

D'AUBIGNÉ (*Paris*) and PROF. F. DELBARRE (*Paris*) from their series showed that this joint was rarely treated by synovectomy (*i.e.* 5.1 per cent. elbow; 51.2 per cent. knees; 21 per cent. metacarpophalangeal joints; and 14.1 per cent. radiocarpal joints); they were disappointed by their results, whether by surgical, chemical, or irradiation synovectomy.

Synovectomy of the knee was pre-eminent in everyone's thought and experience. DR. L. H. PARADIES (*Dallas*) began by comparing the results from his extensive series with those of three others. All showed significant relief of pain with a varying percentage of loss of movement. The actual technique, amount of tissue removed, whether or not the patella came out or not, the postoperative management, all differed, and this illustrated only too well the artistry of the surgeon. In the discussion, DR. BALL (*Manchester*) explained the pathogenesis of instability by involvement of the ligamentous and tendinous structures, although others believed this complication arises from the bony resorption. Interestingly, only one participant asked whether the patient walked better after this procedure. Therefore, true functional assessment has certainly been lacking.

The discussion covered debridement and chemical/radioactive synovectomy, a term seemingly introduced by DR. J. H. HOLLANDER (*Philadelphia*) in 1957. DR. R. H. FREYBERG (*New York*) challenged its use and suggested that suppression of the disease would be preferable.

Only one worker, DR. S. JAKUBOWSKI (*Warsaw*) presented a significant series of ankle-joint synovectomy and tenosynovectomy of the long flexors, tibialis anterior, etc. The majority of surgeons carried out excision procedures or arthrodeses, since the synovial lining of the foot joints are technically very difficult to excise.

In describing the United States trial, DR. C. MCEWEN (*New York*) mentioned some of the questions to be answered, and the need for assessment data to be standardized and tested, particularly of the knee, the metacarpophalangeal and the proximal interphalangeal joints. Contralateral joints would be used as controls, although DR. E. F. DRION (*The Hague*) pointed out the error of this.

The objective of the United Kingdom trial was defined by its co-ordinator DR. A. G. S. HILL (*Stoke Mandeville*) as simply the effect of synovectomy versus no synovectomy. It was not intended to

study merits of various operations by various surgeons or the results of different management regimes.

The ethical aspects were brought up with the not unexpected emotional responses, but some emphasis was given to the actual surgeon-patient relationship. DR. R. S. PINALS (*Boston*) observed that even the surgeon's selection of a "good" case would influence the outcome. Synovectomy is now used as a therapeutic as well as a prophylactic procedure, but it is neither life nor limb saving. It is difficult to make the decision to operate upon a person by a random double-blind method in order to obtain a true selection of patients for the trial. The result of this type of surgery is closely bound up with what is best called motivation. Unlike the trial of drugs, *e.g.* that of aspirin and steroids which was brilliantly carried out by the Empire Rheumatism Association utilizing double-blind placebo techniques, there is no placebo for the physical and emotional experience of surgery except a "dummy" operation. The decision to operate involves a much more complex approach to the patient than the mere changing or withholding of a drug.

It is very difficult to appreciate the "give-and-take" of a lively discussion or the stimulus of a challenging remark or how any decision was reached by reading this record. However, there is still much to consider in these Proceedings for all those concerned with the procedure of synovectomy.

ROBERT DUTHIE

Vistas in Connective Tissue Diseases. Edited by J. CLAUDE BENNETT. 1968. Pp. 314, 44 figs. Thomas, Springfield, Ill. (\$19.75).

Textbooks and monographs on rheumatology aim in general to give to the student and post-graduate doctor a complete review of the subject. However, it is the aim of this work to give the views of individual authors on current concepts of selected aspects of the pathogenesis of connective tissue diseases.

Eleven subjects are discussed, ranging from the basic mechanism of inflammation to the molecular biology of collagen and studies into the role of complement in disease. Each section is written with authority and is accompanied by a full bibliography.

While it is intended that this book should indicate the lines along which research is progressing and therefore looks to the future development of the subjects discussed, it also serves as a useful review and reference work.

C. G. BARNES