**Book reviews**


It must have been an enjoyable task for Dr. Graham Hughes to plan and put this volume together. The object seems to have been to present the recent advances and areas of controversy in the field of rheumatology. In order to carry this out, a range of international rheumatologists have each contributed a chapter on one particular topic. By its very nature, this produces a divergence between reviews of a given field, including treatment and those where hypotheses are described, and whatever experimental data to support these ideas.

Some chapters offer overall reviews of great value not only to the practising clinician but also to the student. Temporal arteritis and polymyalgia rheumatica is presented by Dr. Hazelmann with an excellent blend between the clinical disease and his fascinating experimental work. Dr. Kagen attempts to throw light on the dark area of polymyositis and dermatomyositis, particularly in relation to malignancy. Dr. Morris Reichlin has provided his own experience in the difficult clinical entity that is mixed connective tissue disease, making a strong case for its separation from systemic lupus erythematosus and scleroderma on immunological and clinical considerations. Dr. Barbara Ansell gives the latest classification of the group of diseases that are covered by the term juvenile chronic polyarthritis. Mr. Glasko gives a surgeon's view of the procedures available for the rheumatoid knee and is suitably controversial in his advocacy of the use of the MacIntosh arthroplasty.

The relationship of viruses to the connective tissue diseases is assessed by Dr. Pincus and Dr. Phillips. Complement is evaluated, and there is an excellent review of the alternate pathway concept with its possible relationship to clinical rheumatology from Dr. Gwyn Williams.

The only chapters which raised critical hackles are those related to therapy. Nobody would argue with the concept of the team effort in treating rheumatoid arthritis but it can only be a therapeutic nihilist who describes drugs as 'variations on a theme of failure'. The few lines on each of the propionic acid derivative drugs without references to the trial work seems valueless. Many would argue with the classification of drugs into 'first', 'second', and 'third line' agents. Much better to classify by action (i.e. anti-inflammatory/analgesic, antirheumatic, immunosuppressive, etc.). Hoany old myths are perpetuated, i.e. cross sensitivity between D-penicillamine and penicillin. While the data on D-penicillamine in pregnancy is slim, one child was born with a collagen defect. For this reason, many would prefer gold as the antirheumatic agent of choice, if necessary, in pregnancy.

It would have been of interest to expand the chapter on crystal deposition disease to have included a section on apatite deposition and its possible clinical implications. The drug section should have included an account of the story of the antifungal agent clotrimazole and also levamisole.

The only other criticism is the persistence of a few American spellings (i.e. fiber). In my view, this book should be in all hospital and postgraduate libraries (it will probably need to be kept under lock and key!) and on all rheumatologists' bookshelves. It must be hoped that the publication 'gap' can be shortened for the next edition as the references are mostly pre-1975.

HEDLEY BERRY


In his opening remarks, the Chairman, Professor H. C. Stewart, defined the objectives of the symposium as 'to examine the position of aspirin in the light of much new material which has emerged in recent years, particularly with regard to its actions'.

In the opening paper on the use of aspirin, Dr. Freyers estimated that some 35,000 tons were consumed annually, the United Kingdom's share being 1500 tons at a cost of less than 30p per year for each person. In a study of the value of aspirin in cancer patients, Dr. Wallenstein concluded that the drug was an effective oral analgesic and that its effect may possibly be enhanced by the addition of 60 mg of caffeine. Combinations of aspirin with narcotic drugs produce additive effects which may be therapeutically useful.

Dr. F. Dudley Hart, in discussing the place of aspirin in the rheumatic disorders, expressed the belief that it still holds an important place in treatment, but finds that about half of his patients with rheumatoid arthritis experience side effects on the doses (4-5 g daily) which are required to achieve maximum anti-inflammatory effects. It is of limited value in gout and ankylosing spondylitis but can be used with good effect in osteoarthritis and nonarticular forms of rheumatism. Soluble forms of the drug are preferred by the majority of patients.

Professor Langman, in an exhaustive review of the evidence that aspirin is an important cause of haematemesis and melaena, concluded that much of it is open to criticism. Aspirin will induce occult microbleeding in most normal people whether they have an ulcer or not. Professor Langman finally expresses the view that aspirin intake is not a major cause of haematemesis or melaena. This certainly accords with the reviewer's own experience. During the discussion period the role of aspirin in renal disease received some attention. It was generally agreed that aspirin alone was unlikely to cause damage, even if taken over long periods. Dr. Morley gave an interesting account of possible modes of action of aspirin. He concluded that the drug may not only act as an inhibitor of prostaglandin synthesis but may also be capable of inhibiting lymphokine production in chronic inflammation. Both activities may be important.

Aspirin is a potent inhibitor of platelet aggregation both in vitro and in vivo. The long-term effect in vivo appears to be based on acetylation of plasma proteins. There is growing evidence that platelet aggregation may play an important part in arterial thrombosis and atherosclerosis. Dr. Elwood reported carefully controlled trials of the value of aspirin in improving mortality in subjects who had already...