

Corticosteroid and ACTH Treatment: Principles and Problems. By A. B. MYLES AND J. R. DALY. 1974. Pp. xiii + 216, 11 figs. Arnold, London. (£4.75)

It is now over 25 years since corticosteroid hormones were first used in the treatment of rheumatic diseases, and during that time their image in the eyes of the medical profession (and the public) has changed from time to time. Appreciation of the dramatic therapeutic action of cortisone was soon followed by a keen awareness of its harmful effects, and enthusiasm passed into disillusionment.

Opinions about indications for their use vary widely, for reasons which are easy to see. Continued high dosage in most rheumatic disorders is precluded by toxic effects, and results of low dosage are sometimes disappointing. Whatever the short-term or suppressive effects, influence on the outcome in terms of chronic joint destruction is questionable, certainly not marked, and occasionally possibly adverse. One or two catastrophes can colour one's experience and opinion.

Although all physicians are well aware of the dangers of steroid therapy, these drugs are still used with insufficient care and attention to details: the successful handling of steroids is a matter of more skill and patience than is sometimes appreciated. Like every other branch of therapeutics, corticosteroid therapy has its own mythology: for example, the belief that ACTH administered during the period of corticosteroid withdrawal will hasten recovery of function of the hypothalamo-pituitary-

adrenal axis, or that high dosage of steroids for a short period is harmless—hence the vast quantities which are still sometimes given by anaesthetists to patients undergoing surgery.

Corticosteroids will certainly occupy an important position in the treatment of rheumatic diseases for some time to come, and there is no doubt that *Corticosteroid and ACTH Treatment* is a useful addition to literature on the subject. The writers, one at the bedside and the other in the laboratory, have extensive experience and together have carried out much of the significant clinical research that has been done in the field.

The first part of the book describes the chemistry, metabolism, physiology, and pharmacology of corticosteroids and ACTH. Then follows a detailed account of clinical use and withdrawal. Replacement therapy and corticosteroid treatment of specific diseases are dealt with in subsequent chapters, ophthalmology and dermatology being deliberately omitted. A particularly useful section is that dealing with the use of corticosteroids in special circumstances, such as during pregnancy, in children, and in the elderly. Closing sections discuss the side effects of corticosteroid treatment and the use of corticosteroids in diagnostic tests.

The book is clear and succinct in style, easily readable, and, within its modest length, reasonably comprehensive, containing a liberal number of original references. Strongly recommended for anyone using steroid therapy, it is really an essential handbook for rheumatologists.

J. T. SCOTT

Notes

National Register of Intra-articular Isotopes

Readers are reminded that this register has been established to determine eventual causes of death in all patients who have received treatment with intra-articular isotopes (gold or yttrium). Any physician using this form of treatment is requested to contact Dr. J. T. Scott at the Kennedy Institute of Rheumatology, Bute Gardens, London W6 7DW, if he is not already participating in the project.

South African Rheumatology Congress

The biennial congress of the South African Rheumatism and Arthritis Association is to be held at the Newlands Hotel, Cape Town, from May 10-14, 1976. Details of the congress may be obtained from Dr. O. L. Meyers, Secretary of the Organizing Committee, The South African Rheumatism & Arthritis Association, Princess Alice Orthopaedic Hospital, White Road, Retreat 7945, Cape Town, South Africa.