The book is lacking in other important areas, notably the immunopharmacology of those drugs already used in the treatment of rheumatic diseases. The authors state in their preface that "it can be argued that the major advances in the treatment of inflammatory arthritic diseases . . . sprang from the discovery of corticosteroids". It is perhaps somewhat surprising, therefore, that in this volume these drugs are barely mentioned! Another surprising omission, particularly in view of the inclusion of two chapters on the enzymatic destruction of bone and cartilage, which can barely be construed as immunological, is the absence of any significant contribution on free radicals.

In summary, rather than a clearly focused book, this is a collection of reviews of somewhat loosely connected areas. My advice to prospective readers would be to borrow a copy and to read the chapters in which they are interested, each of which can be considered as an authoritative review of its particular areas. However, I doubt that anybody, particularly a newcomer to the field, would find in this volume the comprehensive review of the field to which the series aspires.

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Rheumatology. Eds J H Klippel, P A Dieppe. (Pp 1766; £195.00). London: Times Mirror International, 1993. ISBN 0 397 44731 0.

Why buy a new textbook on rheumatology? The information contained in it is often available in more up-to-date form in monographs and original papers, and the cost is increasingly a major disincentive. *Rheumatology*, however, manages to quell all such thoughts. Put simply, this is a superb textbook which manages amply to demonstrate how such textbooks can survive into the electronic age.

The first thing that strikes one about the book is its high production values and sheer visual attractiveness. As the figure demonstrates, the excellent illustrations and widespread use of colour appeal to the eye and make browsing a pleasure. The colour coding of the chapters, whilst a little unfamiliar at first, enable the reader rapidly to look up both specific topics and more general sections. In addition, each chapter has a very structured layout enabling one to find out rapidly about particular areas of each disease, for example epidemiology, investigations etc.

Generally the content is broad and comprehensive, which means that the book will serve as a ready reference for both the practising rheumatologist and those from other specialties who require access to authoritative information. It is well written with a friendly, easy-to-read style which should encourage use by students. The structured layout also means that authors have not avoided issues with which they are uncomfortable in order to concentrate on pet topics or minutiae. Indeed, for those interested, there are valuable chapters on joint physiology and biomechanics, history, embryology etc. Disease mechanisms and pathology are also well covered, but the well designed and structured layout enable those seeking a more clinical approach to move quickly through these, unrestricted by a mass of information, to get to the practical pearls. There are nevertheless a few areas that are less well covered, for example the extra-articular manifestations of rheumatoid arthritis.

The use of sections devoted to practical problems is a very attractive and interesting part of the book. Topics as diverse as *instability of the cervical spine*, *painful implants*, *shoulder pain in the elderly* and *drugs in OA*; *treating the elderly patient* are tackled in a way that illuminates important clinical problems, gives a pragmatic approach, and highlights areas of controversy.

If there are criticisms, these are mainly the result of the multiple authorship. There are different views expressed

Representative page from Klippel and Dieppe's *Rheumatology*.

regarding management, for example, and the international flavour of the authorship means that treatment modalities may not always reflect local practice. For example, in the section on rheumatoid arthritis, sulphasalazine is perhaps given less emphasis than would reflect its use in the UK. These are minor points, however, and are bound to arise in any large international textbook on a subject in which consensus is always hard to achieve. Indeed, the editors are to be praised for attracting such a diverse spread of international figures and achieving such a broad coverage of topics.

One could argue that this book is not filling a gap in the market, as it is competing with several well-established texts. In our opinion, however, this book takes on the established names extremely well and in terms of presentation and visual impact has no serious rival. Although expensive, the cost does not appear excessive given the quality of the finished product and, all in all, the editors have succeeded in producing an excellent, very attractive book which should be on the shelves of every rheumatologist and in every departmental library.

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Oxford textbook of rheumatology. Eds P J Maddison, David A Isenberg, Patricia Woo, David N Glass. (Pp 1192 in 2 Vols; £120.00.) Oxford: Oxford University Press, 1993. ISBN 0 19 262026 6.

It has been apparent for some time that there was a gap in the market for a modern 'British' textbook covering the rheumatic diseases. This required an editorial board with sufficient energy and enthusiasm to complete such a project. The editors should be congratulated on achieving their aim. Now the reader is spoilt for choice with the near simultaneous launch of two works, *The Oxford Textbook* and Klippel and Dieppe's *Rheumatology*.

Is it appropriate to consider this a British textbook, as implied by the adoption of the publishing house's name in the title? One of the four editors is from the USA and it is apparent that a number of the chapters have a distinctly transatlantic tone. Clearly the book is designed to appeal to a broader spectrum than the British rheumatology establishment. This may alienate some readers who might have preferred a more parochial approach to contrast with the established American texts. Others will find the attempt to internationalise the text appropriate.

The overall structure of the book is well thought out. It was the right decision to split the text into two volumes to avoid being too unwieldy. From the outset, age as a determinant of disease expression develops as a theme. This works well, as a discussion of the presentation and management of rheumatic disease in childhood and the elderly population serves as a counterpoint to the bulk of the book which deals with adult rheumatology. The first volume also develops a problem oriented approach, stressing common clinical presentations of rheumatic disease, for example of the spine or in association with other conditions, such as pregnancy. This approach will be particularly appreciated by junior trainees and non-specialists.

Sections on the pathophysiology of musculoskeletal disease and the inflammatory response are of necessity general overviews. They act as useful introductions to complex topics. Readers interested in more detailed and recent information will clearly need to undertake their own literature search using facilities such as 'Medline'. Where the latter fails and where this textbook scores is in providing a historical context and a balanced summary of current ideas.

