chapter on rehabilitation aspects, but the sophisticated
and annotated approach in both of them tends to obscure
the simplicity of such measures as static quadriceps drill
and wrist extension exercises, which to an informed
patient will make—at the cost of 5 minutes of the phy-
sician's time—all the difference between a useful limb and
functional incapacity. But these and one or two other
points of detail are only minor criticisms of an exhaustive
textbook.

Exhaustive it must have been. Joe Hollander and I
compared notes (I had recently edited the most recent
edition of the book's British counterpart) while we cruised
up the Rhine together during the Wiesbaden
conference of September 1979. 'You know, Tom', he
reflected, 'I reckon that producing an edition of a book
like this takes 2 years out of your life'. I agreed in prin-

ciple, though admittedly never having considered the
matter in actuarial terms. British rheumatologists will
also agree with me in congratulating Dr McCarty and his
many colleagues on the fruits of their labours, yet
another edition of almost impeccable excellence.

J. T. SCOTT

Laboratory Tests in Rheumatic Diseases: Standardisation
in Laboratory and Clinical Practice. Eds. D. C. Dumonde
and M. W. Steward. Pp. 324. £17.50. MTP Press:
Lancaster. 1979.

The title suggests an important theme, of interest and
relevance to rheumatological investigators and practi-
tioners, but further acquaintance is disappointing. The
book is about criteria, their measurement and evaluation,
and so as a reviewer I must be similarly disciplined.

Content. Variety may be the spice of life, but even kings
have died from a surfeit. The book consists of contribu-
tions, mainly brief, from some 53 participants, and, like
many concert programmes, it is divided into three
sections. The overture (8 movements, mean length 8.75
pp) supposedly deals with standardisation of clinical,
therapeutic, and radiological criteria. I am reminded of
the complaint by Falstaff's gaoler, how can so vast a
subject be dealt with in so confined a space. Rather
unusually, the symphony, 'Laboratory Investigation',
comes next (14 movements, mean 10.9 with a large
standard error because one, on histocompatibility typing,
extends to 32 pp). Unfortunately the clarion call of the
oboe to get everyone else in tune, a very lucid exposition
of the aims of standardisation by Irene Batt, was not
placed at the beginning. Overall the treatment is very
variable in depth, although the reference lists tend to be

good. The concentration on research procedures is likely
to remind many of their dislike of the 'moderns'. I hardly
dare call it the concerto, but the coda, numerical evalua-
tion (9 movements, mean 10.1), is anticlimactic. It recalls
a meeting of the Oxford Group, everyone sitting around
the bath recounting their (sinful) experiences.

Uses. Books are to be read or consulted. Other appli-
cations (e.g., as missiles or as a means to prestige or
profit) are not my immediate concern. I read for pleasure
or enlightenment; this book catered to neither. As a

reference work it is in hazard of evanescence—the fields
covered are either fast moving or depressingly static.

Limitations. One wonders whether this presentation
had a conductor. More important, though, is the way
fundamental difficulties are not identified. The key ques-
tion is surely that rheumatic diseases lack a hallmark, a
uniquely defining feature. Standardisation of individual
procedures, though meritorious in itself, may neverthe-
less contribute little to reproducible diagnostic assign-
ment, where questions of necessity and sufficiency loom
large. One particular point: a contributor suggested that
different purposes call for different sets of criteria,
whereas the reality is more likely to rest with differences
in the weighting attached to individual features.

In conclusion, standardisation is part of the discipline
essential for scientific endeavour, but to individualists
like doctors it is unfortunately not an attractive pro-
position, and I doubt whether this book will persuade
the sceptical to conform.

PHILIP H. N. WOOD


Nursing Rheumatic Disease is possibly a misleading title,
for although the book is divided into 12 chapters only
2 of them really concentrate on the nursing care of the
rheumatoid patient, and these are written in a fragmen-
ted fashion with no clear aims shown. The other chapters
explain further diseases in the rheumatology field.
Explanations of their investigations, diagnosis, and drug
therapy are well written and informative, with good
illustrations, but lacking in nursing information. Illustra-
tions of medical nursing are poor and incorrectly labelled.

More use could have been made of diagrams—for
example, good as opposed to bad positioning of the
rheumatoid arthritic patient in bed, pictures of aids and
splinting. Initially emphasis is put on the psychological
care of the patient, but this is not dealt with in depth. The
book will therefore leave nurses still wondering how to
advise the patients with their working and home environ-
ment problems.

This book may be useful for explanations of the
diseases and their medical management on a specialist
ward for all grades of nurses, or as a library reference
book, but not for individual purchasers.

