BOOK REVIEWS

Rheumatoid Arthritis. By Charles L. Short, Walter Bauer, and William E. Reynolds. 1957. Pp. 480. Harvard University Press, Cambridge, Mass.; Oxford University Press, London. (55s.)

This book is undoubtedly a classic in the literature of the rheumatic diseases. It is based on a detailed study of 293 patients with rheumatoid arthritis, with clinical and laboratory data obtained according to a set plan, which was initiated in 1929 and which has been carried out with meticulous care. The previous literature is reviewed, pointing out that the term "rheumatoid arthritis" was introduced by Sir A. B. Garrod, and that his son, A. E. Garrod, published in 1890 a study of 500 cases, using control data, and giving figures for the frequency of a family history, the age and sex distribution, the aetiological significance of emotional disturbances and the influence of the menopause. The present study is a wider up-to-date record of the same type using modern methods of investigation.

In discussing the diagnostic criteria used, the authors have covered the differential diagnosis of the disease in a comprehensive manner. They admit the difficulty in some cases of a clear-cut distinction between the later changes of rheumatoid and degenerative arthritis. The inclusion in the series of cases of ankylosing spondylitis is explained, but will be regretted in this country where it is considered to be a separate disease. The known high familial incidence of this condition undoubtedly alters the figures in this series, though the authors state that no conclusion can yet be drawn as to the relative influence of environment, contagion or heredity. Careful analyses are made of the effect of other illnesses, operations, injuries, occupation, and the menopause, and are compared with control material. The mode of onset and constitutional symptoms have been studied in detail and the results are of the greatest interest. Laboratory investigations have been extensive and the findings are most valuable.

This detailed description of the disease by three distinguished clinicians from the Massachusetts General Hospital, backed by statistical evidence compared with a control series, is one of the most authoritative studies yet published. We are promised a further report on the life history of the disease and possibly one on rational treatment. These will be awaited eagerly by all physicians interested in rheumatoid arthritis.

OSWALD SAVAGE

Cortisone Therapy. By J. H. Glyn. 1957. Pp. 162, 4 figs. Heinemann, London. (21s.)

The author has had a long experience working with cortisone and its analogues, both in Great Britain and in the United States, and this book is the result of many years of clinical research in the field of rheumatic diseases.

There is a personal bias to some of the opinions expressed, but this makes the contents more readable and one is led pleasantly through the early years of experimentation with high dosage and alarming side-reaction to the present-day regime of treatment.

There is clear explanation of the chemical structure of steroids and useful Tables showing the different combinations which have such a confusing multiplicity of names.

The pharmacological properties are presented shortly and clearly and the side-effects are listed and discussed.

The author rightly emphasizes the importance of the most careful selection of cases for a treatment which may have to continue for a very long time, if not indefinitely.

The practical aspects of oral steroid therapy are dealt with in an excellent and authoritative manner.

Though the main part of the book is devoted to the use of cortisone in the rheumatic diseases, the other conditions in which these hormones may be used are described clearly with proposed schemes of dosage.

There are two appendices. The first, written by Dr. J. G. Bearn, gives practical advice on joint injections, and the second, by Dr. Glyn, gives suggestions for assessing the clinical progress of rheumatoid arthritis. This last section is the result of long practical experience.

This short book is thoroughly recommended for the practitioner who wishes to learn the simple rules of steroid therapy and for the student who receives an interesting introduction to this field.

OSWALD SAVAGE

Rhumatologie Européenne. Revue critique de la littérature du 1 juillet, 1953, au 1 juillet, 1956. 1957. Pp. 349. Secrétariat de la Ligue Européenne contre le Rhumatisme. L. J. Michotte (Sec. Gen. of Editorial Committee).

In a foreword, the President of the Ligue Européenne contre le Rhumatisme comments on the appearance of this publication which covers the relevant literature from July, 1953, to July, 1956. He points out that the *Annals of Internal Medicine* have already issued a number of excellent reviews of the rheumatic diseases but have unfortunately confined their attention to Anglo-Saxon literature. This volume represents an effort to redress the balance by placing emphasis on European bibliography—yet one more indication of the stresses to which the Atlantic Alliance is being subjected, for the Soviet workers, possibly to their own surprise, have been included in the company of good Europeans, and since some of them are bound to have Siberian addresses this unjustifiable annexation of the Northern portion of the Continent of Asia may have unpleasant repercussions in the neighbouring Chinese Peoples' Republic.

