Book review

Future Trends in Inflammation. Proceedings of an International Meeting on Inflammation, Verona, June 28–30, 1973. Edited by G. P. Velo, D. A. Willoughby, and J. P. Giroud. 1974. Pp. 480, figs and tabs. Piccin Medical Books, Padua and London. (£45.00)

This book reports the Proceedings of an International Meeting on Inflammation sponsored by the European Biological Research Association, held in Verona, June 1973. It is divided into sections dealing with prostaglandins in inflammation, cellular events in inflammation, mechanism of anti-inflammatory drugs, general aspects of inflammation, immunological aspects of inflammation, and current research trends in chronic inflammation. Most of these sections begin with a brief introduction, and close with a good review of the field by the chairman for each session of the meeting. The discussion is published *verbatim*, and is particularly notable for the aptly pungent comments by a Dr. Vinegar. In common with many other books containing collected conference papers, it all adds up to a curate's egg, the standard varying from some highly interesting and informative accounts of current work on the one hand to variably restructured accounts of work previously published (albeit much of it of a very high standard) on the other. There are also a small number of very brief abstracts. I feel that the editors should have risked offending some of the authors by including at length only material which was new, and thereby also justifying the use of the misleading title. One does not

disagree with the need for the presentation of a verbal review of previously published work to place it in perspective at a meeting of this kind, but many contributors would probably be happy not to have to submit a lengthy manuscript when an abstract with appropriate references would suffice. Despite these strictures, particularly recommended for attention are the contributions by Giroud and co-workers on the distribution of prostaglandins in inflammatory exudate; Sndergaard and Greaves on the release of prostaglandins in human cutaneous sustained inflammatory reactions; Mariano and Spector on the formation and possible role of giant cells in chronic inflammation; Ferreira and Vane on the inhibition of prostaglandin biosynthesis and the mechanism of action of nonsteroidal anti-inflammatory drugs; Brune and co-workers on the role of polymorphonuclear leucocytes as mediators in acute inflammation; Asherson on the role of T cells in inflammation; and Turk and Poulter on macrophage activation in delayed hypersensitivity. Absolute priority of attention must be given to the final paper by Allison and Davies which is an outstanding review of some of the mechanisms underlying chronic inflammation, liberally seasoned with hypotheses while drawing attention to unresolved problems open to investigation. On reflection, perhaps this typically stimulating Allison offering is alone enough to justify the inclusion of 'Future' in the title of this book.

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Note

Equipment for the Disabled—Change of Responsibility

The National Fund for Research into Crippling Diseases pioneered the publication 'Equipment for the Disabled' in 1960, when the idea of providing simple aids to daily living for disabled people was still relatively new and there was very little information available. From 1960–1974 three editions were published; the first two were 4-volume loose-leaf books and the third edition a series of 10 booklets (see below). The Oxford Regional Health Authority, on behalf of the Department of Health & Social Security, has assumed responsibility for publishing subsequent editions. The compilation and editing of 'Equipment for the Disabled' will continue to be carried out at Mary Marlborough Lodge.

Professional inquiries concerning equipment should be addressed to: Equipment for the Disabled, Mary Marlborough Lodge, Nuffield Orthopaedic Centre, Headington, Oxford OX3 7LD.

Orders for booklets (£1.50 each + postage; overseas prices quoted on request) should be sent to: Equipment for the Disabled, 2 Foredown Drive, Portslade, Sussex BN4 2BB.

The 3rd edition of 'Equipment for the Disabled'—10 illustrated booklets on aids and equipment—can be purchased as a complete set or as single copies. The information in the booklets is intended for those professionally concerned in advising and selecting equipment for handicapped persons of all ages. Aids shown have been assessed in use with disabled people and 'guidelines' are given to assist in the selection of an appropriate aid for a particular individual. Brief details and an illustration are included, together with manufacturers' and suppliers' addresses, and an indication of the price. The series is constantly being updated and notice will be given before publication of revised issues, together with any titles which may be added.

Titles available are: 'Wheelchairs and Outdoor Transport' (special suppl.), 'Communication', 'Clothing and Dressing for Adults', 'Home Management', 'Disabled Mother', 'Personal Care', 'Leisure and Gardening', 'Housing and Furniture', 'Hoists and Walking Aids', 'Disabled Child'.

