BOOK REVIEWS

Rheumatoid Arthritis and Psoriasis Vulgaris. By Tibor Benedek. 1955. Pp. 308, 57 illus. Lithoprinted by Edwards Brothers Inc., Ann Arbor, Michigan.

In this monograph the author presents his investigations and theories into the aetiology, pathogenesis, and inter-relationship of rheumatoid arthritis and a group of erythematous-squamous dermatoses, including psoriasis vulgaris.

He maintains that, by his special "cantharides blister" bacteriological technique, he can demonstrate a state of endoparasitism with the *B. endoparasiticus* (Benedek, 1927) in 90 per cent. of normal healthy individuals, and that this state is perpetuated by transmission from the maternal to the foetal circulation.

The central pathogenetic principle of his theory is a bacterial-allergic inflammatory process occurring in connective tissue, the causative agent being the *B. endoparasiticus*. He states that the intensity of the bacteraemia with this organism in psoriasis is only equalled or surpassed by that found in individuals with rheumatoid arthritis. During this phase of intense bacteraemia the organism escapes from the blood stream into the connective tissue and there provokes an immunobiological reaction. When the cutaneous connective tissue is the main target psoriasis may result, and when the articular tissue is primarily affected rheumatoid arthritis develops. He thus maintains that these cutaneous and articular manifestations are merely different aspects of the same process.

Acceptance of the author's views on aetiology implies acceptance of the existence of a state of permanent endoparasitism. This fundamental claim was first published by Dr. Benedek nearly 30 years ago, but during the ensuing years no adequate corroboratory evidence appears to have been forthcoming in support of his claim. It seems strange, if his claims are correct, that such a fundamental concept should have been so completely ignored and have aroused so little interest in the minds of independent bacteriologists.

The author has answered the question why rheumatoid arthritis and psoriasis are not universal diseases by postulating that a certain type of constitution, or the presence or absence of an unknown factor X, is necessary for the development of the disease state. He holds that the remissions occurring when jaundice is present are due to the temporary sterilization of the blood stream by bile salts, and he discounts the possible effects of increased circulating corticoids in this condition and in pregnancy remissions. He considers that the latter are due to the intravenous desensitization of the maternal tissues by the continuous circulation of heterogenous foetal *B. endoparasiticus*.

In his foreword Dr. Benedek claims to have solved the problem of the aetiology and pathogenesis of rheumatoid

arthritis and psoriasis. As a necessary preliminary to accepting his ideas on pathogenesis one must be completely convinced that a state of permanent endoparasitism does in fact exist, for this is the very keystone of his theory, and until incontrovertible bacteriological proof is forthcoming Dr. Benedek's claims must be held in abeyance.

J. H. JACOBS.

Hydrocortisone in Orthopaedic Medicine. By James Cyriax. 1956. Pp. 31. Cassell, London. (5s.)

This pamphlet is mainly concerned with the technique of injecting hydrocortisone into various joints and into lesions of the soft tissues. The approaches advised are those commonly used by most centres employing this substance, but credit for the best method for the hip joint should have been given to the two Dutch anatomists, Landsmeer and Koumans (1954),* who described it originally and the 8-cm. needle mentioned is too short to reach the capsule of the hip joint by this approach. It seems doubtful if the number of "thrusts" mentioned by the author are really necessary.

Even in a short account of local hydrocortisone the absence of any reference to the careful work carried out in Rheumatism Centres mostly in the United States on the effect on joint fluid is a serious omission. It has been shown that the substance is taken up by the synovial membrane in a few minutes, not "a few hours" as the author states.

OSWALD SAVAGE.

Rhumatisme chronique. Méthodes thérapeutiques. By F. Coste and M. Bourel. 1956. Pp. 207, 9 figs. Doin, Paris. (1,750 Fr. frs; 35s.)

This volume describes most of the therapeutic procedures in current use in rheumatic diseases. It contains a simple and practical classification of the arthritides and devotes separate chapters to chrysotherapy, hormones, pyrazolone derivatives, orthopaedic measures, etc. The practitioner is thus able to judge the efficacy of various types of treatment and take his choice. Of necessity there has been curtailment in the description of certain procedures, notably in physiotherapy, and some minor conditions (*e.g.*, carpal tunnel syndrome) have been omitted. On the other hand, there are a number of suggestions that could be pursued with advantage. It seems reasonable, for example, to apply traction to the lower limb in osteo-arthritis of the hip and to do it when the patient is asleep. What is more likely to do good—gentle and continuous traction for 6 to 8 hours every

