factors in the population have shown interesting differences which may well throw light on the aetiology of rheumatoid arthritis, but other forms of rheumatism are not neglected. Of particular interest are contributions on the less frequent causes of generalized osteoarthrosis, such as ochronosis, gout, chondrocalcinosis, and Kashin-Beck's disease.

One of the most intriguing features is the story of the increasing incidence of gout in recent years in Maoris and in Filipinos. In Caucasians an association between social class and serum uric acid level was noted by one group of observers and between social class and gout by another, the executive classes being more liable to both hyperuricaemia and gout. The question is considered whether the better living standard of the executive produces the hyperuricaemia or the hyperuricaemia produces the drive necessary to raise the individual to executive level.

A number of interesting family studies indicate familial aggregation, not only in osteoarthrosis and arthritis, but also in spondylitis and Sjögren's disease.

The American Rheumatism Association criteria for the diagnosis and grading of rheumatoid arthritis are brought under critical review and are revised in the light of experience of their use in population and hospital studies. Criteria have also been devised for the diagnosis of spondylitis and gout in population samples. Disc degeneration and osteoarthrosis are relegated to radiological diagnoses and standard films for grading both the degenerative and inflammatory forms of rheumatism are provided in Volume 2.

These volumes should prove invaluable to all rheumatologists who are interested in the statistical aspects of their subject and will be read with great interest by those who wish to know what is emerging from population surveys.

J. S. LAWRENCE.

Advances in Rheumatic Fever, 1940-1961. By MAY G. WILSON. 1962. Pp. 249, 71 figs, bibl. Harper and Row, New York. (80s.)

This is an interesting book, written from a highly individual viewpoint, which supplements rather than revises Dr. Wilson's former work.

It discusses recent advances in epidemiology, genetics, and pathology, as well as the diagnosis, prognosis, and management of rheumatic fever, drawing largely on American literature and the findings of the Cornell Rheumatic Fever Study.

The points on which the author has diverged from the main body of opinion, namely the value of continued chemoprophylaxis, the use of the angle of clearance as a diagnostic fluoroscopic criterion in carditis, and short-term intermittent steroid therapy early in the disease, are discussed at length, but because of her divergence this cannot be called an unbiased review of the more widely-accepted views on the aetiology and management of rheumatic fever. The book is, however, of great interest to all those working with rheumatic fever, and the excellence of the production together with the many case histories make it pleasant to read.

B. M. ANSELL.

HEBERDEN SOCIETY

Heberden Round, 1963.—This was conducted by Dr. H. F. West in the lecture theatre of the University Department of Obstetrics and Gynaecology, Sheffield on October 5, 1963.

Clinical Meeting.—At a meeting held at the Edgar Allen Physical Treatment Centre, Sheffield, on October 4, 1963, the following papers were presented:

Fibroblast Formation from Peripheral White Cells of Patients with Rheumatoid Arthritis and Other Rheumatic Diseases. By DR. J. E. FORSTER (*Southport*): The ability of circulating lymphocytes to differentiate into other types of cell has been investigated. There is evidence to show that some mononuclear white cells can revert to a more primitive form from which a number of cell types may develop according to the local needs of the body.

In experimental conditions, using Millipore filter chambers, there was no apparent difference in the growth of cells from normal volunteers and patients with classical rheumatoid arthritis, scleroderma, and systemic lupus erythematosus. In each case cells resembling fibroblasts appeared.

When experimental animals were injected with large doses of cortisone acetate the differentiation of white cells into fibroblasts did not occur. The dosage necessary to produce this effect was, nevertheless, far in excess of any comparable therapeutic dose in man.

This investigation suggests that the potential ability of mononuclear white cells to differentiate into other cell forms, particularly to fibroblasts, is not significantly altered in the connective tissue diseases.

Discussion.—PROF. E. G. L. BYWATERS (*Taplow*): I suppose there would not be any remote possibility that when you put your needle into a vein to obtain blood, for example, that you pulled off a little piece of endothelium or some fibroblasts from the vein wall and that this grew out in the cultures?