- 3 Ewing D J, Clarke B F. Autonomic neuropathy: its diagnosis and prognosis. *Clin Endocrinol Metab* 1986; **15**: 855-88.
- 4 Di Trapani G, Tulli A, La Cara A, *et al*. Peripheral neuropathy in course of progressive systemic sclerosis. Light and ultra-structural study. *Acta Neuropathol (Berl)* 1986; **72**: 103-10.
- 5 Harris E D. Scleroderma. In: Wyngaarden J B, Smith L H, eds. *Cecil textbook of medicine*. 17th ed. Philadelphia: Saunders, 1985; 1932-6.

Book reviews

Dubois' Lupus Erythematosus. 3rd Edn. Eds D J Wallace, E J Dubois. Pp. 775. £81.20. Lea and Febiger. Philadelphia. 1987.

Published two years after the death of Edmund Dubois, this volume on systemic lupus erythematosus (SLE) is a tribute to his understanding of this challenging disease. Dubois' insight and far reaching perspective are much in evidence despite the book's multiple authors. When one looks at successive editions his stamp on the language of the book is also obvious. Although it is distinctly North American, it is often somewhat archaic even in discussing recent developments. The book is as up to date as any reference work can be in such a rapidly developing field, and yet one senses a reluctant transition from the era of the LE cell (accorded an entire chapter) to that of antibodies to extractable nuclear antigens and cardiolipin.

Unfortunately, the text seldom invites the reader to go beyond the specific information required. It is often uninspiring and is as difficult to penetrate as earlier editions have been. Tedium is almost inevitable in a medical publication as comprehensive as this, but some freshness in style and presentation would have been most welcome. There are lengthy lists of authors' names, publication dates, and frequency figures, and often many paragraphs pass without interpretation of this array of information.

Lupus nephritis has long been a controversial subject, and the views of the authors are somewhat unorthodox. This is disturbing considering the authority carried by this text. The author's preference is, for example, for steroid therapy in fixed dose for fixed periods, and immunosuppressive agents are only recommended for late use in non-responders. The recent work from the National Institute for Health quite convincingly shows the value of immunosuppressive agents over steroids in reducing the slow drift into end stage renal disease. The authors mention this work but do not acknowledge its importance. They have only recently, and apparently with reluctance, given up nitrogen mustard as their drug of choice. They reject azathioprine as having no value in SLE despite evidence to the contrary. They have their idiosyncrasies too in their recommendations for the monitoring of patients with nephritis. Parameters are ranked according to value, and serum creatinine is placed at the top of the list, with creatinine clearance at the bottom. Their conservative views on the indications for renal biopsy are more in line with British than American practice.

To me no disease is more protean in its manifestations than SLE. It remains clinically one of the great challenges. This book certainly provides ready access to the vast amount of published work on the subject and therefore is invaluable to the clinician. A rheumatology department without it will certainly be the poorer.

Whipps Cross Hospital, London

J LANHAM

Diagnostic Picture Tests in Rheumatology. By V Wright and A R Harvey. Pp. 128. £6.50. Wolfe: London. 1987.

For those revising for MB and MRCP examinations this little book of 200 picture tests is excellent value at £6.50. It also provides a quick and entertaining self assessment for those rheumatologists who do not routinely see (or do not diagnose) the broader spectrum of rheumatic diseases. Not quite all the x rays have reproduced adequately; equally, not all my wrong answers could be attributed to this cause. I was interested to note an example (perhaps the first) of the north/south divide in rheumatology, in which the stoical citizens of Leeds must endure five or more attacks of acute gout annually to qualify for allopurinol! How refreshing to find a rheumatology book which can be read from cover to cover with such enjoyment in the course of one evening.

Consultant Rheumatologist,
Herts and Essex Hospital,
Bishop's Stortford

JACQUELINE CURREY

Drug Treatment of the Rheumatic Diseases. 3rd Edn. Edited by Frank Dudley Hart. Pp. 229. £41.00. Williams and Wilkins: London. 1987.

Despite the availability of more non-drug treatments in rheumatology than in most specialties, all clinical rheumatologists need an in depth understanding of therapeutics. This book is devoted entirely to the drug treatment of the rheumatic diseases. The chapters are written mainly by Drs Frank Dudley Hart and Edward C Huskisson. There are, however, contributions by other authors. Particularly noteworthy are the chapters written by Dr Barbara M Ansell on juvenile chronic arthritis and rheumatic fever, which are instructive and well referenced.

The first half of the book deals in depth with the clinical pharmacology of each individual drug used in rheumatology. The balance here is in favour of the many non-steroidal anti-inflammatory drugs available. These are discussed in 56 pages compared with 23 and 11 pages devoted to 'slow acting drugs' and analgesics respectively. The detail in this part of the book makes it a useful initial reference book for the clinician with a query in clinical pharmacology in relation to rheumatology.

The second half of the book clearly outlines the drug treatment of the different rheumatic diseases. The limiting factors in this section are the size of the book and the small