of the release of, or action of, the chemical mediators of inflammation. The final chapter on "Toxicology" is of particular interest to clinicians. In therapeutic doses, aspirin causes toxic effects, due to hypersensitivity. Under this heading, Smith brilliantly reviews the enormous amount of work which has been done on the mechanism of the lesion responsible for gastro-intestinal bleeding following salicylate therapy. In toxic doses, salicylate poisoning causes an average death rate of approximately four per million persons in England and Wales, and approximately three thousand admissions to hospital every year. It is a favourite mode of suicide and a common medical emergency. In infants, hyperthermia and disorders of acid-base regulation predominate; in adults and older children one sees the more familiar hyperventilation and alkalosis followed by hepatic and renal damage and bleeding disease. The book closes with a summary of the methods of treatment available to correct the biochemical abnormalities of salicylate poisoning and to force the elimination of the drug from the body, either by increased renal excretion or by extra-renal techniques, including exchange transfusion, peritoneal dialysis, and the artificial kidney.

This book, like its distinguished predecessor, should remain the standard work of reference for another 19 years.

A. ST. J. DIXON

Rheumatology: An Annual Review. Edited by J. ROTSTEIN. 1967. Pp. 243, 35 figs, 14 tables. Karger, Basel. (Sw.Fr./D.Mk 55).

One of the most difficult problems facing a worker in any branch of medicine is that of keeping up to date with progress in practice and research. Within his own field this is of course mandatory if he is to achieve and maintain his individual standard of competence, but it is becoming increasingly desirable to acquire as wide and as critical an outlook as possible upon the various basic sciences which have a bearing on his work. This means much more reading than most of us can manage and we have a rising output of Abstracts, Summaries, Reviews, Synopses, Recent Advances, Modern Trends, Current Progresses, Reports of Colloquia and Symposia, and so on. The number of these is now becoming formidable, and the digests are themselves causing dyspepsia.

Room must, however, be made for "Rheumatology, an Annual Review". It is the first of a series which is planned to extend over a period of years in an attempt to provide the rheumatologist and his allied workers with "a readily available critical discussion and complete bibliography in areas of

established endeavour which are of current interest", as Dr. Rotstein remarks in his introduction. The subjects selected in this volume are the structure and function of lysosomes (G. Weismann), the role of lysosomes in rheumatic disease (D. P. Page Thomas), mycoplasmas and rheumatic disease (J. T. Sharp and S. Riggs), experimental arthritis in rats (G. Jasmin), the subcellular control of protein biosynthesis (J. L. Starr), and immunologically-induced models of connective tissue disease (P. Stastny and C. M. Ziff).

It is true that some of these subjects are of a very general biological nature with no specific relation to rheumatic disorders in particular, while others of them may in time be shown to have less relevance to human disease than is thought at present. Nevertheless this is a valuable book for the rheumatologist because the topics are interesting and important and they are presented by experts in an authoritative and concise manner. The bibliography contains nearly 1,100 recent reference, and the book will no doubt be the first of a very successful series.

J. T. SCOTT

Bréviaire de rhumatologie à l'usage du praticien (Synopsis of Rheumatology for the Practitioner). Edited by S. DE SÈZE and M. CAROIT. 3rd ed., 1967. Pp. 674, 254 figs. Expansion Scientifique Française, Paris.

Despite the word "Bréviaire" in the title, this book is, in its third edition, almost a text book. There are chapters describing the commoner variety of inflammatory rheumatism, but most of the book—and in this it differs from the text-book approach—is taken up with chapters dealing with individual practical clinical problems: the painful hand, the diagnosis of low back ache, acroparaesthesia in the arm, meralgia paraesthetica, the treatment of sciaticas, bone diseases likely to masquerade as "rheumatism", etc., etc. It is well illustrated and clearly set out.

A. ST. J. DIXON

L'ostéochondrose synovial (Ostéochondromatose d'Henderson). (Synovial Osteochondrosis (Osteochondromatosis of Henderson).) By M. DE PONTVILLE, C. PERREAU, F. CABANNE, and G. PIGANIOL, with a preface by F. COSTE. 1966. Pp. 132, 62 figs. Masson, Paris. (Frs 34).

