

arthropathy when plain films will suffice. Furthermore, in the proper setting, ultrasound to screen for rotator cuff tears may eliminate the need for either MRI or arthrography. This book gives enough information to allow the reader to choose appropriate imaging techniques.

There is enough depth in the excellent chapters on arthrography, ultrasound, computed arthrotomography, and MRI to give guidance in decision-making relative to imaging of specific clinical conditions. While there is some repetition and even contradiction between authors (indeed, reflecting the current state of the radiologic imaging field), each modality is presented by an expert radiologist in his or her field, with clinical indications, numerous illustrations, and adequate references. The use of gadolinium (except in a few specific situations) is not addressed.

Of particular interest are tables comparing published results of imaging studies with pathologic findings. This is done for ultrasound of the rotator cuff and for computed tomographic imaging of the glenoid labrum, but unfortunately not for MRI.

The chapter on bone tumors stresses the use of plain films with appropriate additional examinations. The 82 illustrations and 131 references make this particular chapter an excellent primer on the plain film appearance of bone tumors.

There is minimal coverage of arthritis, and the coverage of trauma (other than instability) suffers from excessive text and inadequate graphics, particularly on the classifications of fractures, dislocations, and subluxations. A minor point: There is incomplete (and perhaps, therefore, incorrect) discussion of the hypertrophic conditions of the sternoclavicular joint.

Overall, this is a practical and easily readable addition for general radiologists, rheumatologists, residents, general orthopedists, physiatrists, physical therapists, and other practitioners interested in imaging of the shoulder.

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**Dubois' Lupus Erythematosus. Fourth edition.** Edited by Daniel J. Wallace and Bevrha Hannahs Hahn. Philadelphia, Lea & Febiger, 1993. 955 pp. Illustrated. Indexed. \$125.00.

**Systemic Lupus Erythematosus. Second edition.** Edited by Robert G. Lahita. New York, Churchill Livingstone, 1992. 1,002 pp. Illustrated. Indexed. \$175.00.

It is certainly a testament to the complexity of systemic lupus erythematosus that new editions of two major textbooks have been published in the last year. The questions to be asked are 1) If I have the previous edition, is the purchase of the new edition worthwhile; and 2) If I plan to purchase only one, which one?

Both textbooks have undergone major revisions. Of the two, *Dubois' Lupus Erythematosus* has had the most dramatic changes, with addition of a second editor (Bevrha

Hahn), and a new emphasis on the basic immunology chapters. Both books have included chapters on antiphospholipid antibodies and syndromes. Some chapters in the two texts are written by the same authors, i.e., those on epidemiology (Marc Hochberg), antiphospholipid antibodies (Ronald Asherson), autoantibodies (Morris Reichlin), and cutaneous lupus (Richard Sontheimer).

There are differences in style and format. Both textbooks have sections on genetics, epidemiology, immunology, autoantibodies, organ system involvement, and disease management. The chapters on different organ systems in *Systemic Lupus Erythematosus* are written by different authors; in *Dubois' Lupus Erythematosus*, Dr. Wallace and Dr. Francisco Quismorio have written all of the chapters on organ systems. *Dubois' Lupus Erythematosus* textbook is extensively referenced, including an alphabetized bibliography, author index, and citation index that are extremely useful in finding that particular "missing" reference.

In a Solomonic manner, I would choose different areas of special strength in each textbook. Although both cover antiphospholipid antibodies in detail, the chapters by E. Nigel Harris (immunology), David Essex and Sandor Shapiro (lupus anticoagulant), and Asherson (antiphospholipid) are particularly good in *Systemic Lupus Erythematosus*. Essex and Shapiro, in particular, have written a very fair and realistic review of lupus anticoagulant assays. There are a few recommendations in the antiphospholipid antibody chapters in *Dubois' Lupus Erythematosus* that reflect the confusion and lack of consensus in the field. In the chapter by Asherson and Richard Cervera, use of the recalcification test to monitor heparin therapy is recommended (although recalcification times may be affected by the lupus anticoagulant itself). Prophylactic treatment is recommended for asymptomatic patients with antiphospholipid antibodies who are undergoing surgical procedures (at higher-than-usual doses of heparin, i.e., 25,000 units/day), and aspirin is suggested as a prophylactic treatment for asymptomatic patients with persistently high antiphospholipid levels, without supporting data. In the chapter on lupus anticoagulant by Donald Feinstein and Robert Francis, aspirin is recommended as the treatment for arterial thrombosis, and the use of warfarin is labeled as "questionable," although in their chapter, Asherson and Cervera do recommend anticoagulation therapy for arterial thrombosis.

The sections on pregnancy and management of lupus in *Dubois' Lupus Erythematosus* are very good. Rodanthi Kitridou and Gregorio Mintz have written a chapter on the mother, one on the fetus, and one on neonatal lupus, all of which are thorough reviews of controversial areas. (There is also an excellent review of neonatal lupus by Jill Buyon in *Systemic Lupus Erythematosus*.) The seven chapters in *Dubois' Lupus Erythematosus* on disease management, written (except for the one on corticosteroids) by Dr. Wallace, emphasize nonsteroidal antiinflammatory drug and antimalarial therapy in addition to the use of cytotoxic agents. Of course, particular chapters on management in *Systemic Lupus Erythematosus*, such as the chapter by John Klippel, are equally valuable.

In the main, however, the reader will want to "pick

and choose'' and likely will wish to compare the viewpoints of different authors on a subject in the two books. In the two textbooks, experts have written chapters that are state-of-the-art reviews of immense importance in lupus patient care, teaching, and research. My advice is to buy both books!

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**All About Arthritis: Past, Present, Future.** *Derrick Brewerton. Cambridge, Harvard University Press, 1992. 317 pp. Illustrated. Indexed. \$24.95.*

In these days of multi-authored textbooks and verbatim transcripts of meetings, it is refreshing to read this highly personal account of rheumatology written from both a scientific and a historical point of view. The interest for rheumatologists will be primarily in the historical perspec-

tive. The science is directed to a lay audience, albeit a highly educated and intelligent one. Since Dr. Brewerton has not intended the book to be comprehensive, there is no point in being critical about what he chooses to discuss and what is omitted. As might be expected given his background, the sections dealing with immunogenetics and spondylitis are among the most comprehensive, as is the one on Lyme disease. Interspersed are sections describing the structure and function of joints and the interaction between emotion and pain. *All About Arthritis* can be recommended to patients who are interested in learning in depth about arthritis. I suspect that most rheumatologists will browse through the book and find a great deal to enlighten them and to enjoy. They will also sometimes question what the author chooses to discuss and emphasize. This work is definitely a personal and provocative account.

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