BOOK REVIEWS


This publication of just under 100 pages is so erudite that it hardly requires the apology, in the preface, for devoting yet one more volume of the Beiträge to serology. At the same time, the reader, should he happen to be a clinician, may find the exhaustive survey of C-reactive protein, covering the first seventy pages, to be of great academic interest but of relatively little practical importance. But his interest will quicken in the final chapter in which serology attempts to come to grips with the difficulties besetting the rheumatologist, for it has always been Prof. Tichy’s contention that serology will ultimately solve many of the problems connected with early diagnosis and prognosis. A young adult, for example, has some swollen joints, a negative Latex or Waaler-Rose test, and a definitely raised antistreptolysin titre. The disease is at a stage when the classification of the American Rheumatism Association is of little help. Is it rheumatic fever? Serologically, the answer is very simple, according to Prof. Tichy. Antistreptolysin titres are repeated with the addition of the albumin-specificity method; if they show a drop of 25 to 50 per cent. and over, the case is most probably one of rheumatoid arthritis. Equally, an initially subnormal antistreptolysin titre in a young person points in the same direction. The “ultimate” in serology has, unfortunately, not yet arrived, but any advance towards it may be attributed to the unrelenting labours of rheumatologists such as Prof. Tichy. For this reason alone, future publications of the Beiträge are worth watching. DAVID PREISKEL.


John Talbott on “Gout” needs no recommendation to readers of the Annals. The first edition of this monograph published in 1957 has been a familiar and recommended classic. This edition is longer and has almost twice as many references, nearly one-quarter of them dated 1958 or later. It is essentially reading for clinicians, although genetic, evolutionary, metabolic, radiological, and pharmacological aspects are dealt with in detail. One of its many virtues are the case histories often covering many years of observation, as we could expect from a clinician who started his interest in gout in 1935 and has maintained this over these 30 years and even with translation from a professorial to an editorial chair. Another fascinating aspect is the expanded section on the history of gout. The author cites more than seventy famous patients (starting with Asa in biblical times and ending with Zinzendorff, presumably a more recent sufferer) but some of them lack credentials on this side of the ocean: who for instance was Samuel D. Gross to be cited amongst the Kings and Queens, the Calvins and Pitts and Darwins? The criteria for fame are more controversial than those for gout, and the latter are for the most part clinical. The chapter on heredity is also outstanding by virtue of the author’s early and more recent original observations on affected families, but there is surprisingly no reference to the population study of gout and hyperuricaemia published by Popert and Hewitt in 1962. This is a major omission since all hospital or doctor referred studies of genetics are subject to inherent fallacies, whereas a population study such as theirs repeated over a 5-year period gives valuable information on incidence, attack rate, diet, and social class as well as genetic data which cannot possibly be given by hospital-based series. The sections on gout secondary to blood disease and on treatment are excellent and they owe a great deal to the historical background which makes this monograph so fascinating to read.

E. G. L. BYWATERS.


Bone is formed in the tissues around pieces of bladder mucosa transplanted to other sites. This can be constantly reproduced with autologous transplants in the guinea-pig, and this well-produced and illustrated monograph describes the author’s experimental explorations of the phenomenon and a review of the work of others. The ability to provoke osteogenesis cannot be demonstrated unless the bladder epithelium is present. The submucosa or muscularis by themselves are ineffective. Alcohol-killed transplants are also capable of eliciting the same response, and therefore the cells forming the new bone are derived from the lost tissue and not from the graft. Homologous and heterologous grafts are less effective or ineffective. Immune rejection is probably responsible for this, as judged by histological studies of the graft. By ingenious experiments the author seeks to prove that the cells which provide the new bone are not derived from local connective tissue but are brought to the site by the blood stream attracted by a chemotaxin which exists wherever bladder lining cells and white fibrous tissue are in contact and which he calls osteotaxin. The cells, he thinks, probably come from the bone marrow.

This is an interesting work, clear and concise, with many illustrations and a summary in English.

A. ST. J. DIXON.