The authors begin by broadening the definition of osteochondromatosis to include all intra-articular loose bodies where there is no evidence of previous trauma, arthrosis, or osteochondritis dissecans. They believe, with good evidence, that all gradations

exist between the single, barely visible, purely cartilaginous, loose body and the typical "bunch of grapes" appearance of grouped large cartilaginous loose bodies with calcified shells which may be so great as to block practically all joint movement. They prefer the term synovial osteochondrosis to osteochondromatosis—the latter term was coined at a time when it was thought that these bodies were benign neoplasms.

Their material is based on 59 patients (68 sites of loose-body formation) analysed according to age, sex, profession, possible previous trauma, etc.—although these factors do not seem to have much significance. The material includes forty knees, nineteen elbows, seven hips, and two shoulders. The *x* ray illustrations are excellent and the authors make a plea for tomography in the localization of the synovial osteochondroses (and, incidentally, illustrate some beautiful examples). The chapter on pathology is illustrated entirely by photographs of sections of loose bodies. Since part of the authors' thesis is that these bodies are derived from a synovial metaplasia, it is surprising that the early synovial changes have not been described and illustrated in detail and natural sequence. In describing the course of the condition, the authors note that the osteocartilaginous bodies may grow and eventually coalesce or, uncommonly, may disappear spontaneously. There are 304 references and an over-extensive discussion of treatment which can be summarized as the question: Does one take the loose bodies out?, and the answer: In general, yes, with limited synovectomy. A. ST. J. DIXON

Laboratory Diagnostic Procedures in the Rheumatic Diseases. Edited by ALAN S. COHEN. 1967. Pp. xi + 363. Little, Brown and Company, Boston. (\$14.00).

This handy book, written by eleven experts, presents accounts of various laboratory procedures currently used in the investigation of rheumatic diseases. There are chapters on synovial fluid and the diagnosis of amyloidosis by A. S. Cohen, the erythrocyte sedimentation rate and C-reactive protein by E. E. Fischel, rheumatoid factors by C. L. Christian and E. S. Cathcart, anti-nuclear antibodies by G. J. Friou, streptococcal antibodies by G. H. Stollerman, serum uric acid by J. E. Seegmiller, serum enzymes

by C. M. Pearson and N. C. Kar, histopathology by N. S. Cooper, and connective tissue metabolism by A. J. Bollet.

There is a commendable degree of uniformity in the treatment and presentation of each subject, which makes the book easier to read and use than might otherwise have been the case. All the chapters are up to date, though surprisingly there is no mention of either the British or International Reference Preparations of rheumatoid arthritis serum.

Alternative procedures are described in considerable detail, and the beginner should have no difficulty in following the directions for setting up the various methods or selecting the one best suited to his requirements. Each section has a bibliography and there is also an index.

In addition to the bare technical recipes there is much interesting background data, and information on the clinical significance of the tests. This book supplements present rheumatological texts, and can be recommended to clinicians as well as laboratory workers. J. BALL

Delayed Hypersensitivity: Specific Cell-mediated Immunity. 1967. *British Medical Bulletin*, Vol. 23, No. 1. Pp. 104. British Council, London. (40s.)

With the current interest in the immunological aspects of rheumatic disorders, many rheumatologists may feel the necessity to increase their knowledge of basic immunology, especially of its more dramatic recent advances. An excellent way to achieve this is to read the recent publications of the *British Medical Bulletin*, especially the January number devoted to delayed hypersensitivity.

The 26 contributors are, with few exceptions, all working in Great Britain and are noted for their contributions to immunology and to the innumerable problems of delayed hypersensitivity. The probable implication of this type of sensitization in almost every type of pathological reaction, inflammatory as well as neoplastic, is well illustrated by the diversity of the subjects covered in this issue of the *Bulletin*. It can be recommended without reservation to anyone interested in the scientific basis of medicine. L. E. GLYNN