Annnals of the Rheumatic Diseases, 1977, **36**, 487–488

Book reviews

Seronegative Polyarthritis. By V. Wright and J. H. H. Moll. Pp. 488; illustrated+tables. US $65.50. North-Holland: Amsterdam and New York. 1976.

For over 20 years, while others have been attracted by more glamorous topics in rheumatology, Verna Wright has patiently studied psoriatic arthritis, ankylosing spondylitis, Reiter's disease, peripheral arthritis and spondylitis with ulcerative colitis and Crohn's disease, and Whipple's and Behçet's diseases. One by one he has observed them, defined them, investigated overlap between them, and then conducted painstaking family studies to illustrate their patterns of inheritance. John Moll has been an invaluable colleague whose published work relates mostly to clinical and family studies of psoriatic arthritis. From Leeds and other centres has gradually emerged an appreciation that there is a complicated inter-relationship between seronegative peripheral arthritis, spondylitis, acute anterior uveitis, reactive arthritis, Reiter's disease, aortitis, psoriasis, ulcerative colitis, Crohn's disease, Whipple's disease, and Behçet's disease. There is established inherited susceptibility to many of these clinical features and syndromes, and ample evidence that the relationship between them is usually genetically determined.

Now the authors have gone to endless trouble to provide a comprehensive review of the world literature, together with their own thoughts and data. The result is a classic. It should be read by all clinicians with an interest in these disorders. Recently I heard a rheumatologist say that he cannot afford to buy it. He is wrong: he cannot afford not to buy it. Its importance to rheumatology is such that he must then read and reread it. As the subject is so far-reaching, it is inevitable that people will view it in various ways according to their interests. While a rheumatologist may see a group of clinical features linked together by having arthritis or spondylitis in common, and then categorize them by their lack of rheumatoid factor, an ophthalmologist, a gastroenterologist or a dermatologist would recognize equally important associations leading to very different classifications of the same diseases. Undoubtedly, this book will prove fascinating to physicians and surgeons in many specialties, as well as immunogeneticists and other basic scientists. Therefore, it is perhaps a pity that the title 'Seronegative Polyarthritis' falsely implies a narrow approach, soon dispelled by reading the text. An all-embracing term to describe this cluster of clinical disorders might have been more attractive, but what should that term have been?

As in a good relay team, the clinical and family studies that provide the heart of this book were being completed at the time it was discovered that many of the diseases under investigation are associated with HLA antigens. During the breathless second lap provided by tissue typing, it is important to reflect how much depends on the superb start provided by Verna Wright and his colleagues, and essential to study carefully all that they achieved.

D. A. BREWERTON

Gout and Uric Acid Metabolism. By John H. Talbott and Ts'ai-Fan Yü. (Pp. 320; illustrated. US $34.00.) Stratton Intercontinental Medical Book Corp.: New York. 1976.

Gout and Hyperuricemia. By James B. Wyngaarden and William N. Kelley. (Pp. ix+512; illustrated+tables. US $39.50.) Grune and Stratton: New York. 1976.

Gout has fascinated doctors and patients over the centuries, and although it has become one of the easiest and most satisfactory of the rheumatic diseases to treat, we remain ignorant about many of the factors which control uric acid levels, and have an imperfect understanding of the biological significance of hyperuricaemia. Within the past year or so two important books have made their appearance.

Apart from his numerous clinical and scientific contributions in the field, Dr. John Talbott's first comprehensive work on gout was *Gout and Gouty Arthritis* published in 1953. Advances in knowledge of aetiology and therapy were reflected in his later book *Gout*, which went through 3 editions between 1957 and 1967. In *Gout and Uric Acid Metabolism* Dr. Talbott has taken in collaboration as co-author Dr. Ts'ai-Fan Yü, who worked with the late Dr. Alexander B. Gutman over a number of years. As in the last edition of the previous book, J. E. Seegmiller provides a chapter on intermediary purine metabolism.

Close on its heels comes the new book *Gout and Hyperuricemia* by J. B. Wyngaarden and W. N. Kelley, two other distinguished American clinician-investigators in the field of purine metabolism. Like Talbott and Yü, they give a very comprehensive review of biochemistry, pathology, clinical features, and therapy. While both books are excellent, that by Wyngaarden and Kelley is about twice the size of the other, and contains approximately double the number of references. It discusses various problems in considerably greater depth. For example, a number of metabolic problems—say, fructose-induced hyperuricaemia—receive a relatively brief mention in Talbott and Yü's book, whereas Wyngaarden and Kelley give as complete an account as is possible at the present time. Again, xanthinuria and miscellaneous forms of hypouricaemia are covered in one and a half pages in Talbott and Yü, while they occupy two separate chapters in the larger book. Yet again, compensated polarized light microscopy receives a description covering about 3 pages in Wyngaarden and Kelley's book, but receives only a few lines in the other.

So we have two new first-class books on gout. *Gout and Uric Acid Metabolism* by Talbott and Yü, is quite adequate for the clinician, and, being smaller, is more easily read cover-to-cover. It is also a little cheaper. *Gout and Hyperuricemia* by Wyngaarden and Kelley, is larger and far more detailed, and must be regarded as the standard reference book on the subject.

J. T. SCOTT

The Radiology of Skeletal Disorders. 2nd edition. By Ronald O. Murray and Harold G. Jacobson. 4 vols; pp. 2036; illustrated. £95.00.) Churchill Livingstone: Edinburgh, London, and New York. 1977.

The first edition of this work in 1971 employed a new and largely untried method of presentation of skeletal radiology, based upon the principle of illustrating diagnostic problems, followed by appropriate answers. This involved an abundant number of radiographs, with