peritoneal serositis. In the first patient pericarditis also developed and resulted in the formation of a pericardial effusion. This is often the earliest cardiac abnormality to occur and, as in this case, is usually not severe enough to produce any haemodynamic disturbance.³ The ascites and pericardial effusion both resolved completely on corticosteroid treatment and did not recur.

In the second case an exploratory laparotomy failed to show any other cause for her ascites which persisted for three years until her death from bronchopneumonia.

It has been stated that painless ascites occurs in SLE only when secondary to cardiac, hepatic, or renal disorders and when other features of disease

are present. However, this is not always the case, and it is important to consider SLE in the differential diagnosis of any patient who presents with painless ascites.

We are grateful to Dr C W H Havard for permission to report on these patients who were under his care.

References

- ¹ Jones P E, Rawcliffe P, White N, Segal A. Painless ascites in systemic lupus erythematosus. *Br Med J* 1977; **i**: 1513.
- ² Dubois E L. *Lupus erythematosus*. California: Univ. of Southern California Press, 1971.
- ³ Elkayam U, Shlom L, Weiss S. Pericardial effusion and mitral valve involvement in SLE - echostudy. *Ann Rheum Dis* 1977; **36**: 349-53.

Book review

Choosing NSAID Therapy. Eds. F Dudley Hart and James R Klinenberg. Pp. 144. A\$ 38.00. ADIS Press: Auckland, New Zealand. 1985.

The seven chapters of this book each have a different author, and as a result it reads as a series of disconnected papers. There is a certain amount of repetition, for example an account of inflammation and the mode of action of NSAIDs appears in both of the first two chapters, and drug interactions are dealt with separately in three chapters, including one chapter entitled 'Incidence of minor toxicity'.

Although the aim of the book as stated in the Preface is to help doctors in their choice of anti-inflammatory drug therapy, definite guidance about choice is given only where

other diseases or other drug therapy influence that choice. Beyond that the advice seems to be to get to know a few drugs and be prepared to ring the changes.

A better title for this book might be 'All about NSAIDs', as it certainly contains a wealth of information covering all aspects from the development and trial of these drugs to their prescription. However, there is nothing new in the book and the final section presented as a round table discussion highlights some of the persisting practical difficulties and unanswered questions.

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