

statements like: in rheumatoid knee arthroplasty 'any pre-operative synovitis remits and does not recur unless the joint replacement fails for mechanical reasons such as loosening of the prosthesis'. Thus he argues that synovial inflammation is not fundamental. He firmly asserts that the prognosis of an individual joint is directly related to the amount of collagenase in the joint—a premature claim, one might hint, especially in an undergraduate text—and he also misleads by claiming that collagenase is derived mainly from leucocytes. Nevertheless, he and other authors often stimulate thought and that is high praise in an introductory text.

In summary, Mason and Currey compares very favourably with its rivals and, as I much prefer reading and writing essays, I still recommend it to our students as their introduction to rheumatology.

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**Lumbar Spine and Back Pain.** 3rd Edn. Edited by M I V Jayson. Pp. 463. £60.00. Churchill Livingstone: Edinburgh. 1987.

Back pain continues to present tantalisingly difficult clinical problems and if you want to try and find out more this book provides a good reference point to work from. The first two chapters on epidemiology and industrial back pain help to put the problems in context. Chapter 13 on new investigative techniques includes a section on magnetic resonance imaging. It is fascinating to be able to see the disc changes which occur in the lower lumbar spine, presumably related in some way to the greater rate of disc prolapse/nerve root compression at these lower levels.

This book has 35 authors and must benefit from this, even though personal interests do occasionally surface, as for instance in the 'feel good' exercises in chapter 14 on conservative treatment.

In a busy clinic one wonders how accurately one could distinguish the syndromes mentioned in chapters 18 (facet joint syndrome), 19 (spinal stenosis), 20 (fibrositis), and 21 (chronic inflammation).

The title of chapter 22 on understanding the patient with back ache is not a euphemism for spotting the crank and goes a long way to help separate diagnostic features from the patient's understandable response to persistent and distressing pain.

Only six out of 23 chapters remain similar to the previous edition. The main area of expansion concerns the creation of separate chapters for properties of spinal materials, biochemical studies, mathematical models, and the physics of loading the spine. The second area of expansion is that of treatments and includes chapters on chemonucleolysis, back schools, and one on the psychological aspects of management and treatment. The other

area given new chapters overlaps the clinical field and includes the chapters 18 to 21 mentioned above.

With each succeeding edition the book is getting bigger and better, and even for those with the earlier versions I would recommend this latest edition.

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**The Connective Tissue Diseases.** 3rd Edn. By G R V Hughes. Pp. 296. £19.95. Blackwell: Oxford. 1987.

Graham Hughes' book has become an established text for the aspiring rheumatologist since its introduction in 1977. Its readable style, frequent references, and case histories have endeared it to the reader. Much can be learnt from a small, reasonably priced book which is browsed into more frequently than the larger and weightier textbooks of rheumatology. This new edition following eight years after the last is timely and keeps to the previous format. The extra 20 pages in this edition include a new chapter on the syndrome associated with cardiolipin antibodies, a review of the clinical associations of antibodies to extractable nuclear antigens, and revision of the chapters relating to lupus and related syndromes.

The interests of the author's group are to the fore, and many of the new references emanate from this source. At times to the detriment of the text. The new cardiolipin antibody chapter provides a useful balanced overview of the subject. In other places anecdotal observations are included and the true association of these interesting antibodies is difficult to ascertain. Rheumatoid arthritis and juvenile arthritis are dealt with only to contrast with the previous chapter on lupus. The section on juvenile chronic arthritis is confusing and does not conform to the European classification of subgroups, which is now 10 years old. Therapeutics likewise are poorly discussed. More emphasis is placed on salicylates than non-steroidal anti-inflammatory drugs in the treatment of systemic lupus erythematosus, aspirin is still advocated for children, and phenylbutazone for the treatment of rheumatoid arthritis. Piroxicam is stated to have few gastrointestinal side effects, and the inclusion of the withdrawn drug benoxaprofen is irrelevant. There are a few spelling and referencing mistakes, but these are usually obvious. The table on page 188, however, is incorrectly labelled.

These criticisms are minor. The emphasis of this book remains clinical description and in this it succeeds in a difficult and often confusing subject. On balance this book remains a good introduction to the connective tissue diseases and at £19.95 represents good value.

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