Most of the second volume is devoted to a discussion of the rheumatic diseases, using an orthodox classification. The chapters are all of a similar layout, but do not follow a structured format. It was obviously the editors' intention not to constrain the authors by insisting on this point. However, it means that the book as a whole misses the opportunity of developing a distinctive style. The difficulties of integrating

contributions from both sides of the Atlantic are most apparent in this volume. An example is the discussion of the treatment of 'Pyogenic Arthritis' which suggests the use of a number of antibiotics which are not in common use, or in some instances not even available, in the UK.

A chapter on rehabilitation is an excellent idea. The only problem is that it is at the end of the book: the effect is to reinforce the tendency to consider rehabilitation as an afterthought. This is, of course, fundamentally wrong and is most certainly not the author's intention. Rehabilitation is an integral part of the management of patients with rheumatic disease. The task of incorporating the topic of rehabilitation, a dimension of medicine rather than a separate discipline, into a formal textbook of rheumatology is probably even more difficult than fitting it into clinical practice, but perhaps should be one of the aims of the next edition.

We enjoyed reading this book and learnt a great deal. It stands comparison with Klippel and Dieppe's textbook which will be the main competitor in this country and which has its own individual style. A decision as to which to purchase will depend largely on the reader's own taste. We look forward to using both.

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Bone histomorphometry. E F Eriksen, D W Axelrod, F Melson. (Pp 74; \$19.00.) New York: Raven Press, 1993. ISBN 0 7817 0122 8.

There is increasing specialisation in histopathology and few of us would be happy to report the full range of biopsies received by a large laboratory. Only experts should diagnose bony tumours and, even then, only after consultation with clinical and radiological colleagues. The same is true of non-neoplastic bone biopsies, for which technical expertise in processing the tissue samples is essential and familiarity with modern histomorphometric techniques highly desirable. This short and beautifully illustrated book is an excellent account of what can be learnt from a bone biopsy. It also summarises current information on bony structure and, in particular, the pattern of bone remodelling in health and disease. The line diagrams, which illustrate the bone remodelling unit, are really excellent. A single glance at figure 3 on page 7 gives an indelible impression of what is happening in this complex process.

This book has only slightly more than 60 pages of text and physicians and rheumatologists who read, or even skim through it, will have a very reasonable impression of what can be learnt from a bone biopsy. The scientific emphasis is very much on the concept of bone remodelling; there are detailed diagrams and tables showing how remodelling occurs in normal bone and in different metabolic diseases. This is not a comprehensive guide on how a bone biopsy should be processed and examined. There are excellent colour photomicrographs illustrating the important features, however, many supplemented by diagrammatic maps illustrating the key features. The authors only touch on details of modern stereological methods and the use of confocal scanning laser microscopy. Pathologists who wish to learn more about these techniques will have to consult specialist texts and articles. If you lack even the time to read through the 60 pages of this small book, then there is an excellent six page summary article published 10 years ago in the *American Journal of Surgical Pathology* (Vigorita V J. The bone biopsy protocol for evaluating osteoporosis and osteomalacia. *Am J Pathol* 1984;8:925-30).

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Fig. 2 Clinical features of pauciarticular-onset juvenile chronic arthritis. (a) Archetypal patient with pauciarticular-onset juvenile chronic arthritis. Note generally healthy young girl with involvement of a single knee. (b) Unilateral flexion contracture as seen frequently in pauciarticular-onset juvenile chronic arthritis. To evaluate for subtle flexion contracture, especially in children with hypermobility, lift both heels equally high and observe for unequal knee height. (c) Thigh atrophy in unilateral disease. This may be a permanent sequela.

LABORATORY FEATURES

No particular laboratory abnormalities are diagnostic of pauciarticular-onset juvenile chronic arthritis. Acute-phase reactants are usually normal to slightly elevated. Occasionally one will see a child with synovitis of a few joints and a markedly elevated erythrocyte sedimentation rate. This should prompt an extensive search for infection or occult inflammation, such as inflammatory bowel disease or leukaemia. Reactive or viral arthritis may also

produce high erythrocyte sedimentation rates. A rare condition, congenital hyperthermogenesis, will cause a persistently elevated erythrocyte sedimentation rate without other laboratory features of inflammation.

Antinuclear antibodies are present in 40 to 75 per cent of children with pauciarticular-onset chronic arthritis, depending on the analytical technique used. These antibodies are directed to a heterogeneous mixture of nuclear antigens and usually give a homogeneous pattern, although a speckled pattern can also be seen. The titres of antinuclear antibody are usually low, less than or equal to three dilutions beyond the threshold of normal. Higher titres, especially in the older patient, should be investigated for specific autoantigens. For example, antibodies to DNA and extractable nuclear antigens would lead to the suspicion of systemic lupus erythematosus or mixed connective tissue disease. Antinuclear antibodies may develop over time; therefore, an initially negative test for them should be repeated within 1 year, owing to its critical importance in determining the risk for uveitis (see below). Most studies find no connection between the titre of antinuclear antibodies and disease activity. There is no evidence that these antibodies precede the development of pauciarticular-onset juvenile chronic arthritis; in fact, most healthy children with an isolated, positive antinuclear antibody will not develop any rheumatic disease when followed over several years.

Rheumatoid factor is distinctly rare, occurring in less than 5 per cent of children with the pauciarticular-onset disease. When

Table 1 Pattern of joint involvement at presentation in 137 consecutive cases of pauciarticular-onset juvenile chronic arthritis

	%
Single joint	62
Two joints	31
Three joints	4
Four joints	3
Knee	47
Ankle	21
Small hand joint	12
Wrist	5
Elbow	3
Hip	3