REVIEWS


Prior to the advent of bacteriology as an established science and the many infectious theories concerning the aetiology of rheumatoid arthritis, much was written regarding the neurological theory by such workers as W. M. Ord, Kent Spender, A. E. Garrod, G. A. Bannatyne, H. W. Fuller, Dyce Duckworth, Osler and McCrae. Included in this theory were those who postulated the existence of lesions of the central nervous system, chiefly on account of the symmetrical joint involvement, as well as those who attributed the onset or exacerbation to some type of emotional shock, anxiety or worry. This latter view has more recently found considerable confirmation amongst workers both in America and England.

Specific cases have been recorded in which rheumatoid arthritis came on immediately after some emotional upset, where no other precipitating factor could be disclosed.* Such cases are probably within the experience of most workers in this field, and occurring as they do in a disease of unknown aetiology whose victims tend to suffer with vaso-motor, constitutional, gastro-intestinal and other symptoms of the type frequently encountered in the psychoneuroses, it seems curious that psychiatrists should for so long have neglected the investigation of this field of disease by their specialised methods.

The article under review describes a simple study planned to find out how often there was a relation in time—a synchronism of social factors and arthritic symptoms. For this study fifty patients with a typical rheumatoid arthritis were interviewed by a psychiatrist or a social worker, and the patient encouraged to talk in his own way about his life. In this way the main points were elicited, but no leading questions directly asked. The facts obtained were written on a life chart such as is used by Professor Adolf Meyer at the Johns Hopkins Hospital† and the medical data were subsequently added. This included all past illnesses as well as prodromal arthritic symptoms, onset of the arthritis, remissions and relapses, and the condition at the time of the interview.

In this way it can be found roughly how often the environmental burdens occurred at the time of the onset or an exacerbation of the arthritis. In some cases the patient himself emphasised this relationship in telling his own story. As the authors point out themselves, this method of study is not psychological in any deep sense, because


364
the work was done too superficially to give anything more than an impression of the personality involved. It is, however, a study of considerable sociological importance which should certainly be amplified and followed up by other workers.

From a study of these life charts the author found that it seemed justifiable to divide the patients into three groups: (1) Those cases which appeared to have a close temporal relationship between the life stress and the arthritis; (2) those cases in which this relationship was doubtful; and (3) those cases in which no such relationship was evident. There was, in addition, a control group composed of patients entering the hospital for varicose ulcers who were investigated in exactly the same way, and whose age, sex and social status were similar. In only three of these twenty-five cases was there any coincidence of onset of ulceration and social stress.

In the first group in which such temporal relationship was observed definitely there were thirty-one patients—ten men and twenty-one women. Amongst the men a story of financial embarrassment was present in every case, whilst amongst the women the strain of nursing a sick relative was in addition a frequent finding.

The conclusions reached by these investigators were as follows: Environmental stress, especially poverty, grief and family worry, seem to bear more than a chance relationship to the onset and exacerbations of rheumatoid arthritis. The relative importance of these factors in the aetiology of rheumatoid arthritis can be established only by a much more detailed psychiatric study on a large group of such patients.

W. S. C. C.


This is a study of seventy-one women whose chief complaint was arthritis coming on after removal or destruction of the ovaries. In addition, the author has surveyed the extensive literature bearing on the subject and has discussed it in the light of a wide personal clinical experience. The result is a valuable monograph which deserves the close study of all who are interested in the problems of arthritis.

The incidence of rheumatic symptoms is far greater in women in the fourth and fifth decades than at any other epoch, and every type may be met with—fibrositis, infective, atrophic, and hypertrophic arthritis—but the problem is to define a form, the essential cause of which is endocrine disturbance associated with the menopause. That such a form exists is firmly believed by most writers on arthritis.

Rheumatoid arthritis of the ordinary type, polyarticular and atrophic, with a marked increase in the sedimentation rate, not infrequently has its onset at this age period, but is quite distinct from the form to which the author has given the name "menopause arthralgia," in which the sedimentation rate is usually normal or only slightly increased. The presence of a rapid sedimentation rate must always indicate the probability that the case is one of rheumatoid arthritis and not of the menopausal type. While in the later stages, if untreated, hypertrophic arthritis may result, a complete disappearance of symptoms occurs in many cases, and for this reason the author prefers