

most startling omission is that there is not a chapter on arthritis in children, though there is passing reference to 'Still's disease' in one or two chapters. A bibliography is given at the end of the book but without references being quoted in the text, and it therefore is presumably intended as a guide to further reading. Such a bibliography is necessarily short and consists mainly of textbooks and revue articles.

The use of this book, therefore, should be considered by those seeking to learn of the diagnostic approach to a specific rheumatological problem rather than as a comprehensive textbook.

C. G. BARNES

The Shoulder and Neck. James E. Bateman. Pp. 790. £32.75. Holt-Sanders: Eastbourne. 1978.

Here is everything we need to know about the shoulder and neck, starting with evolution and embryology of the region and finishing up with disability assessment and 'Guidelines to Testifying'—instructions about being an expert witness in court. The transatlantic flavour imparted by the attention given to the latter topic is also found in the chapter on athletic injuries, where of course baseball and softball are discussed to the exclusion of cricket. With golf and swimming we are on common ground, also, unfortunately, in the chapters on automobile and industrial injuries.

Dr J. C. Bateman has written his book from his standpoint as an eminent orthopaedic surgeon. He has 25 years of special interest in the shoulder joint, having, for example, performed over 1000 operations to repair a torn rotator cuff. In the light of this massive experience the diagnosis and management of localised anatomical lesions are admirably discussed, and I look forward to using the book as a reference work. On more medical, metabolic, and systemic disorders his touch is less sure, and there are a number of errors ('calcium thyrophosphate dehydrate,' etc.). The inclusion of conditions like scleroderma and systemic lupus erythematosus (without, incidentally, mentioning osteonecrosis, an occasional feature of SLE—and what is periarteric 'fibrosis in the spine?') in a book devoted to the shoulder and neck seems a little bizarre, but emphasises the enthusiastic and comprehensive way in which the author has approached his task.

J. T. SCOTT

Clinics in Rheumatic Diseases: Extra-articular Manifestations of Rheumatoid Arthritis. Vol. 3, No. 3. (Ed.) Rodney Bluestone and Paul A Bacon. Pp. 606. £10.00. Saunders: Eastbourne. 1977

If rheumatoid disease were confined to the joints perhaps rheumatology would never have emerged as a specialty, such is the interest in the extra-articular manifestations of this disease. Perhaps it is for this reason that I read this edition of *Clinics in Rheumatic Diseases* with some disappointment. The high standards of this series of publications are continued and the subjects are usually covered thoroughly, if in a somewhat pedestrian manner,

in the form of a review of the literature (of which there is already too much: some of it should be buried, not reviewed). Doubtless the time schedule for *Clinics in Rheumatic Diseases* needs to be more exact than other multiauthor books. This, together with the distance apart of the editors and the well known difficulty in persuading authors to write about what they are asked to in sufficient time to enable the editors to provide some criticism and cohesion, doubtless put a particular burden on Drs Bluestone and Bacon.

The word 'clinic' implies looking after patients, but relatively little attention is given to treatment. It is certainly easier to be precise about the happenings in a test-tube than about the effects of a drug upon a sufferer. For this reason the views of experienced rheumatologists on treatment would have been of great value, even if unsupported by unassailable evidence. Little is said about common conditions such as carpal tunnel compression or the neurological complications of cervical spine disease.

There is now so much to be read that publishers, editors, and authors alike should pay more attention to making their efforts interesting and readable. For instance, the sentence 'granulomas have been associated with uncomplicated pericarditis, with cardiac tamponade, and constrictive pericarditis' is clear if not profound. When broken up in three places by 9 references it becomes soporific. The succinct, if not always melodious, American colloquialisms might enliven medical articles. Alas, the prose the same turgid style is used on both sides of the Atlantic. These remarks are not designed to discourage you from reading the book. It is full of information.

A. B. MYLES

Soft Tissues of the Extremities: A Radiologic Study of Rheumatic Disease. W. J. Weston and D. G. Palmer. Pp. 128. DM68. Springer-Verlag: Berlin. 1978.

Although for many years it has been recognised that rheumatoid arthritis is primarily a disease of soft tissues, the attention of most radiologists and others has been mainly focused on the changes which occur in bones. However, for over 10 years W. J. Weston has been concentrating his attention on the radiological appearances of the soft tissue changes in the rheumatic diseases, and has published many of his findings either in the *British Journal of Radiology* or the *Journal of Australasian Radiology*. These papers form the basis of this book.

After a short introduction, describing some of the technical factors involved in obtaining good radiographs, there is a description of the kind of changes which may be looked for in the soft tissues and their pathological significance. The appearances of lymphatic oedema, rheumatoid nodules, enlarged lymph nodes and joint effusions are described. The book is then divided into chapters based on individual joints. First the normal anatomy is described and then the soft tissue changes which may be seen in and around the joint in rheumatoid arthritis and other soft tissue disorders. The technique and value of arthrography and injection into synovial sheaths is discussed when appropriate.