Book reviews

Working Group on Back Pain. DHSS report to Secretary of State for Social Services and the Secretary of State for Scotland. Pp. 61. £1.50. HMSO: London. 1979.

Back pain is a well known and seemingly intractable problem. The statistics of its prevalence are widely publicised and indeed commonly incorporated within data for arthritis and rheumatism as a whole and therefore used in justification for research into the broad field. Nevertheless it is a topic which has been very much neglected. With this in mind the DHSS established a multidisciplinary working group to review the existing services and their organisation, to advise on the fundamental questions to be answered in order to plan improvements in services, and to advise on the development of back pain clinics to provide early treatment and advice on prevention.

Despite these challenging objectives their report is disappointing in failing to highlight any clear directions for future developments. They describe the difficulties in establishing fundamental diagnoses and in quantifying the problem, and they criticise previous trials. There is a need for further controlled trials of both prophylactic and therapeutic procedures, and particularly of manipulation by both orthodox and heterodox practitioners (osteopaths, chiropractors, and acupuncturists). They suggest that the difficulties could be overcome either by involving very large numbers of patients (1000 or more) or by starting with the very limited objectives of looking at variation in the various factors relevant to the development of pain and only then comparing different therapies. They doubt the value of back pain clinics except possibly as highly selective tertiary referral clinics, perhaps on a regional basis. They suggest the development of a limited number of multidisciplinary research centres, perhaps related to regional tertiary referral clinics. The only really firm proposals are extensive surveys of existing treatment facilities. These would cover all members of the Society of Occupational Medicine, 10% of all general practitioners, all relevant consultants in specialist hospital practice, 30% of all radiologists, and every hospital physiotherapy department. This will involve an immense amount of work for all concerned and provide an enormous amount of information of varying qualities. As we do not know the values of virtually any of the procedures listed I find it difficult to understand the purpose of such enormous studies. Surely a very limited survey to demonstrate the resources directed at the back pain problem is all that is required.

Although it cannot be denied that further trials of current forms of treatment are necessary, my own feeling is that real advances will come from detailed studies of the pathogenesis of spinal disorders and pain syndromes, new technological advances in assessing spinal disorders, and longitudinal surveys to determine the natural histories of back pain syndromes.

M. I. V. JAYSON

The Systemic Manifestations of Temporal Arteritis. By L. A. Healey and K. R. Wilske. Pp. 140. \$12.50. Grune and Stratton: New York. 1978.

Giant cell (temporal or cranial) arteritis and the closely related condition of polymyalgia rheumatica have received increasing attention. It is often surprising in retrospect that although they have such distinctive features they should have been widely recognised only in recent years. The precise nature of the relationship between giant cell arteritis and polymyalgia rheumatica is not known, but the 2 conditions affect the same patient population and frequently occur together in the same individual.

The author's primary aim in writing this book is to increase awareness that giant cell arteritis is a systemic disease, that it is fairly common in older patients, and that it may present in a wide variety of ways. This is important as, unfortunately, there is often considerable delay in making the diagnosis, partly because of the frequent absence of physical signs and lack of specific laboratory tests, but also because the systemic features of the disease are not recognised as being due to underlying arteritis.

The authors have reviewed the historical development by which the initial concept of localised inflammation of the temporal artery has gradually been expanded, with the demonstration that the inflammation may involve the aorta and any of its branches. They indicate how this systemic disease may masquerade and cover in detail the important eye manifestations. They discuss the relationship with polymyalgia. They also cover the histological features and other diagnostic features before emphasising the important role of corticosteroids in therapy.

In the preparation of this book the authors state that they have reviewed all the articles on polymyalgia and giant cell arteritis in the English literature as well as in many other languages. Only some of these articles are referred to in the text, but these seem to have been well selected and critically reviewed and include papers published in 1978.

This book is very readable and is strongly recommended. The authors have succeeded in their aim of bringing attention to the many diverse presentations which so often lead to diagnostic failure.

B. L. HAZLEMAN

Rheumatologic Interviewing and Physical Examination of the Joints 2nd edn. By H. F. Polley and G. G. Hunder. Pp. 286. £13.25. Saunders: Philadelphia. 1978.

It is a welcome change to see a book on the subject of examination of the musculo-skeletal system instead of one on the examination of the cardiovascular or nervous system. This is an elegantly produced volume with excellent photographs and clear anatomical drawings and diagrams. A thoughtful chapter on history taking is