Clinics in Rheumatic Diseases. Vol. 5. Soft Tissue Rheumatism. (Ed.) A. St. J. Dixon. Pp. 930. £10.00. Saunders: Eastbourne. 1979.

This book preserves the high standard of presentation and content to which we have become accustomed in 'Clinics in Rheumatic Diseases'. 'Soft tissue rheumatism' is a difficult subject, and the editorial board deserves credit for deciding to devote an issue to it and for persuading Allan St John Dixon to be the guest editor. The book does not deal with everything that could be included by the title, but the selection of topics is good. In the section concerned with soft tissue rheumatism in the community it is refreshing to find that the authors acknowledge the limitations of the data on which many of their views are based, and the last part of this particular contribution could with benefit be made compulsory reading for administrators and politicians.

So much has been written about the subject of pain that no short review article could be expected to satisfy all. Many would probably share my view that some of the tables add so little to the text that it would have been better to use the space in another way. The section on polymyalgia rheumatica is standard textbook stuff but written in a way that makes it pleasing to read that which one already knows. The article by the Spanish physician, Dr J. Rotes-Querol, on 'The syndromes of psychogenic rheumatism' is one of the best on this subject that I have been privileged to read. The article on 'Crystal deposition disease' is also excellent.

In common with most I know nothing about 'fibrositis', next to nothing about 'fasciitis', and only a little more about 'fibrosis'. The 2 articles devoted to these subjects refer to many things, some of which do not necessarily warrant mention. There cannot be many rheumatologists who see a lot of patients who present on account of Peyronie's disease, and it would be quite forgivable for them to be unfamiliar with this condition and remain so. The sections on progressive systemic sclerosis and eosinophilic fasciitis are very short but very good.

Enthesopathy is another 'in' word that sometimes confuses the elderly physician who has treated such things for many years but has often known such roses by another name. A long list of long names for small conditions that are usually short lived is provided. Many of us see patients who complain of cramp, but how often do we consider that the patient may have been bitten by a black widow spider? A list of alternative causes of cramp is included in this brave article together with a list of brave remedies.

Professor Bywaters writes about bursitis and related conditions and produces a list of references that is almost as long as his article but not quite so good. Many of the references are most useful, but one or two might not be accurate. Did Marrant Baker (who seems to be better remembered than others of his day who contributed more) actually publish in the *St Harts Hospital Report*? Sprains, strains etc. are much the field of the orthopaedic surgeon, but some rheumatologists take an interest in sports injuries. This chapter will not satisfy the experts but is of value to those of us who see such conditions by

accident. The review of entrapment neuropathies is also useful.

This book, together with its companion volumes, deserves to be included in all respectable postgraduate medical libraries with the expectation that it will spend more time off the shelf than on it.

ARTHUR EADE

Rheumatology and Immunology. Ed. A. S. Cohen. Pp. 497. \$32.50. Grune and Stratton: New York. 1979.

There is much to commend in this book, particularly the initial section, which deals with basic principles in rheumatology. There are several well written chapters, for example, on the anatomy and function of peripheral joints and the spine, structure and function of connective tissue including collagen and proteoglycans, the role of prostaglandins in inflammation, and epidemiological aspects of rheumatic diseases, including their diagnostic criteria. The section on diagnostic procedures is up to date and contains useful interpretative data on laboratory tests on blood and synovial fluid, synovial membrane biopsies, and on radiology and isotope imaging of joint and bone structures. The chapters on the differential diagnostic approach to major rheumatic symptoms seem particularly valuable for the practising physician and include helpful discussions of such problems as acute and chronic monoarthritis; polyarthritis; shoulder, neck, and back pain; and skin and eye diseases associated with arthritis. There is also an excellent discussion on the confusing subject of 'overlap' connective tissue diseases and the vexed question of arbitrary categorisation and subclassification of syndromes, including 'mixed connective tissue disease.'

The greater part of the book is devoted to specific articular and connective tissue diseases and includes chapters on rheumatoid arthritis, SLE, osteoarthritis, and metabolic diseases involving bones and joints. The general content is adequate and informative but exhibits one of the possible weaknesses—it lacks the detail one expects from an authoritative textbook. The section on rheumatoid arthritis illustrates this point. While the discussion of the pathogenesis and clinical and laboratory features does not suffer from condensation, and even gains from it, that of management is too brief and not compensated for by dogma or detailed guidance of the sort which might be expected from a book which may have hopes of replacing the existing rheumatological bibles. The section on seronegative polyarthritis develops the modern concepts of heterogeneity of rheumatic diseases, but the chapter on 'juvenile rheumatoid arthritis' (when will the USA accept the term 'juvenile chronic polyarthritis?') curiously ignores it. The chapter on crystal-induced arthritides is good, but not entirely uncontroversial. Thus, colchicine may still have its advocates for the treatment of acute gout, but it is unlikely that rheumatologists in Britain would readily accept that a bolus of intravenous colchicine is an acceptable alternative to the armamentarium of effective anti-inflammatory drugs of proved efficacy, or that 'toxicity with allopurinol is frequent' and 'caution in its use is necessary.'