REVIEWS OF BOOKS


The Ehlers–Danlos syndrome is relatively uncommon, but it is an important diagnosis to make. As most clinicians see the syndrome rarely, and it comprises a number of different types of disorder, the availability of simple educational material should always be welcomed. The Ehlers–Danlos Support Group have now produced a new and detailed booklet with the help of a distinguished advisory panel of Professor Beighton and others. Three questions come to mind on looking at the booklet. Do we need it? Who is it aimed at? How should we obtain it?

I have no doubt that booklets like this form an invaluable service both to our patients and also for specialists who see occasional cases of Ehlers–Danlos syndrome. I found the booklet gave a helpful description which was informative and reasonably comprehensible. The booklet falls between medical and lay needs. The one concern that I had is that it may be difficult for many patients to understand all of it. On the other hand, the text was well written and clear, the pictures were informative and understandable, and the general tone optimistic.

How should booklets like this be available to patients? I believe they should come from the patients' support group itself and should be circulated after patients have made an initial enquiry. A telephone helpline would be useful for patients to ask difficult questions when necessary. I hope this is something the support group will consider in the future. In the long term, it is difficult having many different support groups supplying booklets for patients. Perhaps we need a computer-generated system. It should be easy for each rheumatology unit to have this material on line and then print it out when the need arises. This, of course, is for the future.

D. L. SCOTT


When a colleague asks me what recent advances there have been in the management of rheumatoid arthritis, I usually mumble something about the anti-cytokines which they have seen on News at Ten, adding that at present these are more investigational tools than practical therapies, and add a little on steroids in early rheumatoid arthritis, pointing out that again this is controversial and the impact on the management of rheumatoid arthritis has to date not been as marked as has been suggested in the media. I then look guilty because either my chosen speciality is apparently bereft of significant therapeutic advances or I am unaware of such advances.

This book provides a respectable answer to the above question, dealing with both the promising future advances and the more mundane advances which have crept into our clinical practice, being hardly recognized as advances. At the 'sharp end', it deals with potentially exciting areas such as the anti-cytokines, the perhaps less promising (in the short term at least) T-cell regulators and bone marrow transplantation (unlikely to be used for any but a very small group with refractory disease). It also deals with and gives up-to-date reviews of other experimental approaches, such as antimicrobials, diet, non-surgical synovectomy and combination therapy which, although they have been extensively investigated, have not resulted in, as yet, any clear-cut positive results to be translated into clinical practice. Other therapeutic areas with which it deals, and which are perhaps more relevant to clinical practice in 1996, are cyclosporin and some of the newer immunosuppressants, tenidap, selective COX 2 inhibitors and psychoeducational interventions, the latter perhaps being an area where many rheumatologists will recognize changes in their clinical practice over the last few years. The first chapter sets the scene by discussing the epidemiology of treatment failure and the last discusses some problems associated with clinical studies of biological agents.

Exceptionally for such a multi-author text, there is little overlap or disagreement between the various chapters and this results in a cohesive book rather than a collection of individual reviews. On the other hand, in general, each chapter gives a good up-to-date review of its subject, although the one glaring omission for a UK audience is the failure to mention the recent ARC steroid trial in the chapter on combination therapy (perhaps this reflects a different definition of combination therapy by this chapter's American authors or merely the delay from writing to publication).

This is not a book which will change my clinical practice in any major way; however, it is a book which is a good read. It has increased my knowledge and will enable me to answer 'what's new in the treatment of rheumatoid arthritis?' with more confidence. It also provides a lot of useful references. For these reasons, I would recommend it to any rheumatologist.

T. PULLAR


This book arises out of a 1994 EULAR-sponsored symposium on vasculitis organized by two of its
editors, Professors P. A. Bacon of Birmingham and H. Yazici of Istanbul. The foreword speaks of 'lavish hotels ... more extravagant than any sultan could command'; presumably, in penance, participants have been induced to record their contributions. Nevertheless, the book does not aim to be merely conference proceedings, but rather to summarize the current state of knowledge about vasculitis. Does it succeed?

In general, yes. Some chapters are written as scholarly reviews appropriate for an advanced textbook or monograph; others, reflecting more directly their authors' contribution to the symposium, recount personal experience in the investigation or treatment of particular conditions. The latter still make interesting reading as they are often from the most experienced centres; for conditions in which controlled trials often present almost insuperable difficulties, input from clinicians who have seen and carefully documented a lot of cases is as close as we can get to 'evidence-based medicine'. Thus, the balance between the 'Science and Practice' of the subtitle is very definitely with the latter.

The book would be a valuable addition to any postgraduate library, given that vasculitis patients present to many different kinds of doctor, of whom only a few will have had the opportunity to see large numbers of cases. In addition, it might be suitable to help disabuse hospital managers of the notion that rheumatological conditions are never life threatening and certainly do not need beds. Paul Bacon recalls that Kussmaul and Maier's 1866 patient with polyarteritis nodosa was so tired after climbing two flights of stairs that he had to lie down. In the 1996 NHS, lying down would be out of the question.

H. Gaston