Rheumatic Disease in the Adult and Child: Occupational Therapy and Rehabilitation. 3rd ed. J L Melvin. (Pp 607; £33.30.) Philadelphia: Davis (agency Beckenham, Kent: Quest-Meridien). 1989. ISBN 0-8036-6137-1.

As stated in the preface, this book was 'created to bring together, in a single source, the knowledge created by the clinical interface among the fields of rheumatology, rehabilitation, psychology, orthopaedic surgery and paediatrics, which can empower therapists to help patients to take action'.

As a single resource, the breadth and depth of information contained in this book is formidable.

Joanne Melvin's previous book, *Rheumatic Disease: Occupational Therapy and Rehabilitation*, I have always found to be the single most useful textbook available to occupational therapists in rheumatology—it is a book I have referred to frequently.

In the new book the information on the management of rheumatic disease in adults has been updated, but the addition of the paediatric chapters is particularly valuable. Many therapists encounter such small numbers of children with rheumatic disease that they never have the opportunity to develop real expertise and confidence in this area of work. The 'hard information' contained in this book is therefore particularly welcome.

The sheer quantity and depth of information throughout the textbook will enable a therapist with limited experience to approach the management of the whole range of rheumatological conditions with confidence based on sound theoretical knowledge.

I would recommend this book as a worthwhile investment for any occupational therapy department regularly involved in the management of patients with rheumatic disease.

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CHRISTINE MERCER

Rheumatology. P S Helliwell, H A Bird, V Wright. (Pp 178; £11.50.) London: Springer, 1989. ISBN 0-387-19554-8.

What can be said about this book of multiple choice questions devised by the Leeds stable, except that it is excellent and one would not have expected less. It is well set out, comprehensive, up to date, and relevant. It is easy to use and the answers are explained admirably and clearly. How much more useful this is than simple 'true' and 'false', so commonly a feature of this sort of book; your expert could not disagree once the reasoning was plain (though his usual error was not to read the question properly).

From the target consumer's viewpoint—the MRCP examination candidate—there were a few regrets. Examination technique is important, so a scoring system would have been helpful, and the assertion/reason style questions were not of the examination type. The authors do acknowledge these points in their preface but perhaps might reconsider their position. Further, questions including the options of both 'all of the above' and 'none of the above' are much too easy. That said, the match questions were good, the immunology section was particularly appreciated, and the overlap in the questions of other specialty domains tied rheumatology neatly into the scheme of things.

There is a great deal in the book, more indeed than would be wanted for final revision just before examination day, so it should be approached in good time. Every rheumatologist with any interest in education should have one and, on the basis that every hospital has two or three examination candidates at any one time, every postgraduate library should have two. If one judges by the speed with which the review copy has become dog-eared, these books will need frequent replacement.

Without doubt a best-seller.

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Arthritis and Allied Conditions. 11th ed. Ed Daniel J McCarty. (Pp 2045; £97.05.) Beckenham, Kent: Lea and Febiger, 1989. ISBN 0-8121-1123-0.

The 11th edition introduces significant changes in both the style and content of this established American textbook of rheumatology, launching a serious challenge to the current leader in this field: Kelly *et al.*

The concept of a 'complete' textbook of rheumatology, dealing comprehensively with both clinical and scientific aspects of the specialty, has often been criticised. As most readers of this book will be clinicians, referring only rarely to the scientific content, it seems unnecessary to burden them with a large textbook for the sake of a minority who are interested in the scientific aspects. This edition would lend itself particularly well to a division into scientific and clinical volumes, allowing a selective and more frequent updating of the former.

I used the book for acute problems over several weeks, and my impression was that it is comprehensive and up to date in almost all aspects. Owing to the scope of the book, it is impossible adequately to summarise its contents, and my comments are necessarily selective. The typeface has been improved and the references enhanced by the inclusion of a full title. Most sections have been successfully revised and there are very few major criticisms. A new chapter devoted to magnetic resonance imaging has useful reproductions and there is also an interesting chapter on diet. There are gaps, however, which I feel should have been spotted by the editor, such as the chapter on systemic lupus erythematosus, which does not even mention azathioprine and is too idiosyncratic. Also, the area of medical orthopaedics was not as comprehensive as I might have wished. One problem, which results from the previously mentioned separation of clinical and scientific work, is that entities which overlap the two areas are not well dealt with—for example, acute phase response and its regulation are barely mentioned.

My verdict is that this book represents a marked improvement over the previous editions and launches it as a serious challenger for the role of the definitive textbook of rheumatology.

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Common Foot Disorders. 3rd ed. Eds D Neale, I M Adams. (Pp 336; £22.50.) Edinburgh: Churchill Livingstone, 1989. ISBN 0-443-03999-2.

Foot disorders are not generally popular with rheumatologists, although for their patients foot problems are a major source of rheumatic pain and disability. This textbook for chiropodists surveys the field from congenital deformities to sports injuries and displays a fascinating range of therapeutic techniques. Because it is intended for chiropodists it includes basic medicine and surgery which they might encounter in their work. It should be available in the library of any hospital where chiropodists are employed.

It is clear that chiropodists' training fits them for a much wider range of skills than they commonly have facilities to employ. Will chiropodists continue to accept this? In the United States of America non-medically qualified podiatrists are bidding to take over the medical and surgical care of the foot—some of them even performing ankle replacement arthroplasties. The word podiatry does not appear in the text but two American podiatrists contribute to the chapters. If doctors and surgeons neglect this field a similar change is conceivable here.

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