Book Reviews

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The only criticism is that not every chapter covers the advantages that the authors’ desired impact or projected intent will be fully appreciated. This section again provides expert description of key systems for studying individual aspects of the inflammatory response and testing anti-inflammatory drugs, contains an elegantly compiled, practical guide to 10 in vitro systems, which investigators can use to analyse specific events in the inflammatory response. The editors take care to acknowledge that they have chosen only a selection of the significant, key events that are positioned on one of the main highways of inflammation, and their logic for such selection is unambiguous. Despite this, it may have been appropriate for this to be accompanied by more guidance for readers regarding how such choices might be made in their studies. All methods in this section are presented clearly, but those by Morris et al. on phagocytosis, Troeberg and Nagase on assaying metalloproteinase activity and Hughes et al. on aggrecanase-generated catabolites stand out by providing the additional detailed assistance on data interpretation that is vital when methods are used for the first time.

The second section, concerning in vivo models of inflammation, contains 14 chapters, which are introduced elegantly and eruditely, and cover a broad range of procedures. Personal bias might lead one to suggest that these concentrate unfairly on acute, over-chronic models of inflammation, but the editors again introduce this section with care and precision. Their recognition that many more protocols could have been included is therefore overly self-critical, but might at the same time highlight a need to provide additional guidance for readers regarding alternative models that might be chosen to study inflammation in vivo.

With regard to the final section, it would be remiss not to comment specifically on the introductory chapters concerning the use of pharmacodynamic endpoints, which provide both witty stimulation and an attractive interlude when this book is read, as by the reviewer, from cover to cover. However, when chapters are read in isolation, as readers of this volume are likely to do, I doubt that the authors’ desired impact or projected intent will be fully appreciated. This section again provides expert description of key techniques for the study of inflammation and its processes, although the chapter on immunoperoxidase histochemistry seems a little out of place.

Overall, this book provides a comprehensive and well-chosen collection of techniques that take the reader through methods that can be used to sample specific events in the inflammatory process. The only criticism is that not every chapter covers the advantages and disadvantages of the respective techniques, and that each should also contain detail on how to interpret the results. This volume tends towards providing a broad rather than a focused basis for the examination of inflammatory processes. This is not, however, meant as judgement, as in my opinion, it definitely succeeds in providing a sound basis for drug discovery. Its organization suggests that the book could be used to help readers make vital decisions regarding the choice of model to be examined. Nonetheless, as is always the case with technical guides, its intended purpose can only be judged by those purchasing it in order to guide them through the making of such complex choices. The proof of the pudding—its success or failure—will presumably be reflected in whether new researchers use it profitably in this multifaceted decision-making process to design meaningful experiments, which are aimed at developing new drugs for treating acute and chronic inflammation, effectively.

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A. A. Pitsillides

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This is an unusual book. Gillies has set out to compare the healthcare systems of the UK, Australia and Canada. Dividing the values used to determine the systems’ nature, he discusses the different emphases placed on resource-, systemic-, patient- and economic-based values in the different countries. He looks at the reality and the public response to it in each country, and concludes each section with a SWOT (strengths, weaknesses, opportunities and threats) analysis. He looks at the drivers of change—finance, ideology and scandal—and concludes by describing his personal assessment of the three countries. All achieve reasonably, but while each system has its good points it also has its flaws. He praises the UK for its system of care, multiprofessional approach and monitoring, while pointing out the dangers of defensive medicine, management-driven targets and elective care shortfalls. In Canada he likewise expresses satisfaction with the system, while noting that the exclusion of drug costs results in inequity, that professional ‘doctor power’ inhibits reform and that division into provinces prevents national data-sharing and regulation. He notes that Australians are more laid back in their attitudes to health-care, but considers that there are disadvantages, and costs, in their public/private split and that the primary care set-up is problematic.

The style is engaging and the book well-structured. There is the odd reference to the USA (I thought that more would be helpful, and a brief analysis of systems in the European Union would also have been of interest). Much of the reference background is not in the book at all, but is accessible through a web site (http://www.goodhealthcare.org.uk) and this might be a good starting point for anyone interested in untangling the philosophy of health-care systems before looking at the book itself.

Does it work for rheumatologists? Not particularly, though it sets the problems of the UK health service into perspective—perhaps things are not so bad after all. But it also underlines the risks of adopting ideas without first checking if someone else has already tried them, and I was certainly concerned by the risks of division and reduplication he found in Canada, when we look at our own recent split into sub-nations. Given that many consultants are struggling to maintain or build their services without the benefit
of targets that they must meet (when others with such targets will have natural priority) it would perhaps be wise to read this and see what they could use to their benefit. I am certain that a manager seeing it on your bookshelf would be impressed.

