
The hip joint anatomically is admirably designed for its diverse functions. Its mechanics are complex and the forces brought to bear upon it in normal function are enormous. Latterly surgeons have been so impressed by the mechanics of the joint that they have tended to think and to act as though its components were merely mechanical structures. While recently they have shown a somewhat tardy recognition of the vital vascularity of bones, surgeons still fail to pay sufficient attention to the vital plasticity of bone in its reaction to abnormal stress and to foreign bodies—no matter how inert biologically these may reputedly be. Most of us have, in these matters, much to blame ourselves for. Continental work, particularly recent French work, has as much as any been dominated by the mechanical approach, having been greatly influenced by the beautiful studies of Pauwels. Thus the very sincere work of the Judets, and of Merle d’Aubigné and Herbert, following upon Smith Petersen’s pioneer work upon the introduction of inert barrier materials into the hip. Recent experience in Great Britain has resulted in great disappointment, and methods of arthroplasty which promised so well are, because of lack of durability, now being generally discarded. The problem is recognized to be not mechanical but of achieving the impossible fusion of biological tissue with foreign material under stress—biomechanical synthesis.

The whole subject is well reviewed in this present work which commences with an excellent discussion of the mechanical background, largely based upon the work of Pauwels, and then discusses methods of arthroplasty by the Smith Petersen metal cups, and by acrylic prosthesis of the Judet type and its modifications, including the larger specimens which have prolongations into the femoral shaft. Surgical technique is described and a review is given of the follow-up after 200 operations. In the review of results one has some doubts about the length of time after operation, for this is not clearly stated and it does not appear that all cases were examined clinically. None the less, the authors are not at all encouraging. Excellent results at the outset showed later deterioration, so much so that these workers have now abandoned the original Judet prosthesis. The larger prosthesis they regard as the best means of salvaging the unhappy results of previous arthroplasties, and they still hold some hopes for these in other cases for which arthroplasty is indicated. Because, however, of their anxieties, they have not entirely abandoned the use of the Smith Petersen cup. An unhappy story extremely well and fairly told. NORMAN CAPENER.


The first chapter of this book consists of a useful and fairly comprehensive review of the world literature on the subject of chryotherapy in rheumatoid arthritis. In subsequent chapters, Dr. Bohman presents the results of a study carried out at the Pension Board’s Hospital at Nynäshamn between 1939 and 1944 with a follow-up between 1946 and 1950. The progress of 502 patients who had received gold is compared with that of 362 patients who received “other treatment”—mainly physiotherapy. In a final section the results of certain combined therapeutic regimes, using gold and cortisone, and gold and Salazopyrine are briefly discussed. However, since these two groups combined only comprise 62 patients, the author is rightly reticent about drawing any conclusions. By contrast, the results of the main trial are presented in very great detail, each analysis being subjected to statistical scrutiny. The conclusions are uniformly favourable to chryotherapy by all the criteria used, save for the vital one that the working capacity of these patients did not seem to be improved. The author attempts to explain this in terms of the initial


This small book is essentially for the practising clinician. The authors are convinced of the great value of hormone treatment in rheumatic fever, particularly for the child seen early in the course of the disease. They therefore devote the first section (by Debré, Mozzonecacci, and Keller) to the diagnosis of rheumatic fever in the early stage of its development; this is followed by a section by Soulé and Nouaille on rheumatic carditis, in which its natural history and development is described. A section then follows along orthodox lines on the value of the estimation of anti-streptolysin O in the serum. The main section is on the hormonal treatment of the acute phase of rheumatic fever (by Debré, Mozzonecacci, and Caramanian) and deals with 267 cases seen in a period of 3½ years, 23 of them having severe carditis, 131 carditis, and 113 acute rheumatism but without carditis. Of the first group, six children died. There were no major complications of treatment. ACTH was used in a few cases where rapidity of action was needed. Cortisone was given more generally, in a dosage of 250 mg. for the first 2 days and then at 200 mg./day for children over the age of 10: between 5 and 10 years the dose was 50 mg. lower.

The duration of treatment was decided on an individual basis, but in general was about 10-15 days, being pro-longed up to 1 month or 6 weeks in resistant cases and until the sedimentation rate fell below 20 mm. per hr. No control group was studied.

The final section deals with the problems of convalescence as observed by Labesse and Dagonet at the Hôpital de Convalescents de la Roche-Guyon. It is a full and sensible account of the care of these children dealing with such problems as rest, antibiotics, and the need for continued observation. The book can be highly recommended and is full of interesting information on the practical management. E. G. L. BYWATERS.
severity of the disease in these patients and has introduced a system of "weighing" the results, which the reviewer found difficult to follow.

