given has a significant effect on HPA axis suppression. However, there is sufficient evidence that HPA axis suppression is dependent on the type, dose, and duration of steroid therapy. Therefore if efficacy in terms of the relief of morning stiffness is affected by the time at which steroids are given, the use of the drug at the optimal time may permit the smallest possible dose to be used.

In a controlled double-blind trial the results of which were analysed carefully by appropriate statistical methods we, like de Andrade *et al.*,⁷ have found that, when low-dose prednisolone is used for the relief of morning stiffness in RA, night time administration is more effective than an equivalent dose given in the morning. Although a majority of our patients were taking prednisolone in the morning prior to the study, there was a significant preference ($p < 0.05$) for a night dose at the end of the study, suggesting that general wellbeing too may be favourably affected by an evening dose.

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Book review

Clinics in Rheumatic Diseases: Inflammatory Disorders of Muscle. Edited by B. M. Ansell. Pp. 216. £12.50. Saunders: London. 1984.

Like most Clinics this multiauthor book reflects a diversity of opinions. In this case, within the narrow field dealt with by the book, there is considerable overlap in the material dealt with in the various chapters. The apparent repetition, for instance the aetiology, pathology, and treatment turning up almost everywhere – despite each having chapters of their own – is off-putting at first sight. Yet, in fact, the information within these contributions is different, rarely repetitive, and simply reflects the lack of decisive, consensus views in this field at present. I liked the suggestion that the criteria for classifying cases for prospective studies are different from those needed for immediate clinical management in our current state of ignorance. Nevertheless it is off-putting to find two different overlapping classifications presented in one chapter (and then to find that neither is used in a later chapter on pathology).

There are some oddities and omissions – for instance I would have liked to have seen an in-depth discussion of

associated pulmonary disease in polymyositis, which is perhaps a more common clinical problem than cardiac involvement which *does* merit a separate section. Also odd contributions – such as those on malignancy or on histology – seem tired rewrites, suggesting that a new immunopathological approach might be valuable, as in renal disease. Nevertheless, there is a valuable round up of recent material in most of the reviews. This includes a timely reminder of both old and new aspects of infective myositis together with a very good chapter on its occurrence in immunodeficiency.

I would certainly commend the book to all physicians interested in connective tissue diseases. The interested reader who peruses it from cover to cover will find a good deal of useful information and discover those areas of disagreement which clearly require further study. The quick browser hoping for a dogmatic authoritative statement may be disappointed. This is perhaps a fair comment on the current state of the art in understanding these uncommon but important disorders.

PAUL A. BACON