

carried about by other people owing to gout . . . Is it not disgraceful that a person should, by reason of that extraordinary thing arthritis, be unable to use his hands and should need somebody else to bring food to his mouth and to perform his toilet necessities for him . . . And even if one overlooks the disgraceful aspect of this, yet one cannot overlook the pain these people suffer, night and day, as though their maladies were torturers twisting them on the rack . . . And the cause of all this must be referred to dissipation or ignorance or both.⁶

Modern rheumatologists may recognise their rheumatoid patients in this powerful description, which clearly separates generalised arthritis from gout. It can obviously be argued that several other arthropathies could result in similar pain and disability, emphasising the difficulty in interpreting early descriptions of arthritic diseases.

Perhaps the most important aspect of this quotation is not in its diagnostic value, or its contribution to the debate on the antiquity of rheumatoid arthritis. Galen appears to be making a political as well as a medical point—'Is it not disgraceful' is a question that remains pertinent today, and should not be purely rhetorical. At the recent 11th European Congress of Rheumatology, held in Athens, this little known quote was highlighted by Professor Bartsocas of Greece and by me. The continuing plight of those with chronic rheumatic disease, the inadequacies of treatment,

and relative lack of funding of rheumatology were also addressed at this conference. If Galen had been allowed to return to his home country as a conference delegate what would he have thought of 1800 years of 'progress'? What adjective, other than 'disgraceful' would he have been tempted to use? Would he be accusing us of dissipation, or ignorance, or both?

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Book reviews

Outline of Orthopaedics. 10th Edn. Edited by J Crawford Adams. Pp. 490. £11.95. Churchill Livingstone: Edinburgh. 1986.

For 30 years 'Crawford Adams' has been a standard short textbook and has grown in stature with successive editions. The book is written with the wisdom derived from a lifetime's practical experience and a fluency which makes it a delight to read. The illustrations are a model for economy in the presentation of salient facts, and the x ray illustrations are well chosen and very well reproduced. Orthopaedic conditions are presented on a regional basis and of particular value are the tables detailing the essential points of clinical examination and the summaries classifying disorders likely to be encountered in each region. The early chapters dealing with clinical methods and with a general survey of orthopaedic disorders are clearly written, full of interest, and right up to date, but this early promise is not always fulfilled in the later chapters, for example in the application of rational methods of physiotherapy and the use of modern electrophysiological methods in the diagnosis of peripheral nerve lesions. The index is good and typographical errors are few and far between, and those which do occur are unimportant because easily identified. A carefully compiled bibliography arranged under chapter headings at the end of the book should stimulate reading in greater depth and lead to an appraisal

of a number of seminal publications. The soft cover format makes the book ideal for handy reference on the ward or in the outpatient clinic.

Reservations must be expressed about Mr Crawford Adams' excursions into the field of rheumatology. Nowadays there can be few orthopaedic surgeons who would regard ankylosing spondylitis, gouty arthritis, and rheumatic fever as 'examples of orthopaedic conditions'. The author departs from standard practice by isolating salicylates as 'first line' drugs, designating all the remaining non-steroidal anti-inflammatory drugs as 'second line' agents, and relegating to a 'third line' category the so-called disease modifying agents such as gold and penicillamine. After more than a decade of successful use in appropriate circumstances it is a little disconcerting to find immunosuppressive drugs described as 'being used in trials at some centres but their place is not yet established'. When the pathology of gout is discussed it is stated merely that 'the primary fault is an impaired excretion of uric acid by the kidneys'. Many years ago the reviewer found some inspiration in an early edition of 'Crawford Adams' in a search for understanding of the peculiarities of the shoulder and now it seems a little curious to find no reference to the use of local corticosteroid injection in the management of musculotendinous cuff lesions, while 'uniform limitation of all movements' is hardly the diagnostic hallmark of shoulder capsulitis.

