Thrombocytosis in giant cell arteritis

Sir,
The interesting paper of Bergström and colleagues comes to the conclusion that thrombocytosis in giant cell arteritis is reactive to the inflammation present in this disease. We came by other ways to the same conclusion. We evaluated platelet counts in 146 cases of rheumatoid arthritis, in 43 cases of juvenile chronic arthritis (22 cases of juvenile rheumatoid arthritis 6 Still's patients, and 15 cases of juvenile mono-oligoarthritis), in 7 patients with Sjögren's syndrome, in 41 with progressive systemic sclerosis, in 11 with rheumatic polymyalgia with or without Horton's arteritis, in 29 with ankylosing spondylitis, in 34 with psoriatic arthritis, and in 17 with gout. In all the groups of patients, except for juvenile mono-oligoarthritis, we found mean platelet counts greater than those in control subjects 214 500 ± 32 886/mm³ (214 ± 33 × 10⁹/l) by the method of Palumbo and Dini. A clear thrombocytosis was present only in a percentage of the patients of the different groups. In these thrombocytosis patients there was a higher disease activity. Furthermore, we found a positive correlation between ESR and platelet count, serum mucoproteins, and platelet count; and a negative correlation between serum iron and platelet count. Therefore it is possible to assume that thrombocytosis is an inflammation index in rheumatic and connective tissue diseases. The researches of Bergström and colleagues are an elegant confirmation of this assumption.

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References

Obituary

Philip John Russell Nichols, MA, DM, FRCP, DPhysMed

Dr Philip Nichols died on 8 September 1979 after a short illness due to a brain tumour. He was 55 years old. His principal appointments were consultant in rehabilitation medicine and director of Mary Marlborough Lodge at Oxford, and consultant adviser in rehabilitation medicine to the chief medical officer at the Department of Health and Social Security.

The life force determines that no one is indispensable, but the same thrust causes some to be irreplaceable. Such a man was Philip Nichols. His personality and his singular combination of talents had fitted him for an unusual range of contributions to the common weal, and no one person will be able to bridge the void that has been left.

Philip went to school at Christ's Hospital, Horsham, his 8 years there culminating in the award of an open exhibition to Exeter College, Oxford. This university provided all his undergraduate medical training, during the course of which Philip gained the Radcliffe Infirmary prize for medicine. The years 1942 to 1947 were exciting but unsettled, and 2 particular experiences could well have contributed to qualities evident in later maturity—Philip was an all-round athlete, and he produced pantomime, activities calling for judgment, direction, a sense of timing, and the ability for flexible response to uncertainties in unfolding situations. Also noteworthy is that it is from this period that his long friendship with a student contemporary, Kit Wynn Parry, dates.

Within a year of qualification Philip was drafted into the Royal Air Force, in which service he made his career for the next 16 years until he retired with the rank of wing commander. However, before entry he had found time to write his first scientific paper, 'Those who are constitutionally fat die more quickly than those who are thin', which was published in the British Medical Journal in 1947. After serving as a unit medical officer for 18 months Philip then entered the field of his life's major work. An appointment at the RAF medical rehabilitation unit at Headley Court allowed him to act also as a clinical assistant in the department of physical
medicine at the London Hospital, during which time he was able to prepare for the diploma.

Philip's service with the RAF was especially notable for the way in which he pioneered the use of technical workshops for the rehabilitation of skilled craftsmen. For 5 years he had a posting at Collaton Cross in Devon, and of a number of papers dating from this period the subjects of 3 were perhaps particularly portentous. One was concerned with the early stages of ankylosing spondylitis; another, written in collaboration with the distinguished statistician, N. T. J. Bailey, dealt with observer error in measuring differences in leg length; and a third was concerned with an early attempt at evaluation, based on a review of a large series of meniscectomies.

Philip then returned to Headley Court, this time for a 7-year stay. Once again the post was combined with a clinical assistantship, this time in the department of physical medicine and rheumatology at the Westminster Hospital. Two other features of Philip's opportunities in the RAF call for comment. The service required that officers should be able to prepare briefs that were lucid, closely reasoned, and concise, experience which certainly stood him in good stead—paper can be powerful ammunition, and Philip knew how to fashion and aim it. Unusually for those with clinical duties Philip also went on an advanced training course for officers. The grounding this gave him in administration proved very valuable in the years to come.

In 1964 Philip began the work for which he is most widely known. Mary Marlborough Lodge is a disabled-living research and assessment unit in the grounds of the Nuffield Orthopaedic Centre at Oxford. Since 1968 it has been augmented by close association with a regional artificial limb and appliance centre. Under Philip's leadership The Lodge expanded and developed into a national resource, which was acknowledged when the DHSS designated it as one of the first demonstration centres for rehabilitation in 1973. A series of papers on assessment, rehabilitation procedures, and aids revealed the practical focus of many of Philip’s interests. This found expression in his book, Rehabilitation of the Severely Disabled, as well as through the fact that Equipment for the Disabled and its associated information service were organised from The Lodge. The same approach was evident in the way he helped to pioneer gardening as a means of assessment and treatment for disability.

