musculoskeletal diseases as controls and to adjust the prevalence of rheumatoid arthritis statistically in order to estimate the performance characteristics of this clinical sign when applied in rheumatology outpatient practice. Under these conditions the positive predictive value of global beading in six or more nails ranged from 60 to 89% and in four or more toenails ranged from 79 to 95%. Unfortunately, however, a high positive predictive value does not necessarily imply high diagnostic value. Thus during the first year of rheumatoid disease, when this physical sign might be of diagnostic value, only 20% of patients display any evidence of nail beading. In contrast, nail beading tends to occur in the later stages of disease when the diagnosis has already been confirmed. In order to examine some of the potential determinants of nail beading we have correlated the nail score against a number of disease and demographic variables. The lack of any strong correlation between beading and either age, disease duration, duration of second-line therapy, or rheumatoid factor titre suggests that the pathogenesis of this physical sign is dependent on some alternative, albeit, basic feature of the disease process. It has been suggested that beading may simply be age related,[2] but the poor correlation between age and nail score and the substantial between-group differences noted cannot be accounted for by this hypothesis. Furthermore, although beading is infrequent in the early months of rheumatoid disease, it does not bear a simple relationship to either disease duration or rheumatoid factor positivity. It has previously been speculated that this nychodystrophy may be the result of microvascular disease in the nail bed. Although we can neither confirm nor refute this suggestion, it is of note that no clinical evidence of nail bed vasculitis or systemic vasculitis was detected in any of the rheumatoid patients studied. To date neither the natural history nor the prognostic value of nail beading have been defined but they are the subject of continuing study.

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Book review

Clinics in Rheumatic Diseases. The Hand. Vol. 10. No. 3. Edited by C B Wynn Parry. Pp. 746. £15·00. Saunders: London. 1984.

Many rheumatologists are frightened of becoming too interested in their patients' hands. Although detailed assessment and a carefully planned course of treatment with surgery at its heart may eventually be rewarding for both physician and patient, such a course of action is time consuming, involves much help from the therapists, and is not always accompanied by useful functional gain and patient satisfaction. The physician's fears are not helped by the confusion that abounds concerning the pathogenic mechanisms responsible for arthritic deformity, the best surgical approaches, the postoperative regimens, and the likely results.

The editor of this volume, one of a series now in its tenth year, has acknowledged all these problems and has deliberately added to the confusion. He has asked a number of international authorities on hand surgery in arthritis to describe different aspects of the treatment, principally in rheumatoid arthritis, but has accepted considerable duplication of material, has not sought agreement about mechanisms, for instance in swan-neck deformity, and has not demanded a simple, uniform postoperative programme.

It is a difficult book to read, partly because of the repetition and partly because much of it seems familiar, so the new is missed. Although rheumatoid arthritis is extensively covered, the interest in osteoarthritis is largely confined to the wrist, and other connective tissue diseases that can produce very difficult hand problems, particularly scleroderma, are almost ignored. The volume is completed by chapters on the overall impact of rheumatic diseases on patients, on a wider consideration of treatment including drugs, and on assessment of hand function, splint making, and joint protection.

Although it has much to commend it, I think it will leave most rheumatologists frightened. I also think that reading alone will prove to be insufficient and that we shall still require to go with our therapists to see how the experts tackle these problems. At least we now know where to go.

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Clinics in Rheumatic Diseases. The Hand

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Notes