

accepted association between skin dryness and sweat gland dysfunction in SS.

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members affected by brucellosis<sup>3</sup> and in patients with brucellar spondylitis.<sup>4</sup> None of these studies showed linkage between brucellosis caused by *B melitensis*, with or without arthritis, and the HLA system.

The increased frequency of A2 in brucellosis patients, observed by Dawes and Ghosh<sup>1</sup>, and of B27 in brucellar spondylitis, reported by Hodinka *et al.*,<sup>5</sup> are in contrast with our findings but might be explained by the different antigenic structures of *B abortus* and *B melitensis*<sup>6</sup> and/or the genetic background of the populations studied.

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## Tissue typing in brucellosis

SIR, We read with interest the article by Dawes and Ghosh on tissue typing in brucellosis.<sup>1</sup> The lack of association between reactive arthritis due to acute *B abortus* infection and HLA antigens, reported by them, confirms our observations in patients infected by *B melitensis*.<sup>2</sup> In order to define the genetics of this condition we have recently performed HLA typing in families with two or more

## Book reviews

**Psoriasis.** Eds. Henry H Roenigk Jr and Howard I Maibach. Pp. 688. US\$ 126.00. Dekker: New York, 1985.

This book is the fifth in a series aimed at satisfying a need perceived by the editors for a series of textbooks devoted to subspecialties within dermatology, and is aimed ambitiously both at the clinician and at the researcher.

The book is undoubtedly comprehensive, although I found the order in which the sections appear a little baffling: I had always been taught to think of the epidemiology of a disease before the clinical features, but perhaps that is a personal quirk. As such, the information contained within the book is potentially invaluable—the

problem is finding it. I tested the index by listing 10 items I felt to be relevant: streptococcus, arthritis mutilans, sacroiliitis, geographic tongue, and alopecia as 'clinical' topics, and phosphodiesterase, calmodulin, T lymphocytes, extracorporeal photochemotherapy, and epidermal differentiation as 'research' topics. Only two of these items are listed in the index at all! This makes it impossible to recommend the book as a reference source, which is unfortunate because reading through it is interesting, rewarding, and at times provocative.

As always with edited collections of contributions from many authors the standard varies. It seems odd that references are listed in at least three different styles, and it is very rare that any reference later than 1983 is found. I suspect the book has been overlong in gestation. In general

though, the standard of each contribution is exceptionally good. This rescues the book from the awful index and from the idiosyncratic priorities of the editors: the retinoids warrant 140 pages, whereas psoriatic arthritis is covered in 11; this is surely in inverse relation to their clinical importance.

In conclusion, this is a book which rewards the patient reader but which suffers badly from poor indexing. Let us hope a second edition pays more attention to this vital feature of any book which purports to be a reference volume.

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**Colour Atlas of Clinical Rheumatology.** By N Bellamy. Pp. 140. £49.95. MTP: Lancaster. 1985.

Q. 'The colour camera is boon or bane to medical education. Discuss.'

This atlas is aimed at a wide audience, from medical students to postgraduate teachers. It is intended as a pictorial supplement to the textbooks and bravely claims that it offers a visual experience equivalent to several years clinical practice. The layout follows a standard pattern, with introductory chapters on history and examination proceeding to those devoted to the disease groups.

The book is well produced, with text and illustrations ably interwoven, so that there is no difficulty in referring from one to the other, the illustrations are of good size, and the colour reproduction is excellent. An impression, however, of rather hasty compilation begins early with the 'Examination' section, which tantalises rather than educates by an illustration but no description of Finkelstein's test, apparently regards the glenohumeral joint as the only important part of the shoulder apparatus, leaves the reader unsure of how to complete the examination of tennis elbow and of the foot joints, and describes three of the many sacroiliac joint tests only to dismiss one of them — or does it? Thereafter the necessarily didactic text is sprinkled with similar descriptions which could have been better expressed or explained. How is vertical subluxation at the atlantoaxial joint recognised, what is an opera glass hand, and what does a Romanus lesion look like? Does dieting per se cause gout, does osteoarthritic hip progress from superolateral narrowing to protrusio in the same patient, and are quite such extensive classifications of osteoarthritis and scleroderma necessary, particularly when the latter contains two mis-spellings?

Occasionally this lack of clarity creeps into the captions as in 'palpable' purpura; an indicator that what may be obvious to the observer in three dimensions is not necessarily so in the subsequent photograph. For instance, the distinguished looking gent with the profile of a Medici on p. 123 looks somewhat less acromegalic than the 'en face' hypothyroid man five pages later, and I defy anyone to detect the erythema nodosum illustrated on p. 132. By my reckoning over 40 of the 348 photographs either do not show what they purport to show or require an already experienced eye to interpret them. This problem could

have been partly overcome by the more frequent use of arrows (only three illustrations employed this device to indicate an important feature), explanatory line drawings, and, particularly in the case of x rays, illustrations of the normal.

A. 'Beware the one eyed camera. It cannot detect the large liver, nor many another clinical sign that requires more sense(s) and a wise teacher.'

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**Rheumatic Therapeutics.** By S H Roth, J J Calabro, H E Paulus, R F Willkens. Pp. 539. £68.75. McGraw-Hill: Maidenhead, Berks. 1985.

This book is divided into three sections: the first section which makes up well over half of the book consists of a description of rheumatic diseases, the second discusses the major groups of drugs used, and the third outlines some of the mechanisms of action. Each of the chapters has a different author and, as seems to happen in such cases, the structure of the book becomes a little haphazard. There is a certain amount of repetition. Thus there is an excellent chapter on systemic lupus erythematosus and the use of steroids, but little is gained by a further paragraph subsequently in a chapter on corticosteroids. There is also a fairly detailed discussion on the pharmacology of anti-inflammatory drugs appearing in the chapter on cervical spondylosis where there is also the rather surprising suggestion of the use of prednisolone for this condition.

Coming from across the Atlantic as it does, the discussion of non-steroidal anti-inflammatory drugs does not include some of those available in this country. There are also differences in emphasis, for example where gold and antimalarials are preferred to penicillamine for suppressive therapy in rheumatoid disease.

These are minor criticisms of a book which contains much more than just drug therapy, and which is in many ways more a textbook of rheumatology. Although rather long, there is much useful information here for the general practitioner as well as the hospital doctor and rheumatologist.

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## Note

### Fourth International Seminar on the Treatment of Rheumatic Diseases

The seminar will be held in Israel from 2-9 November 1986. Official language: English. Further information from Dr I Machtey, Rheumatology Service, Hasharon Hospital, PO Box 121, 49 101 Petah-Tiqva, Israel.