The remainder of the book is concerned with immunology. The chapters on immunopathology and laboratory investigations are largely complementary to earlier chapters and somewhat repetitive. Thus, 'vasculitis' features early in the book in differential diagnosis of skin diseases and arthritis, in chapters on systemic arteritis and related disorders, in a chapter on its own on vasculitis and immune complex disease, and again in a chapter on serum sickness. Much of the remaining material, including the discussion on immunosuppression, is of interest to rheumatologists. Immunology has permeated many clinical disciplines, and perhaps none more effectively than rheumatology. Its influence is usually evident in current textbooks of rheumatology, but in this book the editor has been bold and imaginative enough to presume that rheumatology and immunology can share the same bed. However, the scope of clinical immunology is now so vast that this book could not be regarded as having done justice to a subject which has not yet found a comfortable home in clinical medicine. Overall, the book creates a favourable impression. It is nicely bound, not too large to handle, and well presented. It deserves a place in personal and institutional libraries.

R. N. MAINI

The Rheumatoid Foot: Diagnosis, Pathomechanics, and Treatment. By Karl Tillman. Pp. 116. No price given. Georg Thieme: Stuttgart. 1979.

The importance of this book is that it is, so far as I know, the first English language book devoted to the problems of the rheumatoid foot. It gives the author's collected and extensive experience in this field over many years from Bad Bramstedt and it gives anglophone readers access to a number of European language references. Despite the title the emphasis is heavily on surgery of the foot, in which field there is much good sense and observation. The prescription and supply of medical shoes is confined to about half a page, although the author states that 'many an operative procedure can become superfluous when shoe corrections are carried out'. Nor will the reader find much on the medical aspects of the rheumatoid foot. The various causes of oedema in the rheumatoid foot, the problems of neuropathy and arteritis, and the indications for and rationale of local injection treatment receive little consideration. The translation is marred by numerous infelicities of expression in the English language and numerous spelling errors. Nevertheless, this is an important book which rheumatology libraries will want to possess.

ALLAN ST. J. DIXON

The Mast Cell: Its Role in Health and Disease. (Eds.) J. Pepys and A. M. Edwards. Pp. 873. £16.50. Pitman Medical: Tunbridge Wells, Kent. 1979.

The mast cell was recognised as a distinctive granular cell with certain staining properties by Ehrlich over a century ago. From this book we learn that it resides in

the respiratory and alimentary tracts and generally in the vicinity of venules in connective tissue. The cell appears to function as an exocrine unit capable of generating and releasing a number of pharmacologically active materials, some well known, such as histamine, and others less well known, such as chemotactic factors, tissue damaging enzymes, and heparin. Its potential for pharmacological control of vascular permeability, spasm of smooth muscle, cell traffic, and tissue damage and repair is obvious, and, since the function of the mast cell is dependent on adoptive sensitisation by reaginic antibody, it joins the club of potentially important cells for students of immunopathology. Studies on the basophil, another repository of vasoactive amines and a cell with surface receptors for reagins, and therefore functionally similar to the mast cell, are included in the symposium.

More than a hundred international experts have contributed to the proceedings of this symposium and furnished evidence that the basic scientists and clinicians have been very active in their researches into the role of the cell in health and disease. The discovery of sodium cromoglycate and its introduction in clinical trials 10 years ago provided a drug with intriguing pharmacological properties and therapeutic effects, which not only spurred recent research, much of it in evidence in this book, but also provided the pharmaceutical sponsorship which appears to have promoted the collection of original articles in this book.

The papers in the book are divided into 8 parts dealing with basic studies, mode of action of sodium cromoglycate, disease of the respiratory tract, bowels, skin, eyes, otolaryngology, and food allergy. The involvement of mediators derived from mast cells, and their partial or total therapeutic manipulation, is examined in the diverse syndromes of atopy, exercise induced asthma, cold induced urticaria, allergy to milk and egg proteins, ulcerative colitis, urticaria pigmentosa, and systemic mastocytosis.

The articles and the few good reviews and summaries clearly delineate the importance of the mast cell. They not only discuss its importance in clinical states characterised by known forms of immediate hypersensitivity, but raise the possibility that the cells are involved in certain forms of reactions attributable to the effects of immune complexes and sensitised cells (especially the accumulation of the basophil in the Jones-Mote type of delayed reaction). What, might one ask, is there in the book for the rheumatologist? In fact there are only 2 articles which appear relevant. In one there are some data which confirm previous work that mast cells are well represented in synovial membranes, mostly in the deeper layers, and that these are increased in patients with juvenile rheumatoid arthritis. However, a membrane from a gouty patient and 2 membranes from septic arthritis also showed increased numbers. Similarly, in this study the number of circulating basophils appeared to be increased in juvenile rheumatoid arthritis, though in adults with rheumatoid the count was normal. In a more provocative but unfortunately poorly detailed communication it is suggested that, in contrast to a control population, basophils from rheumatoid patients incubated with RNA, DNA, and aggregated IgG release histamine