- 19–20 Sep Heberden Round, Dr M Seifert, Imperial College, London
Contact: British Society for Rheumatology, Anne Mansfield, Deputy General Secretary, 41 Eagle Street, London WC1R 4AR. Tel: 0171 242 3313. Fax: 0171 242 3277
- 7–10 Oct IX EULAR Symposium: New Approaches in the Treatment of Rheumatic Diseases, Madrid, Spain
Contact: Secretariat, EULAR '96 Symposium, c/Serrano 240, E-28016 Madrid, Spain. Tel: +34 1 457 61 12. Fax: +34 1 457 01 73
- 10–11 Oct 7th International Conference on Behçet's Disease, Tunis
Contact: Dr M Hamza, Professor of Rheumatology, BP 45, El Menzah 1014, Tunisia. Fax: 216 1 569 283
- 18–22 Oct American College of Rheumatology 60th AGM, Orlando
Contact: American College of Rheumatology, Ron F Olejko, Director, Conferences and Meetings, 60 Executive Park South, NE, Suite 150, Atlanta, Georgia 30329, USA. Tel: 404 633 3777. Fax: 404 633 1870

Book review

A field guide to joint disease in archaeology. Juliet Rogers and Tony Waldron. (Pp 119; £29.95, paperback.) Chichester, New York, Brisbane, Toronto, Singapore: J Wiley & Sons, 1995. ISBN 0471-95506-X.

This is a small book intended as a guide to joint disease for those who may wish to study the pathological processes in the bones recovered from archaeological sites. Of necessity, it is not a comprehensive description of the anatomical pathology of joints, being deliberately produced in a handy small format which enables the reader to use it as a quick reminder of the features of joint disease when working in the field. The authors point out the differences in approach between clinical and radiological diagnosis of joint disease, and their own discipline of palaeopathology, but have themselves to rely on clinical and radiological material such as illustrations. They dismiss the pathologist as having no contribution to make to palaeontology because modern pathology is 'based on cellular and subcellular rather than gross appearances'. However, they themselves use an illustration of urate crystals in the chapter on gout (urate crystals are particularly difficult to preserve in modern pathological specimens, unless special precautions are taken, let alone persisting in long buried samples). They also use the scanning electron microscope method first developed by the reviewer to illustrate osteoclastic activity in vitro as an illustration. It would have been more convincing if they had used a palaeopathological example of osteoclastic activity, of which cases have been described. While they may be correct

in saying that modern pathology does not often look at the 'bare bones' appearance of modern cases, all pathologists use the macroscopical appearances as their first means of describing a specimen, including osteoarticular pathologists. Indeed, most of us also link these naked eye appearances to clinical radiographs and radiographs we ourselves take of our specimens in order better to understand the pathology. I am saddened to see that the authors are of the opinion that the ordinary pathologist has so little to offer. Other colleagues in archaeology and the criminal justice system (who also find old bones) clearly do not believe this, and regularly consult with their medical colleagues.

Drs Rogers and Waldron believe palaeopathological diagnosis to be an end, rather than a means to an end; clinical, radiological, and histopathological diagnosis are the means to the end of treating the patient. However, pathology at any level is often an imprecise science, if we are honest with ourselves. Sometimes it is better to describe what we see and give a differential diagnosis. Sometimes it is even possible to be deductive, as one other palaeopathologist colleague has been, working out—from a knowledge of normal joint anatomy and physiology, including mechanics—the ways in which a particular process may have arisen in the bones of an ancient population and, in fact, reaching conclusions that enable recognition of what may be, in heavy manual labour rural workers of olden times, an occupational joint disease rarely seen in modern day man.

Having said my piece above, I would now wish to discuss the many good aspects of this book. After introductory chapters about the definition of joint disease and the palaeopathological classification of disease, the authors provide chapters on the main forms of articular pathology. They also include diffuse idiopathic skeletal hyperostosis and osteomyelitis which, strictly speaking, are bone diseases, but may produce marked changes in the spine and peripheral joints. The descriptions are clear and in line with the general current views of the pathological changes present in these diseases. The final chapter is more philosophical in outlook and it is with this chapter that I had the problems discussed in my first paragraphs.

The book is nicely illustrated with modern and palaeological cases seen as naked eye appearances and in radiographs. It is referenced in the form of 'further reading', but this is directed mostly to the previous work of the authors and their colleagues, rather than as a comprehensive view of the literature. The index is sufficient to allow access to the information within the text. As the book is small enough to be read easily and with understanding by the non-medical scientist, the index need only provide a means of quickly finding a point.

There are several other drier books on the appearances of pathology in bones. This one is friendly in its presentation, untechnical in its approach, and will provide a useful starting point for those wishing to look into joint diseases in skeletal remains.

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