C. S. CHESSON

Immunopathogenesis of Rheumatoid Arthritis. Proceedings
of international symposium held at Guy's Hospital in

This volume is the carefully edited proceedings of an
international symposium held at Guy's Hospital,
London, in November 1978. It was published expedi-
tiously in June 1979 and provides an up-to-date and
stimulating account of present ideas on one of the most
important aspects of this ubiquitous disease. Twenty-
five participants contribute critical reviews 'giving a
personal slant to the relevance of the approach and results from chosen areas of research. The editors have arranged the papers in logical sequence: immunogenetics, lymphocyte function, rheumatoid factors, autoantibodies, immune complexes, complement, macrophages, and the pathogenesis of joint destruction.

I found almost all parts of this volume of intense interest. Rapid advances in understanding of the role of the HLA DR loci in rheumatoid arthritis provide the background for expert discussions on the part played by T lymphocytes in synovial disease and the role of lymphokines. The possibility of rheumatoid factor as a product of a response against antigen cross-reacting with IgG, the biological and chemical properties of anti-IgG antibodies and the immune response to the collagens are among topics criticised and appraised. Although the formation, deposition, and behaviour of immune complexes also provoke fascinating discussion, as do the role of complement and macrophages. I was particularly attracted to the accounts of the part that may be played in protease activation and inhibition by lymphocytes and by the concept that collagenase inhibitors may come to have an increasingly important therapeutic significance.

No one concerned with the rapid advances that are taking place in studies of rheumatoid arthritis should neglect Panayi and Johnson's book. The practising rheumatologist will find it stimulating and thought-provoking; the laboratory worker will turn to it for recent information.

D. L. GARDNER

Correspondence

Radiation synovectomy with yttrium—90 silicate

Sir,

The article 'Radioactivity studies on two synovial specimens after radiation synovectomy with yttrium-90 silicate' by Drs Dunscombe and Ramsey1 raised more questions than provides answers. In order to assess the weight that can be placed on their findings it is necessary to know the answers to the following questions.

(1) In their autoradiographic study of the 2 synovial membranes, they found a very uneven distribution of activity over the synovial membranes. This uneven distribution may well have been due to the presence of surface fibrin over the synovial membrane in certain areas preventing uptake of isotope by the synovial membrane (or transport in cells through the synovial membrane). Was there any evidence of surface fibrin on the synovial membranes at synovectomy or at possible previous arthroscopy?

(2) Intra-articular fibrin bodies of varying size are thought to take up radioisotope, which would not then come into contact with the synovial membrane. Was there evidence at operation of intra-articular suet or rice?

(3) Did either patient have Baker's cysts? It is well known that up to 50% of injected isotope may accumulate in a Baker's cyst.

(4) A synovial membrane of thickness 3 mm is not the usual thickness that one would expect in a hypertrophied rheumatoid synovial membrane removed at synovectomy. Was there evidence of chronic inflammatory synovitis on the histological examination of these synovial membranes and, in particular, of the foreign body reactions associated with the use of silicate as noted by G. Loewi (unpublished observations).

(5) Presumably the surgical synovectomies were of the anterior and accessible part of the synovium only. Bonneton2 noted that much of the injected yttrium radiocolloids collected in the posterior part of the knee in experimental animals. Without information on how much radioactivity would have been in those parts of the synovium that were not removed the figures on retention are relatively meaningless.

(6) Have the authors any evidence for suggesting that further leakage should not occur after the 6th day? Leakage is not normally measured after 6 days because the amount of radioactivity remaining is negligible compared with the first 3 days. Extrapolating in their second patient from a loss of 14% at 6 days, it is not unreasonable that only 10% was found in the anterior synovial membrane 6 weeks later. If the loss continued as an exponential decay, the expected retention in the entire knee would have been 34%. What happened to the yttrium-90 in their first patient is debatable, but I would expect that a fair amount of it was on fibrin bodies within the cavity of the knee and on the synovium over the femur, tibia, and ligaments and in the posterior cavity of the knee.

J. M. GUMPEL
Northwick Park Hospital,
Watford Road,
Harrow,
Middlesex HA1 3UJ.

References


Sir,

Most of the questions asked by Dr Gumpel in his letter are concerned with pathology. We were particularly concerned, however, with utilising the opportunity of making measurements of excised synovial membrane...
Immunopathogenesis of Rheumatoid Arthritis

D. L. Gardner

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Updated information and services can be found at:
http://ard.bmj.com/content/39/6/613.3.citation

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