during the first or second round of IVIG therapy. Another group has reported 2 fatal myocardial infarctions in association with IVIG treatment (2). Several groups have commented that elderly patients may be especially at risk (2,3). IVIG is known to increase serum viscosity, which could certainly alter blood rheology (5,7), but other factors, such as a direct effect of IVIG on vascular endothelium (8), platelets, or clotting factors, could also contribute.

IVIG has therapeutic potential for a broad range of autoimmune diseases, but it should be used with caution in elderly patients or those with a predisposition to thrombosis.

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Proposed recertification requirements for rheumatologists: comment on the letter by Daggett and Hardy

To the Editor:

After having read the letter by Daggett and Hardy regarding the proposed recertification requirements for rheumatologists (Daggett R, Hardy K: Recertification of rheumatologists [letter]. Arthritis Rheum 39:2082, 1996), I wish to state that I wholly concur with the views expressed by those authors, and I am sure that a majority of my fellow practitioners of rheumatology concur as well. I regard the recertification program as nothing but a hindrance that we can do without. As Daggett and Hardy state, this program would be singular in nature since no similar program is found anywhere in the world; this is due, I am sure, to the fact that it is not needed. I would urge all those who would be affected by this to come out strongly against it so as to prevent the creation of a regulation that would best be described as adverse to those it is meant to serve.

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BOOK REVIEWS

Therapeutic Immunology. *Edited by K. Frank Austen, Steven J. Burakoff, Fred S. Rosen, and Terry B. Strom. Cambridge, MA, Blackwell Science, 1996. 675 pp. Illustrated. Indexed. $195.00.*

Therapeutic Immunology describes current and potential therapeutic interventions for a wide range of immunologic disorders. The first section of the book reviews specific drugs. In most instances, the drug or class of drug is covered in detail in a chapter. In contrast, in a few chapters specific diseases, such as acquired immunodeficiency syndrome, angioedema, and allergic diseases, are given specific attention, with a review of the therapeutic options for each of these disorders. This section of the book would serve best as a reference to determine the specific mechanisms and side effects of many drugs used as therapies for immunologic diseases. Conversely, it may not be as useful as a reference if the goal is to obtain a comprehensive review of the treatment of autoimmune diseases. For example, although most of the drugs commonly used as therapies for rheumatoid arthritis are covered in separate chapters, there is not a chapter specifically reviewing the treatment of rheumatoid arthritis. Although the text is comprehensive, some areas have been omitted, such as some conventional therapies used to treat rheumatoid arthritis, including gold salts and hydroxychloroquine.

The second section is devoted to biologic therapies, including new therapies under investigation such as cytokine antagonists, as well as more conventional therapies such as intravenous immunoglobulin and immunotherapy for allergic diseases. Although most biologic agents are not yet approved for routine clinical use, this section serves as a review of this rapidly evolving area of potential treatment. However, inhibitors of tumor necrosis factor, a group of emerging therapeutic agents for treating autoimmune diseases, are not reviewed.

The third and final section of the book reviews transplantation of solid organs as well as bone marrow transplant. In addition, potential therapeutic approaches, including gene