
It has been said of cardiology that no medical discipline enjoys such a wealth of high quality data, which in turn are routinely ignored in practice. Rheumatology can be considered the opposite. As a group, we tend to enthusiastically accept preliminary and incomplete data as definitive. The pathogenesis of this optimism is our difficulty as a discipline (largely because of economics) of developing and realising the appropriate definitive clinical trials. This multiauthored text features 15 short reviews by true experts in diverse areas of clinical rheumatology where the core issues are important but where the crucial data are lacking and where reasonable differences in opinion can be easily supported.

Subjects run a diverse gamut from our incomplete understanding of the pathogenesis of growth retardation in juvenile chronic arthropitides to a review of the increasing doubtful role of heat-shock proteins in joint inflammation. Each essay is tersely and elegantly presented with economical use of tables and comparatively short and highly focused bibliographies. The editors are to be commended for having effectively enforced reasonable uniformity of style and scientific depth. The net result is an immensely readable and generally well done book.

The weaknesses of the text are its relative superficiality and the diversity of its chosen subjects. Regarding superficiality, we are told that pain is the commonest complaint of rheumatology patients and that antibodies are immunoglobulin molecules. Regarding diversity, topics in addition to those mentioned above include the role of HLA-DRB1 in rheumatoid arthritis, the role of gastrroproteic agents in practice, the appropriate use of methotrexate and the newer investigational monoclonal antibodies in rheumatoid management, the epidemiology of systemic lupus erythematosus in Africa, the role of Klebsiella in ankylosing spondylitis, as well as clinical treatises on issues of diagnosis and management of systemic lupus erythematosus, so called ‘mixed connective tissue disease’, and childhood rheumatological disorders. The editorial goal was eclecticism, the result is one of diffuseness.

There is little new or insightful information for the authors’ peer group of focused researchers. I would recommend the text to the senior trainees or junior faculty members seeking to identify an area of research focus and/or to the clinical generalist as a time efficient mode of catching up with selected changing subject areas.

The highlightsof the other changes are:

(1) A new section on syndromes of impaired immune function.
(2) Some chapters were unpalatable to a wider rheumatology audience and there was unnecessary overlap between chapters.
(3) Summaries, conclusions, tables instead of text, and diagrams and pictures were of remarkably variable prevalence between chapters.

CMD was given the honour of reviewing the fourth edition of this encyclopaedic textbook (Ann Rheum Dis 1994;53:89). He had the following criticisms to make on that occasion:

(1) Huge tomes go quickly out of date, particularly when CD roms and computer literature searches are readily available.
(2) Some chapters were unpalatable to a wide rheumatology audience and there was unnecessary overlap between chapters.
(3) Summaries, conclusions, tables instead of text, and diagrams and pictures were of remarkably variable prevalence between chapters.

CMD has now been joined by PP to give a trainee’s perspective. Let us tell you about the significant changes from the fourth edition. The editors have brought in a host of new authors but this still remains a largely American textbook with only a hint of an international flavour.

The highlights of the other changes are:

(1) A new section on syndromes of impaired immune function.
(2) A series of chapters under the heading of “Special issues of the rheumatic diseases”, which covers fibromyalgia, nutrition, and rheumatic diseases, psychosocial management of rheumatic diseases, rheumatic diseases in older patients, sports medicine and entrapment neuropathies.

(3) An expanded section on evaluation of the patient aimed apparently at primary care physicians though covering incredible detail. Even our primary care colleagues with a major rheumatology interest would find this difficult to digest.

(4) A new chapter on “Metabolic bone disease” that gives a useful update on osteoporosis.

So are we any happier?

(1) The problem of huge textbooks going out of date remains. Klippel and Dieppe’s textbook is now available on CD rom and we wonder how long it will take before Kelley is also available in a similar format. This would give us the opportunity for rapid searches as well as being able to download regular updates.

(2) There has been an improvement in decreasing the overlap between chapters. When discussing complex interrelated systems, some overlap is inevitable.

(3) There are more tables and diagrams. There also seems to be an increase in the number of useful conclusions to chapters as well as summaries of key points. This, however, remains variable between chapters. Some sections have long paragraphs of detailed information that we are sure would be more acceptable in table form. Overall, however, we feel that the new Kelley is more user friendly than the fourth edition.

Every rheumatologist has their own favourite huge textbook and, of course, every self respecting rheumatology department should have up to date versions of all the major texts. Kelley remains the most encyclopaedic in our opinion, although we find Klippel and Dieppe’s textbook more user friendly. We shall therefore continue to use this as our first reference text, as well as summaries of key points. This, however, remains variable between chapters. Some sections have long paragraphs of detailed information that we are sure would be more acceptable in table form. Overall, however, we feel that the new Kelley is more user friendly than the fourth edition.

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To many, sports medicine is the treatment of injury in our Olympic and World Champions. Whereas in the United Kingdom this specialty is only starting to emerge in its own right, in other parts of the world, none more so than in the USA, it has been well established for over 25 years and encompasses much more than the care of elite athletes. It recognises the importance of physical activity for health, the benefits of exercise in the prevention and treatment of disease, and the management and rehabilitation of athletes of all abilities. The physician practising sports medicine firstly requires a broad medical base and specific musculoskeletal skills. In the UK, there are clearly overlaps with certain traditional specialties and the interested rheumatologist is well placed in these respects.

The American College of Sports Medicine (ACSM) is now a huge, multidisciplinary organisation of doctors, physiotherapists, scientists, coaches, and other professionals with an interest in these areas. With contributions by 72 leading authors in the field of sport and exercise medicine, Essentials of Sports Medicine demonstrates its combined breadth, expertise, and experience. This new book has been developed from the syllabus of the ACSM’s review courses leading to the American Certificate of Added Qualification examinations. The CAQ in sports medicine is part of the requirement acknowledging competence in sports medicine for doctors in other primary care disciplines rather than ‘career’ sports physicians, and is broadly equivalent to the UK’s Diploma in Sports Medicine.

The book is divided into two sections covering medical and musculoskeletal topics, and consists of 82 chapters presented in note form. Each chapter is structured and by nature of the format, contains large amounts of information. Being typically 5–10 pages long, however, the chapters remain easily digestible. The relative brevity would suggest that it will be better appreciated by those with some previous understanding or experience of the topics. They do offer a balanced synopsis of the verified facts and, perhaps more importantly, recognise where the scientific evidence is limited. The medical section covers areas such as cardiology, infectious disease, drugs and the particular concerns of the young, the elderly, and female athletes. The musculoskeletal section reviews each anatomical region systematically and emphasises physical rehabilitation and the difficult practical aspects of return to sport. Also discussed are the biomechanics, the factors predisposing to and the prevention of injury, along with certain sport specific problems. There are very few illustrations in the medical section. The musculoskeletal section is better served in this respect and when they do occur, are predominantly black and white line diagrams. As with most multi-author texts there is some minor repetition, but as one would typically look at selected topics, this would not seem to be a problem. Each chapter is supported by key references and further reading suggestions.

Essentials of Sports Medicine clearly is not an in depth review of the specialty, but it is not aimed to be. What it is, is a valuable reference source and revision guide. It is comprehensive in its overview and presents information in a readily accessible format. I feel they have achieved their goals of a systematic review with a common sense approach and it will, indeed, be of great use to those preparing for postgraduate examinations in sport and exercise medicine. It may also be used along with its companion text, ACSM’s Sports Medicine Review, which contains sample questions and model answers with cross references to information contained in Essentials.

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