctant to hear to criticise their patients' lifestyles. Conflicting opinions over some aspects of prevention can jeopardise the G.P.'s credibility.

A prevention protocol throughout Europe could be used as a basis for health promotion teaching to doctors and medical