Finally, we propose clinical criteria for the diagnosis of bilharzial arthropathy: the identification of bilharzial ova or granulomatous changes in any organ of the human body after exposure to bilharzial infection; involvement of one or more large joints of an inflammatory character without effusion, deformity, or loss of joint function; histopathological evidence of reactive synovitis, vasculitis with or without the presence of bilharzial ova in the synovial biopsy of a joint; negative RF, slightly or moderately raised ESR, and pus cells in urine; reactive inflammatory x-ray changes in the heels or sacroiliac joints.

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Book review

Clinics in Rheumatic Diseases Vol. 8. No. 1. Systemic Lupus Erythematosus. Edited by G. R. V. Hughes. Pp. 323. £10.75. Saunders. London. 1982.

It is seven years since an issue on systemic lupus erythematosus appeared in the *Clinics in Rheumatic Diseases*, and the present volume is a welcome survey on the recent advances in the understanding of this disease. The volume may be arbitrarily divided into three sections - basic immunology, major system involvement, and the treatment of SLE. The greatest advances are evident in the first section, which includes reviews on the immunogenetics, cellular and humoral immunity, complement deficiency states in SLE, and the modulation of immune responses by sex hormones. There follow chapters on renal, central nervous system, skin, cardiac and intrathoracic manifestations of SLE, together with clinically orientated reviews of antinuclear antibody (ANA)-negative, drug induced, and juvenile SLE. The last section discusses the use of plasmapheresis, pulse methylprednisolone, and antimalarial therapy, concluding with a chapter by the editor reviewing the management of SLE. He contrasts the benign prognosis for most of these patients with the

adverse effects of treatment, particularly corticosteroids, and pleads for a conservative therapeutic approach.

Each of the authors is both a clinician and a scientist, and this balance is evident throughout most of the book. The better chapters in the section on basic immunology open with an explanation of current understanding of the normal immune mechanisms before discussing the immunopathology, and the best chapters end with a summary. It is a pity not all these chapters were arranged this way. The material is comprehensible to those unfamiliar with current knowledge and may be rapidly reviewed by those not wishing to read details. The clinical section is equally well balanced, with a notable contribution by Dr Maddison on ANA-negative SLE.

Apart from the concluding chapter those dealing with treatment did not warrant the space they took. Admittedly the authors discussing the use of antimalarials, pulse methylprednisolone, and plasmapheresis were hampered by the absence of conclusive data, but there is little value in a detailed review of uncontrolled or anecdotal material. Nevertheless, all in all this is an excellent volume, the best brief review available on current knowledge of SLE.

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