In common with all ambitious clinical trials of this nature, many technical deficiencies are apparent in the methods used, which must detract to some extent from the conclusions drawn. Thus: the follow-up data was obtained by means of a written questionnaire rather than by personal examination. The notorious inaccuracies which inevitably occur in subjective evaluations of this nature do not need to be stressed. Furthermore, although it is not explicitly stated, it seems that many of the earlier cases were selected and evaluated retrospectively from routine hospital records and were not regarded as research cases a priori. Personal experience suggests that records taken in this way—presumably by many different observers—are seldom sufficiently accurate for subsequent comparisons. Finally, the exact criteria used for "scoring" the joint pathology is not made clear. For example, joints which were ankylosed were given the maximum score (p. 50), whereas those exhibiting effusions were rated lower. This seems almost calculated to give a false impression, since the former condition is irreversible whilst the latter is at least potentially reversible. It would be more logical to note ankylosis as a fait accompli and only to score those features which the drug could reasonably be hoped to influence.

Despite these criticisms of points of detail, this remains a useful and painstaking study which contributes further significant but inconclusive evidence to support those who maintain that gold therapy can alter the natural history of rheumatoid arthritis. The presentation is good, but the English translation in places could be improved.

John H. Glyn.


Many doctors, especially those living in the temperate zones, have suffered from the delusion that rheumatoid arthritis is an uncommon disease in the tropics. Dr. Houli points out that in Brazil alone (population about 48,000,000) there are over half a million burdened with the disease. There is much justification, therefore, for this monograph in the Portuguese language. It is good to see a chapter on the historical aspect; the remaining ones deal quite adequately with the subject, and the material is well classified. There is a wealth of statistical data and appropriate photographic reproductions are included. Although there is little new for the rheumatologist, the general physician would most certainly benefit from digesting its contents. The bibliography is more than adequate.

Paul B. Woolley.

LIGUE EUROPÉENNE CONTRE LE RHUMATISME

THIRD EUROPEAN RHEUMATOLOGY CONGRESS, 1955

The third European Rheumatology Congress was held from June 13 to 17 at Scheveningen, in Holland, under the presidency of Dr. Pedro Barcelo (Spain).

One of the main themes was the association of rheumatism and social medicine. Prof. K. M. Walthard (Geneva), among others, described the services and plans for the future in Switzerland. A small survey had been carried out in one of the most rural Swiss valleys, where it was found that degenerative arthritis was extremely common. This was ascribed to the hard manual labour undertaken by the inhabitants.

Prof. Nana Swartz (Stockholm) presided over a session devoted to the evaluation of therapy, at which Dr. J. J. R. Duthie (Edinburgh) described the significant factors in reaching a prognosis in rheumatoid arthritis. He based his opinion on a follow-up study of 282 patients seen at an average of 4 years after discharge from hospital. Patients admitted to hospital within one year of onset had a much better prognosis than those admitted at a later stage. Functional capacity at follow-up deteriorated progressively the longer the duration of the disease before admission, and those patients in whom the disease ran a rapidly progressive course in the first year fared appreciably better in the long run than those in whom it started more insidiously. The importance of studies on the natural history of rheumatoid arthritis, particularly now that the necessity for evaluating new drugs has arisen, was admirably stressed in this paper.

During a session on connective tissue, with Prof. F. Coste (Paris) in the chair, Dr. L. E. Glynn (Taplow) described studies suggesting that widespread alteration in connective tissue occurs in patients with rheumatic fever. Increased permeability of the connective tissue was shown by the delay in the reconstitution of the dermal barrier after an injection of hyaluronidase. Dr. G. Asboe-Hansen (Copenhagen) discussed the hormonal control of mesenchymal tissue. He had found that the individual elements of all connective tissue respond alike to the same hormones. In the course of a few hours endocrine secretions altered the physico-chemical balance and water-binding capacity of the tissues, and accumulation of mucopolysaccharides reduced tissue permeability. Thyroid hormone inhibited wound healing. The adrenal cortical hormones regulated the function of the mast cells: these cells, believed to be the source of ground-substance components, underwent such changes as degranulation and vacuolization, and their sulphur turnover was altered, while the release of hyaluronic acid, heparins, and histamine might also be affected. Corticotrophin had the same effect. In patients with rheumatoid arthritis the mast cell count in