BOOK REVIEWS

Splenin A in Rheumatic Fever. By A. F. Coburn, L. V. Morre, J. Wood, and M. Roberts. 1955. Pp. 87, 5 figs. Thomas, Springfield, Ill. (27s. 6d.; \$4)

"The purpose of this report is . . . primarily to determine whether Splenin A exerts any anti-inflammatory action on the manifestations of rheumatic fever." The first section is an historical review, which starts with the adverse effects noted by Coburn and Pauli in 1932 after splenectomy in rheumatic fever, and proceeds to Ungar's work in traumatic shock which first postulated the presence of anti-inflammatory substances in the spleen (1945). Splenin A was assayed in guinea-pigs by measurement of the bleeding time, which was both a difficult and a lengthy procedure. More recently, since 1951, Ungar has used another method based on the inhibition of the Arthus phenomenon in guinea-pigs.

The dosage which is believed by the authors to have a suppressive effect in children with rheumatic fever is between 20,000 and 100,000 Arthus units per day. 100,000 units, corresponding to 5 mg. of high potency material (or 1 g. of low potency extract), is obtained from 100 g. spleen. Full chemical details are given of the extraction and concentration of the material which on a large scale depends on incubation of spleen powder and ascorbic acid with enough added toluene to discourage bacterial growth.

The clinical effects of Splenin A are, however, the main concern of the authors, and, to this end, there are given 47 case histories, charts of four patients, and a full-page photograph of three smiling children "taken about 6 weeks after the onset of rheumatic fever treated only with 'massive' doses of Splenin A". In the absence of any designed trial and of control material these data remain unconvincing despite or perhaps partly because of the great amount of detail given. The authors note, however, that treatment with "dimerthate", ascorbic acid with or without "Doca", and with Thephorin was ineffective, and that treatment with salicylates, cortisone, or ACTH was effective. Presumably, if Splenin A is assayed by its anti-inflammatory effect on guinea-pigs, it will in adequate dosage have some anti-inflammatory effect in man, but this remains to be proven. As the first sentence of the book states, "This is not a therapeutic study."

E. G. L. BYWATERS.

Textbook of Orthopaedic Medicine. Volume II: Treatment by Manipulation and Massage. By James Cyriax. 5th edition. 1955. Pp. 373, 112 plates, 15 figs. Cassell, London. (21s.)

This is a slightly enlarged version of the fourth edition

which we reviewed in 1951. By comparison with its companion, Volume I: Soft Tissue Lesions, the present work is relatively concise and is much less occupied by pathological and diagnostic fantasy. Having previously noted the author's peculiar outlook, one must admit that he does a service to physiotherapy and to medicine to-day, in stressing the importance of manipulative procedures and other manual treatments. The illustrations in this book are excellent and yet it would be dangerous to apply many of them without the sympathetic hands of one thoroughly trained in orthopaedics and physiotherapy. Dr. Cyriax describes no new method, and he had no new "idea", but his practical approach in this matter is sound.

In physiotherapy departments to-day one sees too many patients connected with the extensions of the Central Electricity Authority's network. Little effort is required by the physiotherapist and none by the patient. The waste of time and of electricity in the use of refined heat, is great. One is glad to note Dr. Cyriax's more surgical approach—that of activity of, by, and for the patient and the physiotherapist. The use of the hands (which is *chirurgical*) should be as important to members of the Chartered Society of Physiotherapy as it was in the days when the terms *massage* and *medicinal gymnastics* were more frequently invoked.

NORMAN CAPENER.

Arthritis reumatoidea. By Victor M. Castro Paullier. 1955. Pp. 201, 32 figs. Libreria Hachette S.A., Buenos Aires and Montevideo. (10 Uruguayan dollars; 19s. 6d.)

In 1934 the author treated a case of pemphigus with a new hormone derived from the anterior pituitary. The disease was cured and the drug was designated the metabolic epithelial hormone. Further, the author believes that there is a close affinity between pemphigus on the one hand and rheumatoid arthritis and fibrositis on the other. The latter maladies are due to a deficient secretion from the anterior pituitary and this deficiency leads to vascular damage, etc. The proof of all this is to be found in the excellent cure-rate brought about by this metabolic epithelial hormone. Reasons for espousing this theory are to be found in the last few chapters of the book. The remaining chapters deal with some highly revolutionary ideas on the pathology and treatment of rheumatism. It is breath-taking, to say the least, to learn that neither ACTH nor cortisone are hormones. Some doctors would agree, however, with the author's belief that they are more damaging than beneficial.

PAUL B. WOOLLEY.