BOOK REVIEWS

Chronic Structural Low Backache. By R. A. Roberts, B.Sc., M.B., Ch.B., D.M.R.E. 1947. H. K. Lewis. London. Pp. viii and 105; 137 illustrations. Price 45s. net.

This monograph gives an account of a valuable piece of clinical research carried out by its author as a radiologist under the active service conditions of a temporary base hospital. It is a very readable and well-produced book which reflects great credit on both the author and his publishers. Compared with a work of art, the book may be called "impressionist". It is not any the worse for that. It is often a good thing to cut adrift from academic points of view. The title of the book is perhaps a little misleading, for the whole subject of low back structural derangement is not dealt with exhaustively. Instead we find a discussion mainly on the defects in the posterior neural arches in the lumbar region. A very brief introductory chapter discusses defective ossification of the *pars interarticularis*, and it is really discussion of this type of lesion which is the main theme of the book. The first chapter is followed by critical notes upon sixty-four cases, comprising cases of spondylolisthesis, bilateral spondylolysis, unilateral spondylolysis, defects of ossification in the articular processes, etc. A large series of radiological studies follows, and, finally, seven small chapters giving a detailed exposition of the author's main thesis. Roberts brings out the well-known fact that at least 5 per cent. of normal individuals appear to have defects of ossification of the *pars interarticularis*. He regards these defects as reactions to stress during the plastic period of growth. His view is that these deformities are not in themselves the cause of all the symptoms, but that they indicate a structural defect which must be counteracted by the soft tissues, and the latter therefore are more susceptible to any overstrain which may occur. Having come to the conclusion that trauma was only an incidental aggravating factor, the author carried out an exhaustive inquiry into the clinical background and life histories of each of his patients. Important points were gathered which would have been missed in the course of routine army consultations. We are led to the conclusion that initial trauma is followed by damage to the muscular and ligamentous apparatus with oedema in the overstrained soft tissues, as discussed by Lewis and Kellgren. The tragic story is repeatedly told of men suffering from structural low back derangement with these associated neurovascular disturbances, often with related visceral symptoms, whose organic lesions have been neglected on account of psychiatric concentration upon psychosomatic disorders. The trouble with chronic low backache is that an anxiety state is frequently an added factor due to the incompetence of medical men—their failure to take adequate clinical histories, failure to take an all round view of the case, and failure, through ignorance, to arrive accurately at the underlying structural defects. The author concludes by stating that there is a strong case for reconsideration of the attitude to these patients who suffer from "our inability to comprehend the underlying pathological changes, before they join the swelling ranks of so-called psychosomatic disorders".

It is difficult to do justice in a brief review to all that Dr. Roberts brings out. He would probably be the first to recognize that he was working under abnormal conditions, and that he is emphasizing only one facet of the structural problem of backache. We have perhaps heard too much in the recent past about psychosomatic disorders and about intervertebral disc retropulsion. Let us recognize that there are other important pathological defects. Dr. Roberts's restrained style is so readable that one readily forgives the defects, which are few and unimportant. He overlooks much recent British writing upon the subject that he is discussing, and it is a pity to refer so often to a patient just as a "chronic backache". He does immense good in pulling the legs of the gynaecologists, neurologists, abdominal surgeons, internists, and psychiatrists, particularly the latter.

NORMAN CAPENER.

Rheumatism and Soft Tissue Injuries. By James Cyriax, M.D. 1947. Hamish Hamilton. London. Pp. 410; 101 figures and 107 plates. Price 42s.

The bulk of this work is devoted to a careful and well-illustrated description of the author's methods of diagnosis of soft-tissue lesions by palpation, by active and passive movements, and by use of local anaesthetic. The localization of soft-tissue injuries is covered region by region and is clearly and carefully presented; those who have to deal with this difficult subject will learn much by studying the author's methods. Emphasis is laid not on the pathology but on localization, and importance is rightly given to Kellgren's work. Admittedly the pathology of many of these lesions is obscure, but the relegation of its significance to a minor place may not appeal to those brought up to believe that correct diagnosis and treatment depend on the elucidation of the pathological lesion.

Dr. Cyriax writes that "nodules have nothing to do with rheumatism or fibrositis", but says they feel like fibro-lipomata, quite ignoring the fact that in 1944 Copeman and Ackerman showed that some were in fact herniated lobules of fat.

Many will agree with the author's belief that treatment by rest may be wrong when applied to traumatic inflammation and in fact may lead to chronic disability. Scarring as a result of trauma is said to play a major part in the syndrome of fibrositis, and the value of deep massage in the treatment of soft tissue scars is stressed. Modern thought is followed in the chapter on perineuritis, where it is stated that a primary neuritis does not occur and that the lesion is due to outside pressure on the nerve.

