BOOK REVIEW


This symposium on metabolism and degenerative rheumatism was held at Bad Nauheim on April 24 to 26, 1964, and the collection of papers is now published under the editorship of Prof. Dr. V. R. Ott in volume 36 of "Der Rheumatismus". The great value of these papers is best judged by some random sampling. Thus, we learn from Meyer and his co-workers (New York) that chondroitin-6-sulphate and keratosulphate II are closely associated and that with increasing age they replace chondroitin-4-sulphate in costal cartilage, a process which one expects to find in senility; yet, in a young man of 23 with Marfan's syndrome, whose rib-cartilage was obviously of the young variety without any evidence of degeneration or calcification, keratosulphate formed 65 per cent. of the total mucopolysaccharide content. Lenoch (Prague) discussed anomalies of phenylalanine and tyrosine metabolism which may give rise to albinism, phenylketonuria, tyrosinosis, collagen disease, and alcaptonuria. He referred to the work of Nishimura and co-workers, who found that patients with collagen diseases (disseminated lupus erythematosus, polyarteritis nodosa, scleroderma, dermatomyositis, rheumatic fever, rheumatoid arthritis) excreted 2,5-dihydroxyphenylpyruvic acid in the urine. Siblings and sufferers from other diseases did not excrete 2,5-DHPPA. Though these Japanese workers threw no light on the causation of these diseases, they seem to have swung the pendulum towards a metabolic factor by their observation that administration of 2 g. tyrosine resulted in increased output of 2,5-DHPPA and a worsening in the clinical state, and that, conversely, a diet very poor in tyrosine and phenylalanine was followed by evidence of objective and subjective improvement in 20 to 75 days. However, it is not clear how long one can continue with a diet which is both unpalatable and deficient in essential amino-acids. Since alcaptonuria (ochronosis) happens to be a condition in which a known substance can cause damage indistinguishable from osteo-arthritis, it was bound to receive a good deal of attention. Ott (Bad Nauheim) pointed out that clinically it could also simulate ankylosing spondylitis. In his paper, Lenoch, mentioned his compatriot Sitaj who, in the 16 years ending 1962, collected 250 cases of alcaptonuria, i.e. over one-third of the world total reported by that date. Alcaptonuria is endemic in certain villages in Slovakia where the incidence of endemic goitre is also high. These two conditions are not as unrelated as might appear at first because both homogenistic acid and thyroxin are derived from tyrosine.

The examples quoted above should suffice to stimulate the desire of the specialist to possess this publication of 254 pages. Every paper is followed by its discussion, and the summaries are given in German and French. (British contributors, alas, were conspicuous by their absence.) The format, paper, print, and illustrations are excellent; there are indices of authors and subject matter and a table of contents is provided.

David Preiskel

KENNEDY RESEARCH INSTITUTE OF RHEUMATOLOGY

Dr. D. L. Gardner, M.D., F.R.C.P.(Ed.), Senior Lecturer in Pathology at the University of Edinburgh, has been appointed first Director of the Kennedy Research Institute of Rheumatology in the Charing Cross Group at the West London Hospital. He will take up his duties on June 1, 1966. Dr. L. E. Glynn, M.D., F.R.C.P., remains as Scientific Adviser to the Institute.