

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 Bramsted 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

a result suggesting that these cells are sensitised with autoantibodies of IgE class. The implication is that Type I reactions may be more important than previously recognised, but the information is neither critically presented nor well discussed. Thus, although disappointing, and largely containing irrelevant information for the rheumatologist, the book has been well edited and is worthy of attention by students of cellular biology and clinicians in the mainstream of the clinical specialties that have been covered more extensively.

R. N. MAINI

Essential Rheumatology for Nurses and Therapists. Ed. G. S. Panayi. Pp. 197. £4.95. Bailliere Tindall: London. 1980.

This compact soft-covered book, written by a team working at Guy's and New Cross Hospitals, describes the principal rheumatic diseases and their management. It gives a concise and lucid account of the pathology and treatment of the diseases which, with the section on drugs, their uses and side effects, can be used for referral. Surgical procedures and the part they play are realistically and clearly described.

There are 3 excellent chapters written by a nurse, physiotherapist, and occupational therapist respectively. They describe the role of each profession, their interaction, and the importance of overall care. There are useful appendices on reference books, aids, benefits, and services. The emphasis throughout is on the multi-disciplinary team approach. The highly consistent format of this easy-to-read book will make it a valuable addition to the library of students and qualified nurses and therapists.

E. M. WIGHAM

Microscopie Electronique à Balayage et Pathologie Articulare: Etude de la Membrane Synoviale Humaine. By Gilbert Faure, Patrick Netter, Alain Gaucher. Pp. 126. No price given. Merck Sharp and Dohme: Paris. 1979.

This is a lavishly illustrated guide to the surface structure of normal and pathological human synovial tissue, with limited descriptions of the articular cartilage and tendons, as observed by the scanning electron microscope (SEM). The introductory section on normal synovium, which contains a brief account of preparative techniques, is more than adequately represented by photomicrographs. This is followed by a necessarily selective account of pathological conditions of the synovial tissue determined by surface change alone.

The most extensive sections on abnormal tissue are concerned with inflammatory and degenerative joint disease and the changes caused by metabolic abnormalities. The former describes and illustrates the large deposits of fibrinoid, the abundant surface villi, and the changes resulting from the local administration of radioisotopes (synoviorrhèse) such as yttrium-90, associated with

rheumatoid and psoriatic arthritis. Numerous remarkable photographs of crystals of sodium urate, calcium salts, and pyrophosphate dominate the chapter on metabolic diseases. These crystals were taken from the synovium, articular cartilage, and the knee menisci of patients suffering from gout or pseudogout. There are relatively few illustrations of the morphological phenomena associated with these deposits. The vivid cellular changes at the surface of the synovial tissue in degenerative disease are well represented. By contrast, the micrographs of disrupted articular cartilage surfaces are less rewarding. Other chapters deal with infective arthritis, with the calcification of tendons, and with 'tumour' pathology, the latter restricted exclusively to pigmented villonodular synovitis.

This book contains many photomicrographs of high quality, well reproduced, but it would benefit from more detailed captions and the use of indicators on the micrographs. There is a reasonably up-to-date bibliography of 136 references. Although this atlas represents only one aspect of morphological pathology—that is, surface change—it is pleasant to browse through and a useful guide to the application of scanning electron microscopy in synovial pathology.

PATRICIA O'CONNOR

Documenta Geigy. Rheumatoid Arthritis: Organ Manifestations and Complications. By Walter Siegmeth and Rudolf Eberl. Pp. 71. No price given. Ciba-Geigy: Basle. 1977.

This little book is devoted to the nonarticular complications of rheumatoid arthritis. It is written largely from a clinical viewpoint. However, in the introduction, Dr Siegmeth discusses some theories on the pathogenesis of extra-articular features, but surprisingly there is no discussion of rheumatoid factor. Short chapters are devoted to the organs involved, and there are separate chapters on features such as amyloid and Sjogren's syndrome.

In general the subject is covered concisely and clearly. Inevitably in a brief synopsis there are omissions. For instance, no mention is made of thrombocythaemia in the chapter on the blood, while in the chapter on neurological manifestations cervical cord involvement is discussed in one line. The strange chapter on the gastrointestinal tract is devoted almost entirely to a trial of a substance which the author claims is 'gastroprotective'.

The least satisfactory parts of this book are the sections on therapy. These take the form of inserts of a few lines in each chapter. Such a cursory treatment results in surprising statements being made with no supporting explanation—for example, short courses of heparin are recommended every 3 weeks for vasculitis. The paragraphs on therapy should have either been greatly expanded or omitted.

In spite of these criticisms this is a readable book which is well illustrated and can be recommended as a useful introduction to the subject.

A. NICHOLLS