BOOK REVIEWS

Pediatric Cardiology. By Alexander S. Nadas. 1957. Pp. 587. 343 figs. Saunders, Philadelphia and London. (84s.)

This book from Harvard Medical School is well-written, well-illustrated, and easy to read: it deals mainly with congenital heart disease (exactly half the text), but readers of this Journal will find the chapters on acquired heart disease also of considerable interest. Those on the tools of diagnosis (history taking and physical examination as well as radiology, electrocardiography, phonocardiography, catheterization, and angiocardiology) are particularly valuable and exhibit a wise and sympathetic understanding of small patients.

The section on rheumatic fever and rheumatic heart disease, which in former days comprised the larger part of paediatric cardiology, now occupies only 7 per cent. of the text and does not appear to interest the author a great deal. Thus the only reference to the incidence of rheumatic fever and rheumatic heart disease in English children is that to the M.R.C. Special Report No. 114 (1927; *cit.* Wood, P., 1950, "Diseases of the Heart" (10-15 per cent.!))—despite the carefully checked figures published for recent years in several notification areas. The author believes ("more on faith and impressions than on factual data") in the usefulness of steroid treatment in both severe and incipient carditis. In the section on subacute bacterial endocarditis (based on twelve cases) the author feels that clubbing is pathognomonic in the absence of cyanotic congenital heart disease and does not mention the occasional clubbing seen in the prolonged congestive failure of rheumatic heart disease without infection.

In general, however, this book can be highly recommended as a readable guide to general paediatric cardiology with special reference to congenital defects and their management. The 371 references are mostly American.

E. G. L. BYWATERS.

Spondylitis Ankylopoietica (*Der Rheumatismus*, Band 3). By V. R. Ott and H. Wurm. 1957. Pp. 246, 137 figs. Steinkopff, Darmstadt. (D.M. 38; 65s.)

In 1938, Krebs and Wurm published a monograph on ankylosing spondylitis. Nearly 20 years have passed and the accumulated knowledge of the intervening period has been incorporated in this volume. The first section of 126 pages, by Prof. Ott, covers the aetiology and clinical aspects of the disease, and the second section, by Prof. Wurm, deals with its pathological anatomy. The development of our present conception of the disease is clearly traced and the "classical picture" is described. It is at this stage that the reader begins to wonder whether he will learn of a simple, mathematical procedure which will record loss of movement in the

spinal column—and he is not disappointed. Many are the suggestions that have been made in the past, but few combine the virtues of simplicity and accuracy. One was described by Hart and MacLagan (1955), using the Dunham Spondylometer; one end of the instrument is placed on the sacrum and the other on the vertebra prominens. In the opinion of the authors this apparatus is too complicated and their well-illustrated arguments convince one that a tape-measure is the only instrument required. In order to record movement in the thoracic spine, the patient is asked to stand erect and a mark is made at T1, and a second mark at precisely 30 cm. vertically below it. On maximal forward-flexion in normal individuals, a reading of 33.5-35 cm. between the two marks is obtained; in spondylitics the distance approximates to the original 30 cm. In measuring the lumbar spine, the method of Schober (1937) is used. A mark is made at L5 and another vertically above it at a distance of 10 cm.; forward-flexion in normal lumbar spines results in a reading of 14.5-16 cm. between the two marks. In ankylosing spondylitis, where the lumbar spine may be involved at an early stage, the reading is likely to remain unchanged. What could be simpler?

As is to be expected, much space has been allocated to radiological appearances and there is no lack of excellent x-ray photographs. Statistical data are simply presented and compared with the results obtained by various workers. The authors agree with Hart that the incidence of iritis is not less than 10 per cent.; blindness occurred in 4 per cent. of their cases. It is also interesting to note that 15 to 20 per cent. of their patients had clinical evidence of endocardial or myocardial damage, especially aortic regurgitation.

After reviewing the methods of treatment available today, the authors conclude that the most useful drug is phenylbutazone (Butazolidin)—a view with which many will concur. The section on pathological anatomy is of equally excellent quality and leaves little to be desired. The volume contains a table of contents, suitable indices, and a list of international references.

DAVID PREISKEL.

Le rhumatisme (5^e Série). Études cliniques, biologiques, et thérapeutiques. By F. Coste and 26 Other Contributors. 1957. Pp. 456, 90 figs. Expansion Scientifique Française, Paris. (2,500 Fr. frs; 50s.)

Professor Coste has now produced the fifth of these useful little volumes in which he presents results of both experimental and clinical studies. This volume opens with two articles dealing with the assessment of anti-inflammatory activity in animal experiments. The inhibition of formalin-induced oedema in the rat and the reduction in the number of inflammatory cells wandering