Arthritis and Allied Conditions. A Textbook of Rheumatology.

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902 Illustrations on 606 Figures. pp. 1593, 902 illus. in 600 Figures, 80 tables, index.
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The First Edition of this book was published by Bernard I. Comroe in 1940. After his death in 1945 the editorship was assumed by Dr. Hollander, who completely re-organized and largely re-wrote the book for the Fourth Edition in 1949. The number of subject headings and authors continued to increase in successive editions. The present edition contains twelve new chapters which have been added because of new developments in the field. In addition, eighteen chapters have been entirely re-written and 31 of the remaining 82 chapters have been extensively revised and partly re-written. More than 200 illustrations have been added or substituted and many new tables and summaries have been inserted. As a result, this Eighth Edition of ‘Arthritis and Allied Conditions’ is virtually a new book. It is divided into ten sections each under a senior editor. In addition there are listed 52 contributing editors and an all over total of 64 contributors.

While the volume presents a comprehensive review of rheumatology it is not written solely for the rheumatologist but also as a source of information for researchers, internists, orthopaedic surgeons, and graduate students of medicine. In view of the fact that many general physicians may use this volume as a reference, it contains an extensive bibliography and box summaries for those with too little time to read an entire chapter.

Part one, entitled ‘The Study of the Rheumatic Diseases’, contains eleven articles. These include the examination of the arthritic patient, the organization of an arthritic centre, radiology of the rheumatic diseases, and a useful article on the mechanism of the acute inflammatory response. The LE cell phenomenon and antinuclear antibodies are discussed in detail by Dr. G. L. Friou.

Part two is concerned with factors influencing the onset and course of the rheumatic diseases and deals with the epidemiology of these diseases, infectious and immunological considerations in the rheumatic diseases, climate and the rheumatic diseases, and a section on corticotropin and corticosteroids and their chemistry, physiology, and metabolic effects.

Parts three and four are concerned with the aetiology, pathology, and management of rheumatoid arthritis.

Part five covers the physical and orthopaedic management. Part six lists important rheumatic diseases resembling rheumatoid arthritis and describes them in detail. Part seven describes the diffuse connective tissue diseases, including systemic lupus erythematosus, polyarteritis, polymyositis and dermatomyositis, and progressive systemic sclerosis.

Part eight is devoted to osteoarthritis and covers the pathology, symptoms, laboratory findings, and treatment. The Americans have not yet adopted the term ‘osteoarthritis’ which is now in common use in Great Britain. Part nine covers metabolic bone and joint diseases. Part ten describes those forms of arthritis caused by or occurring with specific infections. These include gonococcal arthritis, Reiter’s syndrome, tuberculous arthritis, and syphilitic joint disease.

Part eleven enumerates miscellaneous conditions which may complicate or produce arthritis. There are two articles of special interest, one by Evan Calkins and A. S. Cohen on ‘Amyloidosis’, and the other by V. A. McKusick on the heritable and developmental disorders of connective tissue and bone.

The final part contains a very useful and practical discussion of regional disorders of joints and related structures and includes articles on a number of important conditions not usually considered to be rheumatic in origin but frequently presenting at clinics for rheumatic diseases, such as traumatic arthritis, internal derangement of the knee, painful feet, the syndrome of cervical nerve root compression, painful shoulder, Dupuytren’s contracture, and low back pain and sciatica.

As is inevitable in a book with many authors, there is a considerable degree of overlap between the sections. In some respects this is useful insofar as a physician reading an individual section finds that it is relatively complete in itself and it is not necessary for him to refer to other articles for additional information. However, there is some imbalance between sections, e.g. the discussion of the conservative treatment of rheumatoid arthritis occupies six and a half pages whereas 25 are devoted to the use of gold and eighteen to the use of steroids. A total of 89 pages is devoted to the use of various drugs. A surprising omission is the use of penicillamine in the treatment of rheumatoid arthritis, for articles on this subject have appeared since the early 1960s. In the section on phenylbutazone, no mention is made of its damaging effect on chromosomes. The drug is recommended for the treatment of ankylosing spondylitis, but radiotherapy is discarded, largely because it also produces chromosomal damage. In the section on the use of salicylates in the treatment of rheumatoid arthritis, it is stated that, ‘The aspirin blood level remains very low and does not ordinarily exceed 2 mg. per 100 ml. at ordinary therapeutic doses, so while aspirin may provide analgesia for headache, there is no evidence that aspirin is more anti-inflammatory than non-acetylated salicylate’. This would appear to imply that sodium salicylate may be as effective...
as aspirin. This is certainly not the experience of physicians in Britain. The difference in action of these two drugs is well illustrated by the fact that the erythema and oedema produced by the application to the skin of a preparation containing an ester of nicotinic acid are largely inhibited by the administration of 600 mg. aspirin one hour before the treatment of the skin, whereas the administration of an equivalent dose of sodium salicylate is without effect. However, in outlining the regime of treatment, the author of this section recommends aspirin as the drug of choice.

The anaemia almost invariably present in cases of active rheumatoid arthritis is stated to be resistant to the administration of iron by mouth and it is recommended that when the anaemia is marked blood transfusion should be used. No mention is made of the use of preparations of iron suitable for administration by the intravenous or intramuscular routes.

In a description of the side-effects of Indomethacin, no mention is made of depression which can be a very troublesome feature in the long-term use of this drug.

The application of splints is recommended in the treatment of painful joints, but it is emphasized that they should be removed once in 24 hours for movement and exercise.

This statement perpetuates the myth that total immobilization for more than 24 hours leads to loss of movement. In the reviewer’s experience continuous immobilization of painful joints for as long as 3 weeks or a month is of the utmost benefit in reducing pain and swelling and does not lead to a significant loss of movement. Serial plasters are recommended for the correction of flexion deformities but again it is emphasized that it is necessary to remove them every 24 hours. This would largely defeat the use of this method.

In the two sections devoted to the physical methods of treatment and orthopaedic management, there are quite marked differences in the methods used which is not surprising but may lead to some confusion in the minds of those who use this textbook as a source of authoritative information.

These are relatively minor criticisms of what is undoubtedly the most up-to-date and comprehensive volume on arthritis and allied conditions. It is handsomely produced and, although expensive, should find a place in the library of every hospital in which there is a unit concerned with the treatment of musculo-skeletal disorders.

J. J. R. Duthie

Notes

VII World Congress on Occupational Safety and Health

Dublin, May 20-25, 1974

The seventh congress will include discussions of such diverse topics as safety in machinery construction, planning in building and civil engineering, agriculture and forestry, noise, and mechanical vibration. The agenda will also feature the general problems of safety and health in the industrial society which are relevant to the field of rheumatic diseases.

Further information may be obtained from the World Congress Secretary, Ansley House, Dublin 4, Ireland.

I European Congress on Thermography

Amsterdam, June 17-20, 1974

This congress will cover various aspects of thermography, including its clinical applications in the rheumatic diseases. For further information write to: The Congress Secretariat, 1st European Congress on Thermography, Organisatie Bureau Amsterdam N.V., P.O. Box 7205, Amsterdam, The Netherlands.

VI Pan-American Congress on Rheumatic Diseases

Toronto, Canada, June 16-21, 1974

This congress is sponsored by the Canadian Rheumatism Association under the auspices of the Pan-American League against Rheumatism.

For further information write to the Congress Secretariat, 45 Charles St. E, Toronto 285, Ontario, Canada.