Relationship Between Antinuclear Antibodies, DNA Binding Capacity, and Electroprecipitation, Serum Complement Level, and the Presence of Soluble Complexes in Systemic Lupus Erythematosus and Rheumatoid Arthritis. G. D. Johnson, I. I. Onyewotu, and E. J. Holborow (*MRC Rheumatism Unit, Canadian Red Cross Memorial Hospital, Taplow, Maidenhead, Berks.*)

Serum from 88 patients thought likely to have circulating soluble complexes were examined. The underlying clinical disorders varied from established SLE through probable SLE, rheumatoid arthritis with complications (particularly cutaneous vasculitis) to seronegative arthritides and miscellaneous medical conditions. This paper reports only the serological correlations.

The presence of antinuclear antibodies detectable by immunofluorescence, ANA (Holborow and Johnson, 1969), was associated with electroprecipitating antibody to DNA (Johnson, Edmonds, and Holborow, 1973) and high levels of soluble complexes (Onyewotu, Holborow, and Johnson, 1974), but not with increased DNA-binding capacity and reduced C3 levels. This suggests that antibody avidity may have an important role in the procedures employed. Results of the soluble complex tests, however, were correlated with all the other serological findings except in SLE in which condition ANA positivity was independent of the level of complexes. It is therefore apparent that the ANA test alone does not provide an adequate screen for other serological abnormalities in the group of diseases studied. All possible combinations of results of the tests for DNA-binding capacity and electroprecipitating activity were obtained with serum from patients with SLE and complicated RA who had positive ANA tests and significant levels of circulating complexes. This finding accorded with the clinical overlap seen in the cases selected for study.

A better understanding of the contribution of immune complexes to connective tissue disease may be achieved by the use of the five tests reported here.

References

- HOLBOROW, E. J., AND JOHNSON, G. D. (1969) *Assoc. of clin. Path.* Broadsheet 65. (The immunofluorescence test for serum antinuclear factor)

JOHNSON, G. D., EDMONDS, J. P., AND HOLBOROW, E. J. (1973) *Lancet*, 2, 883 (Precipitating antibody to DNA detected by two-stage electroimmunodiffusion)

ONYEWOTU, I. I., HOLBOROW, E. J., AND JOHNSON, G. D. (1974) *Nature*, 248, 156 (Detection and radioassay of soluble circulating immune complexes using guinea pig peritoneal exudate cells)

Circulating Complexes and Disease Activity in SLE. C. Bruneau, J. P. Edmonds, and G. R. V. Hughes (*Department of Medicine, Royal Postgraduate Medical School, London*)

Detailed serological studies were performed in 38 patients with SLE, extending over periods up to 4 years. Evidence of circulating complexes was sought by Clq precipitation, anticomplementary activity estimations, and by DNase treatment of sera. These observations were correlated with evidence of disease activity, in particular with proteinuria, DNA binding activity and complement levels. DNase treatment of serum, with the aim of releasing complexed antiDNA antibody and resulting in a rise in DNA-binding was performed on 63 serum samples in 28 SLE patients, 14 with clinical renal involvement. Serial studies were done on 7 patients, 5 with renal involvement. In only one patient was evidence of DNA/antiDNA complexes obtained by this method, a 13-year-old girl with rapidly progressive lupus nephritis. Density gradient analysis (in association with Dr. L. Aarden and Dr. B. Feltkamp, Amsterdam) showed these complexes to be of low molecular weight.

Clq precipitation was shown in 23 out of 56 SLE sera tested. There was poor correlation between Clq precipitation and disease activity. This test presented many technical problems and was reproducible only on fresh serum. Anticomplementary activity was detected in 44 of 155 serial serum samples from 19 patients with SLE. Positive results were found only during periods of disease activity but were not confined to patients with renal disease.

The conclusions drawn from these studies were. (1) Positive results, suggestive of circulating immune complexes, were found in 45% of SLE patients by one or other of the 3 methods used. (2) In only one patient was clear evidence obtained that a proportion of these complexes were DNA-antiDNA. (3) Of the 3 methods, determination of anticomplementary activity appeared to be the most clinically useful.

Correction: The price of 'Future Trends in Inflammation. Proceedings of an International Meeting on Inflammation, Verona, June 28-30, 1973', was wrongly quoted as £45 in the June issue, the correct price being U.S. \$45.