BOOK REVIEW


This monograph, with an excellent summary in English, is based on a study of 102 cases, 54 males and 48 females, belonging to fifteen families. There is a discussion on theories of aetiology and the familial tendency, and on the difficulty in breaking down the benzene nucleus of Tyrosine and hence the formation of homogentisic acid. This is followed by an account of the clinical characteristics of the disease, ocular pigmentation being the first sign, which was most commonly found between the third and fifth decades. The earliest joint symptoms in this series occurred at the age of 27 and the average age was 34. Changes in the spine with loss of the physiological curves, secondary degenerative changes, and actual loss of height, due to vertebral changes, were characteristic. The arthropathy was extensive and rapidly progressive in many cases, but was not, as a rule, accompanied by great pain. There was associated narrowing of the intervertebral disks and a doubling of the outline. The thoraco-lumbar junction was the most common site of first appearance. Pseudocystic osteoid formations occurred typically at certain tendinous insertions, especially at those of the long head of the biceps, supra-spinatus, and rectus femoris muscles. Massive pigment deposits appeared in the ligaments and peri-articular tissues. Other non-articular changes are discussed.

No treatment was found to be of great value, other than the normal precautions employed in degenerative joint disease, although it was noted that two patients had a marked remission of symptoms and reduction in excretion of homogentisic acid while under treatment with methyl thiouracil.

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Clinical Meeting.—At a meeting held on December 14 and 15, 1956, at University College Hospital, and at the Wellcome Foundation, London, the following papers were given:

Influence of Physiotherapy on the Rheumatic Diseases. By J. S. Lawrence, R. J. Sladden, and J. Whyatt (Manchester): In the course of a study of rheumatism in miners an investigation was made into the influence of physiotherapy. This was divided into two parts; the value of heat, ionization and massage was assessed first as palliatives, and secondly as aids to recovery and return to work. The second part also included a study of active and passive movements.

In the palliative trial the patients were given a series of consecutive treatments each lasting a week, the initial and subsequent treatments being determined by a rota so arranged that each had an equal chance of being given at the beginning, middle, or end of the period of study. At the end of each week the patient was questioned about the degree and duration of complete or partial relief obtained. With the standard dosage used, it was found that short-wave diathermy gave the greatest degree of relief, but that histamine ionization had the most prolonged effect. All the treatments studied produced significantly more relief than a placebo, and the most effective treatments (short-wave diathermy and saline ionization) gave significantly more relief than the least effective (infra-red or ultra-violet light). The addition of massage had the effect of increasing both the degree and duration of relief, but if a lubricant cream was used during massage the palliative action was abolished.

In the second part of the trial the allocation of treatment was again determined by a rota, but the patient remained on the allotted treatment till medical finality was attained. Treatments were divided into primary (heat or ionization), secondary (massage or vibro-massage), and tertiary (active and passive movements), and the rota was so arranged that these treatments could be studied either separately or in combination. In all, 1,180 patients were treated. In the rheumatic diseases as a whole, recovery was more probableler and return to work more certain and more rapid after heat, ionization, and movements than after a placebo alone. Massage resulted in a slight but significantly unfavourable outcome and in a less certain return to work.

Active movements were more effective than passive, and movements combined with heat or ionization had a greater influence on recovery than either alone.

Movements had a beneficial effect on the outcome in all diagnostic groups studied except in cases of rheumatoid arthritis, in which there was evidence that both passive and active movements, and particularly the latter, had a harmful effect. The influence of movements in cases of disk prolapse was ambiguous. Heat and ionization had a favourable influence in all diagnostic groups except disk prolapse.

The harmful effect of massage was limited to the