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.