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Book review

Hyperuricaemia and Gout in Clinical Practice. Ed. B. T. Emmerson. Pp. 159. £10.95. John Wright: Bristol. 1983.

This attractively and well produced book from Queensland, Australia, gives a very good résumé of what is known on the subject. The first 30 pages deal with the production and elimination of urate and uric acid and enzymatic and genetic factors. The criterion for hyperuricaemia is 7 mg/dl (0.42 mmol) in men and 6 mg/dl (0.36 mmol) in women. Its causes are well covered, as are its effects on attacks of gout, formation of calculi, hypertension, and renal disease. Their association figures are given, but the conclusion is that, except when there is already renal disease, hyperuricaemia, unless very high, is not a great risk. This conclusion may be contentious, but controlled trials back up this view. Hypertriglyceridaemia, alcohol consumption, and, surprisingly in these days, lead are associated factors. Overproduction occurs in only 16% of cases.

The clinical description of types of gout is good, as is the section on treatment. Colchicine mainly acts by inhibiting the crystal-released chemotactic factor, thus breaking the inflammatory cycle. The synopsis of the mode of action, absorption, and excretion of the nonsteroidal anti-inflammatory drugs is good, and the author deals with the uricosurics and xanthine oxidase inhibitors, believing the former group still has a great value for the many under-secretors. A thoughtful section is included on the treatment of chronic complicated gout. The author shows his clinical acumen in his assessment of the doctor-patient relationship and the importance of the patient's understanding of the situation during remission. He believes that, even in these days of potent drug therapy, external factors contributing to the production of gout should not be forgotten. This small book is a worthwhile addition to the voluminous literature on the subject.

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