The diagnosis of backache is dealt with at length, and prominence is rightly given to the prolapsed intervertebral disc, but little reference is made to other lesions of the osseous system or to those of the renal and gynaecological systems, which are so important in the differential diagnosis. For the treatment of the prolapsed disc the author advocates manipulation, epidural injection, and operation in that order, but perhaps does not give due credit to spinal immobilization, which is successful in many cases. In spondylitis deformans

forced movement is recommended, but it is not sufficiently stressed that if this is done in the active stage of the disease there may be a very painful reaction.

The large subject of rheumatoid arthritis is dealt with in a few pages. Gold salt therapy is suggested and the toxic manifestations are mentioned, but no advice is given as to their treatment. Osteo-arthritis is dealt with in an even more summary manner.

It is difficult to understand why the author of this well-produced book has included the term rheumatism in his title, for he dismisses most types of the rheumatic diseases briefly at the beginning and end of the book.

OSWALD SAVAGE.

The Treatment of Rheumatism in General Practice. By W. S. C. Copeman. Fourth Edition. 1947. Edward Arnold. London. Pp. 258. Price 12s. 6d.

The publication of a fourth edition of a scientific work is sufficient guarantee that it has been approved by the profession, and Dr. Copeman's book is no exception. The book has been brought up to date by alterations and additions, including the work of Copeman and Ackerman on the painful fibrositic nodule and the author's experience of infective neuritis during his war service.

There are certain refinements which might be made in future editions. The tendency to repeat descriptions and details of treatment is noticeable, and, as pentothal

anaesthesia is no longer a novelty, the detailed account of its administration could be omitted.

In the chapter on sciatica, the congenital deformity in the lumbo-sacral region described by Professor Putti is mentioned. When this condition was first noticed, it was considered to be the cause of certain cases of sciatica, but this claim has not been substantiated by experience. If it were considered advisable to mention the condition at all, it would seem to be more appropriate to place it in the section on lumbago in the chapter on fibrositis. The abnormality is noted most frequently in those patients over 40 years of age who are employed in heavy manual work and complain of low back pain.

In the chapter on gout, Harrogate is not mentioned as being a suitable Spa for the treatment of this disease, but Aix-les-Bains is mentioned. The waters of these two spas are very similar, and even the very mild magnesia water at Harrogate can be shown to stimulate the excretion of uric acid by as much as 30 per cent. when compared with plain water.

These are criticisms of minor details and only tend to accentuate the value of the book as a whole. There is no doubt that it should be read and remembered by every general practitioner in this country. If they followed this advice they would find that the treatment of rheumatism need not be a depressing process for the harassed doctor, but rather an interesting excursion into the realms of therapeutics.

W. YEOMAN.

APPOINTMENTS

Dr. J. H. Kellgren has been appointed Clinical Director of the Research Centre for Chronic Rheumatism at the University of Manchester.

Dr. Kellgren qualified M.B., B.S., in 1934 and gained the M.R.C.P. in 1935 and the F.R.C.S. the following year. After this he spent three years with Sir Thomas Lewis, doing experimental work on pain localization, and taking part in the clinical activities of the Department of Clinical Research at University College Hospital. During this period he gained special experience in the rheumatic field by working in the physiotherapy departments of St. Thomas's Hospital.

He spent the war in the R.A.M.C. as a surgical and orthopaedic specialist in the Mediterranean. On demobilization he was appointed to the scientific staff of the Medical Research Council, and up to the time of his present appointment was working at the Wingfield-Morris Hospital, Oxford.

Throughout his work Dr. Kellgren has combined clinical with experimental activities, and his published

works include papers on the localization and behaviour of deep pain sensibility and the applications of this work to the clinical problems such as abdominal pain, sciatica, causalgia, and osteo-arthritis.

Dr. G. Norman Myers has been appointed to the newly instituted post of Director of Research in Rheumatism at the University of Leeds. Dr. Myers was awarded a Beit Fellowship in 1930, and later became a research fellow and demonstrator in pharmacology at Cambridge University. He has examined for the university in pharmacology and therapeutics and has been consulting physician in aero-research at Duxford. In 1931 he revised the second edition of Cow's "Synopsis of Pharmacology", and other publications included papers on the influence of emulsions of oil upon the lethal effects of bacterial toxins, the effects of morphine upon the alimentary canal, and the pharmacological action of nikethamide.

ANNUAL MEETING OF THE INTERNATIONAL SOCIETY OF MEDICAL HYDROLOGY

The twenty-fifth annual meeting of the Society was held in Rheinfelden, Switzerland, from Sept. 10 to 14. Members representing nine countries were present.

At a council meeting held before the congress Dr. Barnes Burt (Bath) was elected Chairman of the Council. The Vice-Chairman were Prof. Frantisek Lenoch (Prague), Dr. G. D. Kersley (Bath), Prof. Walthard

(Geneva); the Treasurer Dr. F. Clayton (Leamington), and the Secretary Dr. Donald Wilson (Bath).

This meeting coincided with the twenty-fifth anniversary of the Society, and it was unanimously agreed that in spite of the many difficulties this Society still played a useful part in the international recognition of balneotherapy.