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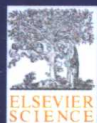
Kelley's Textbook of Rheumatology

Sixth Edition

VOLUME 1



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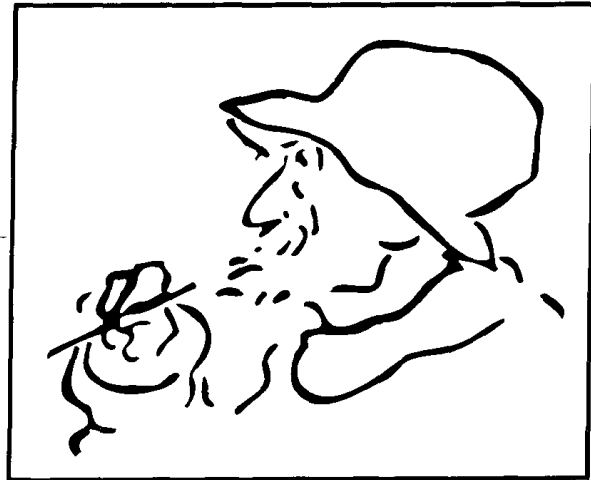
Kelley's _____ Textbook of **RHEUMATOLOGY**

Sixth Edition

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Kelley's Textbook of Rheumatology

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Kelley's _____
Textbook of
RHEUMATOLOGY

This edition of *Kelley's Textbook of Rheumatology* is dedicated to our families

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Ned Harris, Tom Harris, and Chandler Harris

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THE PUBLISHER

Preface

More than 20 years ago, in the preface to the first edition of the *Textbook of Rheumatology*, we suggested that “The field of rheumatology has come of age.” What we meant was that rheumatology had shed its strictly empirical base and its host of unproven remedies and become a healing discipline thoroughly grounded in science. We thought it was time for a new textbook, one that reflected this passage through epistemological puberty.

The sixth edition reflects the maturation of rheumatology as a subspecialty. It is instructive to compare the contents of the first and sixth editions. Many chapters have disappeared entirely, and their material has been condensed and incorporated into existing chapters. Consider, for example, that in the basic science section of the first edition we devoted entire chapters to immunoglobulin structure, the contact activation system, and lysosomes (not to mention purine metabolism, a subject dear to the heart of the then senior editor). Cyclic nucleotides and eosinophilic chemotactic factor of anaphylaxis figured prominently in the titles of other basic science chapters. None of these has a place in the Table of Contents of the current edition. Instead, there are chapters dealing with dendritic cells, leukotrienes, mast cells, nitric oxide, fibroblasts, cytokines, and apoptosis. The importance of these topics to understanding the rheumatic diseases was unknown 20 years ago, and some of them hadn't even been discovered! Who can imagine what the scientific basis of rheumatology will be in the 10th edition, 20 years from now? Surely, knowledge obtained from the working through of the human genome will figure prominently.

Other changes in content from the first to the sixth edition reflect simple oversights, the development of new areas of knowledge, or fashionable trends in modern medicine. The lack of chapters on epidemiology and on pain management are examples of the first category. The addition of chapters on evidence-based practice, sports medicine, geriatrics, biologic markers, temporomandibular joint disease, and outcomes assessment reflects the increasing importance of these fields. The metamorphosis of the chapter on “fibrositis” into one on “fibromyalgia syndrome” and the chapters on occupational musculoskeletal diseases and alternative therapies are perhaps fashionable changes. The chapter on the approach to patients with hyperuricemia has been moved into the chapter on gout.

Not surprisingly, there have been major changes in the section on clinical pharmacology. The first edition had no chapters dealing with methotrexate, sulfasalazine, or biologic agents, all of which are now mainstays in the treatment of inflammatory arthritides and are discussed in individual chapters of their own. The old chapter on aspirin and other salicylates has been assim-

lated into the one on nonsteroidal anti-inflammatory drugs. The separate chapters on gold salts and D-penicillamine, occupying 29 pages in the first edition, have been merged into a single chapter amounting to 9 pages, reflecting their diminished importance in today's therapeutic armamentarium. By the 10th edition, these agents and others may be historical footnotes in a profusion of chapters dealing with individual biologic agents or gene modification.

The nosology of the rheumatic diseases has not changed very much in the last 20 years. The sixth edition contains chapters on Lyme disease and on antiphospholipid syndrome, entities not included in the first edition. (Eosinophilic myalgia syndrome, not in the first edition, bloomed in subsequent editions and has faded by the sixth, thanks to the identification of the responsible agent, contaminated L-tryptophan.) The dramatic response of Wegener's granulomatosis to treatment has led to a separate chapter on this disease. Instead of being buried in a chapter on metabolic bone disease, as it was in the first edition, the widespread prevalence of osteoporosis and the importance of diagnosing and treating this malady have been recognized with the introduction of its own chapter.

Just as the topics and emphases have changed between editions, so have the contributors. In fact, other than the editors, in the sixth edition only 10 individuals are still contributing information on the same topics as they did in the first. In part this merely reflects the normal aging of a cohort of contributing rheumatologists. It also reflects the deliberate editorial policy of identifying new contributors for one fourth to one third of chapters in each new edition, in an effort to maintain the freshness and vigor of the *Textbook*.

A major change in this edition of the *Textbook* has been the solitary effort of one of us. Clement Sledge addressed the material contained in the former various and sundry chapters on reconstructive surgery of previous editions. From it he has produced a single comprehensive and cohesive chapter. We think this is a substantial improvement to the *Textbook*.

After publication of the fifth edition, William N. Kelley resigned from his position as senior editor of the *Textbook*. We miss him, not only for his superb organizational skills, but also for the warm personal friendship that had arisen over the years of putting together this book with him. Editing the *Textbook* has never been merely a sterile business of sitting around a table shuffling papers and discussing drafts. It has been fun as well as arduous, and Bill and Lois Kelley were very good at the fun part as well. Over the years, the *Textbook* had become known as “Kelley” or “Kelley's Textbook.” We have modified the name of the book to formally recognize this fact, and we are now officially *Kelley's Textbook of Rheumatology*.