
This volume aims to help the primary care physician provide continuing care for his rheumatological patients. The title could be misleading to the English reader, in that ‘primary care’ in the United States is given by a wide variety of doctors, many of whom may be specialist physicians. This difference from the UK is reflected in the book’s layout and emphasis. The structure is traditional, taking a disease centred approach to the major rheumatological conditions. I would particularly recommend the clear and concise chapter on laboratory studies and the x-ray illustrations, which are of excellent quality.

However, in an attempt to be comprehensive the at times undisciplined text fails to give adequate space to common conditions. This makes the book less useful for the general practice audience. For example, the diagnosis and management of mechanical low back pain is not mentioned, and the common and troublesome condition of shoulder capsulitis is covered in 5 lines. Similarly the section on osteoarthritis is too brief to be useful, and there is little mention of the role of paramedical professions. There is an interesting chapter on compliance, and a heartening emphasis on the need for patient education and the importance of building a therapeutic alliance between the physician and the patient with chronic disease.

In summary, this is a comprehensive text which will find a place in hospital reference libraries. It is more suitable for the general physician or rheumatologist in training than the GP, because it fails to deal adequately with the common conditions seen in general practice.

SALLY HULL


The editor of an occasional work such as this has an opportunity to include topics of current interest and progress which may be outside the main stream of standard rheumatology literature. Professor Verna Wright has risen to the occasion and edited a selection of reviews and essays the contents of which would be difficult to find elsewhere in a readily accessible and comprehensive form.

The first quarter of the 230 or so pages is devoted to ‘A new look at rheumatoid arthritis’. This is a stimulating and informative, if somewhat indigestible, dissertation by T. Bitter of Lausanne, in support of more precise diagnostic criteria and more aggressive drug therapy in rheumatoid arthritis. The use of drug combinations, their mode of action, and the semantic and conceptual questions raised by rheumatoid-factor-negative polyarthritis, are all discussed. Many data derived from multivariate analysis are recorded in detail, and an extensive bibliography is included. This chapter makes interesting and provocative reading, though its implications are unlikely to be attractive to the minority of therapeutic nihilists.

The remainder of the book is of mixed value. The account by Grindulis and McConkey on disease modifying drugs nicely complements the first part of the book. There is a useful account by Howell of crystal deposition disease, including its implications for degenerative joint disease, though much of this information is available in other recent reviews.

I liked the comprehensive report on joint and tissue laxity by Bird, which emphasises the relatively common occurrence of this condition and reminds us that there are many unanswered questions about its natural history. It was also valuable to find a succinct embryological and clinical account by 2 Japanese orthopaedic surgeons of the various synovial pleat abnormalities in the knee joint (plicae). I suspect often poorly appreciated by physician rheumatologists to whom they may be referred for diagnosis.

The other chapters are of less value. The short account of joint and bone metabolism would surely be more appropriate for an elementary undergraduate text than a specialised postgraduate publication, especially as rheumatologists are increasingly dealing in a sophisticated way with bone disease. The chapter on back pain in women, like much literature on spinal problems, revealed little that was new and on occasions resorted to conjecture. Doctor-patient communication, discussed in the final chapter, is of fundamental importance in all clinical disciplines, rather than specifically to rheumatologists.

The printing and illustrations are of good standard and the price not too exorbitant. The better parts of this book should justify its inclusion in libraries and on many rheumatologists’ book shelves as an interesting supplement to standard textbooks and original papers, and I can recommend it to my colleagues for this purpose.

M. I. D. CAWLEY

Notes

ARD Supplement

The proceedings of a symposium on crystal-related arthropathies are reported in Supplement No. 1 to Annals of the Rheumatic Diseases 1983; 42. The symposium was held at Bristol on 22–23 October 1982, and the proceedings are edited by Paul Dieppe, Michael Doherty, and Diana Macfarlane.

Training fellowship

The fifth Ogryzlo International Fellowship will be for training in rheumatology at a Canadian rheumatic disease unit for the 12 months commencing 1 July, 1984. Applications must be submitted to The Arthritis Society, 920 Yonge Street, Suite 420, Toronto, Ontario, Canada M4W 3J7, by 15 October 1983. Application forms and regulations may be obtained from the Society. Canadian citizens and landed immigrants to Canada are not eligible. The Ogryzlo Fellowship carries a stipend of $20 000 US per annum. This fellowship is a gift by members of the Canadian Rheumatism Association in memory of their late colleague Dr Metro A. Ogryzlo.