In dealing with such a mass of material, the editorial committee had to face the problem of classification without too much overlapping. Authors, for very good reasons, may call their paper "Low back pain" or "Lombalgia" and so it is only reasonable to find cervicobrachial and sciatic pain described both in the chapter on degenerative rheumatism (Chapter V) and in that on non-articular rheumatism (Chapter VII). The 349 pages are divided into nine chapters and sub-chapters, and the attempt at classification appears, on the whole, to have been successful. The difficulty of keeping a sense of balance under the circumstances is understandable but a word of criticism may be introduced here. In the sub-chapter on "Acroparaesthesia", for example, we are introduced to a mysterious state called the menopause, which, in this context at least, means only that the lady in question has suffered wear and tear. The concluding advice to the reader is worded as follows: "Il faut retenir que l'acropaesthésie douloureuse nocturne paraît être l'expression, comme beaucoup de syndromes paroxystiques humains, de troubles essentiellement fonctionnels dont l'éclosion se fait ici sur terrain nerveux et de congestion veineuse surtout". Now French has always been regarded as the language

of diplomacy (which often means circumlocution), but why go to such lengths to avoid mentioning the carpal tunnel syndrome? In contrast, "Caplan's syndrome", a much rarer occurrence, finds a place of honour.

The Bibliography contains some 3,000 references, arranged at the end of each chapter. Although a Table of Contents is provided there is no Index, which is a pity.

DAVID PREISKEL

A Osteo-Artrite do Joelho (Osteo-Arthritis of the Knee).

By Jacques Houli. 1956. Pp. 407, 60 figs. Companhia Brasileira de Artes Graficas, Rio de Janeiro.

This book covers everything one wants to know about osteo-arthritis of the knee. As is usual in the South American publications there is a full review of international opinion on each aspect of the subject under discussion. It is a pity, however, to find so many printing errors, especially in such important items as percentages, etc. There are ample illustrations and photographs and the bibliography is complete. This work was presented as a thesis for a chair of medicine in the University of Brazil, and as the author was successful the assessors must have thought highly of his effort.

PAUL B. WOOLLEY

HEBERDEN SOCIETY

Clinical Meeting.—At a meeting held on December 13 and 14, 1957, at the Wellcome Foundation, the following papers were presented:

Ulcerative Colitis and Arthritis. By B. M. Ansell and E. G. L. Bywaters (*London*): All cases of definite ulcerative colitis attending Hammersmith Hospital and the Canadian Red Cross Hospital, Taplow, over the last 10 to 11 years have been reviewed for the presence of arthritis. The overall incidence of this complication appeared to be 15 per cent. 37 cases of arthritis with proved ulcerative colitis derived from this source and from cases seen at the Central Middlesex and West Middlesex Hospitals have been studied very closely.

The knee and ankle joints were most frequently involved and, in contrast to rheumatoid arthritis, the hand and tarsal joints were much less frequently affected. There was a relatively high incidence of sacro-iliac involvement, and of particular value diagnostically was the swelling of the proximal and distal phalangeal joints of the toes.

In most cases the arthritis was that of a recurrent mild synovitis, gross changes being found in only four cases, only two of which were typical of rheumatoid arthritis with nodule formation and a positive differential agglutination test.

The Rose test was repeated on a number of occasions in 29 patients; 25 were persistently negative, the two already cited persistently positive, and two others positive on one occasion only.

Eight of the 37 cases had erythema nodosum and this might occur early in the course of their disease or with an exacerbation. In seven of these the arthritis was present at the time of the erythema nodosum, and in one of these pericarditis was also seen.

On the basis of the frequency of the arthritis, its course and pattern, joint distribution, frequent association with erythema nodosum, and negative differential agglutination test, it is suggested that this is a separate arthritis from rheumatoid arthritis, either caused by the factor that produces the gut lesion or secondary to it. If it is indeed rheumatoid arthritis it has been considerably modified by the presence of ulcerative colitis.

Rheumatoid Family Survey. By J. S. Lawrence (*Manchester*): Parents, siblings, and children over 15 years of age of persons found to have either clinical rheumatoid arthritis or a positive sheep cell agglutination test in population studies at Leigh, Lancs., were submitted to a clinical and radiological examination and had blood taken for a sheep cell agglutination test, and the findings were analysed*.

Rheumatoid Arthritis of the Cervical Spine. By J. Sharp, D. W. Purser, and J. S. Lawrence (*Manchester*): When x rays of the cervical spine of patients aged 55-64 years, who were suffering from rheumatoid arthritis, were compared with those of individuals in this age group selected at random from the general population, the

* To be published in full in the next issue of this Journal.