A great deal of the modern orthopaedic surgeon's time is

devoted to the surgery of arthritis, and one of the greatest advances in the management of rheumatic diseases in the last quarter of a century has been the evolution of a close working relationship between orthopaedic surgeons and rheumatologists and their acknowledged interdependence in the cooperative management of potentially long term disabling conditions, particularly rheumatoid disease, from the earliest stages. Surely the field of locomotor disorders has become too vast to be encompassed satisfactorily by a single author, and as it stands this textbook cannot be unreservedly recommended for use by anyone who has not already received significant exposure to the medical aspects of the locomotor diseases. It is to be hoped that in preparing the next edition the author will co-opt an experienced rheumatologist to assist him with the relevant parts of the text, thus converting an excellent book with a number of niggling and avoidable errors into an impeccable primary reference volume.

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Dupuytren's Disease. 2nd Edn. Eds. J T Hueston and R Tubiana. Pp. 210. £35.00. Churchill Livingstone: Edinburgh. 1986.

Dupuytren's disease is a major cause of mainly manual disability in peoples of European stock and particularly those with blue eyes. Thus it is interesting that recent studies in Japan have shown the disease to be common there in older age groups, though the proportion of male to female patients is greater there than in Europe.

As it is generally considered that medical treatment is largely ineffective the tendency is to think only of surgical intervention (or regard the condition as untreatable; patients are quite often still so advised despite excellent results when treatment is carried out by competent hand surgeons, with the proviso that recurrence may occur).

This monograph considers the subject in wide detail, the text being divided into three sections—anatomy, aetiology and pathology, and the problems of surgery—each roughly a third of the book. Thirty three contributors present a very broad approach to the study of the condition.

Although this book is obviously of prime importance to hand surgeons treating the condition from an essentially mechanical point of view, considerable advances made in knowledge of the disease process are evident since the first edition some 10 years ago. Owing to this greater understanding, interesting linkages with other conditions have been made which may eventually offer more medical approaches to treatment in the future. The controversial use of vitamin E, often dismissed but seemingly useful in some cases, is not considered, nor are the biochemical blood changes, but the excellence of the study should make fascinating reading for all involved in the broad field of rheumatology. I hope that the book will find a place in the

libraries of most rheumatology departments. Perhaps this would stimulate a wider approach to the study of a fascinating and often physically disabling disease entity.

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Soft Tissue Rheumatic Pain: Recognition, Management, Prevention. 2nd Edn. By R P Sheon, R A Moskowitz, V M Golding. Pp. 332. US\$ 46.75. Lea and Febiger: Philadelphia. 1987.

Some rheumatologists, finding no interest in soft tissue disorders, content themselves with expensive investigations in order to exclude systemic disease, and, similarly, some orthopaedic surgeons finding nothing to operate on leave it at that and send the patient to a physiotherapist. They would do well to read this valuable book and to experience the satisfaction of making a clinical diagnosis.

In my young days the *Textbook of Orthopaedic Medicine: Vol I: Diagnosis of Soft Tissue Lesions* by Cyriax was a 'must' and, indeed, still is. The years go by, however, and the book under review is more up to date, describing diagnostic and treatment techniques and with an excellent list of references.

Disorders are dealt with regionally. Emphasis is put on the important points in the history and the particular signs to be elicited. I especially liked the lists of 'danger signs' to alert the clinician to serious conditions, such as infection and neoplasia, and the lists of dos and don'ts for joint protection.

I did not agree with everything in the chapter on low back pain and thought it a pity that no mention was made of Wadell's inappropriate signs. It is also a pity that the excellent introductory chapter, 'An overview of diagnosis and management', should have the section on the impact of musculoskeletal pain on society physically interrupted by 12 pages of anatomical diagrams.

I strongly recommend this beautifully presented and illustrated book to every rheumatology department. For me, it does not completely replace Cyriax but will sit beside it on the shelf.

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Anti-Inflammatory Compounds. Clinical Pharmacology Series. Vol. 9. Edited by W R Nigel Williamson. Pp. 504. US\$ 107.50. Marcel Dekker: New York. 1987.

This is the ninth volume in an occasional series of reviews on topics of current interest in clinical pharmacology. It draws on authors from industry and academia.

A brief chapter reviewing rheumatic disorders will seem idiosyncratic to clinicians, though the next chapter by Dudley Hart, reviewing the range of antirheumatic drugs