Book reviews

Experimental Models of Chronic Inflammatory Diseases. Edited by L. E. Glynn and H. D. Schlumberger. (Pp. 460; illustrated + tables. US\$34.40.) Springer, Berlin, Heidelberg, and New York. 1977.

These are the proceedings of the sixth Bayer Symposium held at Grosse Ledder in May 1976. From the list of participants it must have been a very distinguished gathering indeed and this is reflected by the high quality of the papers presented. The book is divided into six sections: on experimental models of rheumatoid lesions, experimental models and systemic lupus erythematosus, experimental immune complex disease and allergic vasculitis, arthritis during the course of experimental or natural infection, control mechanisms in inflammatory responses, and a final section on whether the inflammatory response should be stimulated or suppressed. Without in any way belittling the contributions of other participants, some papers are of a very high standard, especially those on experimental models of rheumatoid inflammation (Dumonde), a brief but masterly review of chronic infections by C-type RNA viruses (Teich and Weiss), the pathogenesis of tissue injury produced by immune complexes (Henson), a definitive account of the present status of the virus hypothesis as the cause of rheumatoid arthritis (Marmion and the late Mackay), and the pathology of lymphoid tissue in rheumatoid arthritis (Schnitzer).

The final section, which is rather challengingly entitled, 'Should we stimulate or suppress the inflammatory response?', not only reflects a current therapeutic controversy but also emphasises the important point that experimental models of chronic inflammation should be helping in the development of more effective therapeutic measures in the rheumatic diseases—hence the interest of Bayer in organising this symposium. However this section merely helps to reinforce the view that current models of acute inflammation, which are usually used for the preliminary screening of drugs, are not adequate when translated to the clinical setting. Indeed the contribution of Morley, Bray, and Gordon in

which they show that inhibition of prostaglandin synthesis may lead to defects in immunoregulation warns that our present drug regimens may be contributing to perpetuation of chronic inflammation. This would indeed be paradoxical.

Drs Glynn and Schlumberger as well as the publishers are to be congratulated on producing this book so soon after the symposium. It is remarkably free of errors and is of a very high quality, especially in the reproduction of microphotographs. I recommend this book to those rheumatologists, pathologists, immunologists, and pharmacologists who are interested in the experimental aspects of chronic inflammatory disease.

G. S. PANAYI

Textbook of Orthopaedic Medicine. Vol. 2. Treatment by Manipulation, Massage and Injection. By James Cyriax and Gillean Russell. 9th edition. (Pp. 472; illustrated. £7.50.) Baillière Tindall: London. 1977.

The *Textbook of Orthopaedic Medicine* is a very personal exposition by Dr Cyriax of his views on localised musculoskeletal problems. He retains full authorship for the first volume (6th edition, 1975) but has taken Gillean Russell, his former senior physiotherapist, as co-author for this 9th edition of the second volume.

The second volume has its main emphasis on local treatment, which is considered in an anatomical sequence. Each section defines the lesion and has a summary of physical signs identifying the disorder being considered. He bases his work on the idea that all pain arises from a lesion which treatment must reach and benefit. Logical treatment he claims still eludes much outpatient therapy which relies often on heat, 'massage', and exercises. He wonders if application of hot dung to drive out devils would really be much different.

Dr Cyriax says his book aims to bring reason to the problems of orthopaedic medicine as applied to nonspecific painful disorders of the moving parts of the body. He aims to diagnose lesions very precisely and treat accurately, explaining to the

patient to gain co-operation whether treating by manipulation, massage, or injection. Deep friction he considers the only significant form of massage and he goes into considerable detail about this. Active exercises, passive movements, and manipulation are also considered. In steroid therapy used locally he deals with a topic more familiar to most rheumatologists. He considers that deep massage in many conditions is equivalent to steroid therapy, but considers that some conditions respond only to injection and some to the massage. In use of either therapy he considers great precision very important. He prefers 10 mg/ml triamcinolone for most purposes. Relative rest for a week after injections was emphasised.

Most of the book is taken up with illustrations and text to describe techniques of manipulation, massage, or injection, but diagnosis receives emphasis, too. Injection of silicone oil is recommended as a treatment for osteoarthritis of the hip although this has been shown to be no better than saline in the knee. No mention is made of surgery for osteoarthritis of the hip though this is one of the century's most successful operations. This seems a strange omission when surgery is mentioned in many other contexts. A lot of the book is relevant to sporting injuries and would no doubt be helpful to those venturing into this field.

Much of the book is controversial, but this can uncover some of one's own prejudices as well as the authors' and help review one's diagnostic habits and reconsider some aspects of treatment.

J. D. GOODE

Biomechanics of the Knee. With Application to the Pathogenesis and the Surgical Treatment of Osteoarthritis. By Paul G. J. Maquet. (Pp. 230; illustrated. US\$68.90.) Springer, Berlin, Heidelberg, and New York. 1976.

Human joints are remarkable engineering bearings. When they begin to wear, sound engineering principles are required to restore their function. In recent years this truth has dawned on a small group of enlightened orthopaedic surgeons, who