* Landsmeer, J. M. F., and Koumans, A. K. J. (1954). *Annals of the Rheumatic Diseases*, 13, 246.

night or attendance at a physiotherapy department for 30 minutes, two or three times a week? But how is this extension to be applied by the patient nightly in the privacy of his bedroom? On this point the authors do not enlighten the reader. Minor frustrations also arise from the omission of a list of references, although names are freely quoted in the text. This trend has been noticeable in French medical literature and has two points in its favour: the cost of production is reduced and the majority of readers do not consult the bibliography in any case. Nevertheless, when the specialist reads (p. 120) that the revolting finger deformities seen in rheumatoid arthritis can be corrected under local anaesthesia, his interest is bound to be aroused, but the only clue to technique that he will find is a cryptic "M. Zimmer". In spite of minor blemishes, the therapeutic field is well covered. The methods recommended conform largely with British practice; divergences are to be expected, *e.g.*, the extensive use of deep x rays for osteo-arthritic hips, but the area of agreement is far greater. Intra- and peri-articular injection of hydrocortisone and skeletal traction are popular forms of therapy which receive detailed attention, the former

being well described in a separate chapter with line diagrams. The French, who have always maintained a more optimistic opinion of the effect of this hormone on Heberden's nodes than practitioners in Great Britain, claim remarkably good results providing not more than 0.1-0.2 ml. is injected into the joint—a larger quantity can give rise to an inflammatory reaction. Of fifteen cases treated by the authors only one received no benefit. Their experience of skeletal traction is extensive and enables them to comment authoritatively on the osteopathic theory that serious intestinal dysfunction can be caused by minute displacement of vertebrae. Coste and Bourel, who have applied skeletal traction (sometimes to an excessive degree) to a large number of patients, have not produced visceral upset in a single case.

Although the book is in paper covers, and colour plates, x-ray photographs, and bibliography are omitted, the cost of production is still higher than in Great Britain. The volume is part of a series devoted to medical therapeutics and will have a greater appeal to the general practitioner than to the specialist.

DAVID PREISKEL.

FIRST INTERNATIONAL SYMPOSIUM ON RHEUMATIC FEVER

MEXICO, 1956

On April 30, 1956, and lasting for four full days, there met in Mexico City the First International Symposium on Rheumatic Fever, attended by a large number of physicians from Central and North America and a few from Europe. The meetings were held in the National Institute of Cardiology, a large modern series of buildings lavishly equipped and enthusiastically staffed, directed by Dr. Ignacio Chavez. In its entrance hall there are two large frescos by Diego Rivera, illustrating in a vivid and powerful whole almost every famous figure in the long history of cardiology, from Galen up to Paul D. White and Charles Laubry (including William Heberden holding his *Commentaries*, with his forefinger, no doubt, marking Chapter 70 on "Pectoris dolor"); accurate to the last detail of Stephen Hale's mare or William Withering's foxgloves, these paintings present a wonderful symbol of the unity of medicine.

Dr. Chavez, after welcoming the participants, gave a general outline of the epidemiological problems of rheumatic fever in Mexico. This is estimated to be very common in young people, reaching a figure ten times as high as that given for schoolchildren in the notifying areas of England. Most of the cases referred to the Institute had severe disease of three valves and the Pathological Department usually carried out between one and three *post-mortem* examinations per week throughout the year on patients with acute rheumatic carditis, accumulating thereby a wealth of pathological

material with which subsequent speakers from the Institute dealt fully.

A brief but comprehensive review of current concepts of the aetiology of rheumatic fever and rheumatic heart disease was given by Dr. A. Dorfman (University of Chicago), who stressed not only the role of the Group A haemolytic streptococcus but also those possible host-factors which determine why so few of all those exposed to this organism develop rheumatic fever. Dr. E. G. L. Bywaters (University of London) reviewed the immunological aspects of rheumatic fever, including investigations at the Special Unit for Study and Care of Juvenile Rheumatism at Taplow on experimental auto-antibody mechanisms and recent work on the antistreptolysin-O response of children below the age of 5 with rheumatic fever. Contrary to expectations this response was significantly lower than in older children, paralleling what is seen in uncomplicated streptococcal infection. Dr. A. Kuttner (New York University), well known for her work on the prophylaxis of this disease, reviewed the role of the streptococcus, pointing out the many questions which still remain to be answered.

The next sessions dealt primarily with histopathogenesis. Dr. Isaac Costero and his collaborators showed a remarkable series of coloured slides from the vast material of the Institute, illustrating lesions, which in Great Britain would be considered as rarities, such as