The author has declared no conflicts of interest.

A. N. Bamhi

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This self-help book is for the sufferer with a diagnosis of fibromyalgia. It is the revised and updated version of the book, and offers 'breakthrough traditional and alternative treatments that will change the way you feel!' The author has stated to have a proven seven-step treatment programme with the latest medications included. Fibromyalgia, for those who need a reminder, is a syndrome of widespread chronic pain affecting the musculoskeletal system. Fibromyalgia syndrome is associated with other unexplained syndromes, such as chronic fatigue syndrome, irritable bowel syndrome, atypical chest pain, pelvic pain and headaches. Patients with fibromyalgia also have symptoms such as non-restorative sleep, fatigue, headaches, anxiety, depression and irritable bowel symptoms. Patients given this diagnosis are known to be very hard to treat, and before they are given this label clinicians investigate them to exclude other potential diagnoses. A book that offers a way of reducing or reversing the symptoms of fibromyalgia (and there is a panoply of them!) to a vulnerable group of patients who are looking for any possible way to feel better is trying to be a bestseller. I was interested to see if there was anything new in the book which offered more help.

The book is 308 numbered pages long, and divided into seven chapters. The introductory seven pages give examples of patients who have read and used the seven-step programme and how their lives have changed. The underlying causes, associated symptoms and basic underlying investigations are covered in great detail, as well as descriptions of other pain-related conditions. The seven-step programme finally begins in Chapter 4. There is nothing new or earth-shattering in this book: the authors just highlight all the topics that they have covered in previous editions. It offers 'breakthrough traditional and alternative treatments that will change the way you feel!' The author has declared no conflicts of interest.

V. H. Morris

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How should a practising rheumatologist keep up to date? There is an increasing responsibility on general, specialist and academic physicians to maintain their core knowledge whilst keeping abreast of new developments in their field of medicine. This is not only generated from the initiatives of appraisal and revalidation but is also driven by a public that is increasingly well informed through such sources as the media and the Internet. Medicine has therefore become more communication-savvy in order to balance the need for up-to-date knowledge within the already burgeoning schedule of most practising clinicians. It is now possible to have abstracts relevant to your medical interests delivered to your desktop on a daily basis through certain Internet services. These facts beg an obvious question: is a book such as The Year in Rheumatic Disorders 2003 a useful addition to the shelves of rheumatologists and libraries, and does it add something over and above alternative sources of information which are more immediately accessible?

The book is divided into four main sections: Degenerative disorders and soft tissue rheumatism, Inflammatory arthritides, Connective tissue disorders and Interventions (Pain management and Cartilage repair). The various chapters are further subdivided and are, for the most part, constructed around a set format of background, interpretation and reviewer's comments on relevant papers since 2001. It is this aspect of peer review that elevates the quality and usefulness of the book over and above that of more frequently adopted approaches for staying informed and which underlies its value as an information source to the busy rheumatologist. Furthermore, by using the format of a book, The Year in Rheumatic Disorders is able to create theme and structure in the way the reader can absorb new information.

I found the reviewers comments particularly useful in both crystallizing the content of the papers and also highlighting deficiencies that would not otherwise be apparent without reading the complete article yourself. Data are often augmented in the form of tables and illustrations. Surprisingly, this effective format is eschewed in the sections on osteoarthritis and rheumatoid treatment which adopt a more prosaic approach and unfortunately suffer both in accessibility and by comparison.

The content of the book is generally comprehensive, covering mainstream areas such as the assessment and treatment of osteoarthritis, rheumatoid arthritis and the management of complex lupus, but also attaching equal weight to the somewhat neglected topic of fibromyalgia, with enlightening effect. The final chapter on cartilage repair using cell and tissue transplants provides interesting reading in a developing area of which I had little previous awareness. Perhaps one subject that may have warranted inclusion in the section on Cox 2-selective drugs is the topical area of cardiovascular risk profiles, but this is a minor criticism. The book has a good layout and is well referenced.

Overall I found The Year in Rheumatic Disorders 2003 to be an accessible and useful CPD tool which ranks above the more common approach of reading abstracts and skimming papers. Its scope makes it relevant to trainee, DGH and academic rheumatologists alike and introduces diversity into what is often a selective process. I would certainly be tempted back again next year.

The author has declared no conflicts of interest.

S. Ellis

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