Philip's outstanding skill as a clinician was combined with great power as a communicator, and these two attributes caused him to be in considerable demand as a teacher. His inquiring mind received richer opportunities when the DHSS established a rehabilitation research unit under his direction in 1972. Two other of his attributes were realism and shrewd judgment—implicitly he shared Chesterton's view that you shouldn't kick down the gate without finding out why it was put up in the first place. Such a combination of qualities was recognised by Philip’s election to various offices in what was then the British Association for Physical Medicine and Rheumatology, his nomination as the first elected president once the Society for Research in Rehabilitation had been inaugurated, and his appointment to a variety of national advisory committees and working parties. As happens rather often, though, it appears that he was insufficiently appreciated within his own university. Certainly he was disappointed that his unit was not accorded the academic status it deserved, and he also regretted not being in a better position to transmit his insights and enthusiasm to medical students.

It was from Philip that I learned to formulate the question about an individual as 'What is the milk in his coconut?' He himself was a complex man. He was passionately dedicated to the rehabilitation of disabled people, and in the last 18 months had assimilated even further inroads into his everyday schedule by undertaking the founding editorship of International Rehabilitation Medicine. He had an intellectual interest in the politics of decision making and he was also ambitious, but the latter more in Rabbi Tarfon's sense of 'the task is not yours to finish, but neither are you free not to take part in it' than for the personal power and aggrandisement that might be sought. Underlying his more obvious qualities were deeper and rarer strands. Philip changed as his experience widened and, although development is but a mark of maturity, for some this may have been perplexing. For instance, Philip's views on the appropriateness of specialty status for rehabilitation medicine underwent profound alteration. However, 'they must upward still, and onward who would keep abreast of truth'. We become different people as we develop, and Philip's integrity would not tolerate a sham—his intelligence led him to realise that former loyalties cannot be immutable.

Philip was a compassionate man, generous and conscientious, with immense energy, a well-developed sense of fun, and sensitive respect for the individual. These qualities helped to make him an inspired team leader, as well as a good doctor. To remedial therapists and associates in other disciplines, to younger medical colleagues, and to the many visitors to The Lodge he extended courtesy, encouragement, and opportunity. He had a particular interest in psychology, a field to which his son John has turned. Although by nature tending to be a
Book reviews


This large book of 296 pages, with index, has been edited to include part of the communications offered at the Oxford (1978) symposium. This was the seventh symposium, and the editor gives references to the recorded proceedings of the second, third, and fifth symposia. Presumably the first, fourth, and sixth sank without trace. This symposium was obviously organised by bacteriologists for bacteriologists, but clinicians will find it enormously interesting in parts. Rheumatic fever has almost disappeared in the West and research has lagged; its results are increasingly difficult to find. It is therefore useful to find some at least of them summarised here. There seems to be no breakthrough (or if so your reviewer was unable to recognise it), but there were many interesting advances and some surprising omissions.

Professor Sir Robert Williams gives a critical introduction. The Rockefeller University continues its inherited Lancashire interests with studies on M protein by Fischetti, and another by Zabriskie and Maclyn McCarty, offering an interesting if negative study on graft rejection. Beachey and Stoller from Memphis, Dorfman and Fox from Chicago, Cromartie and Schwab from Chapel Hill, Wannamaker from Minneapolis, Maxted from Colindale, and Ayoub from Gainesville, Florida, provide a link with the work of past generations. But most other contributors span the world, indicating perhaps where streptococcal problems have now surfaced.

It seems a pity that there is no discussion, because the standard offered is very variable and there is no summing up. A few papers are of the ‘me too’ variety (Rheumatic fever in Kuritania) but for the most part this is a record of the application of new techniques to the many varieties of streptococci and the varying human and animal responses thereto. As such it is obviously required reading for streptococcolists. It is also of very considerable interest to clinicians working in this field and to research workers in general, who can find peripatetic challenge in many different fields—carrier states, graft rejection, cross-reactivity, indigestible antigens, phage-induced toxins, persistent clonotypes, cell-mediated immunity, dental disease, plasmid-controlled resistance, and even sex pheromones. The rather undistinguished cover design could represent some distant nebula but in view of the context probably features a glomerulus under attack by fluorescent flak. Twelve pages of advertisements in the back bring back an old Victorian custom of some service for the life and work of this very unusual person was held in London in November, and many friends and associates attended to express their feeling of loss.

Philip Wood


Part I of the Compendia, a slim volume of just over 100 pages, gives a pictorial representation of the most important inflammatory rheumatic diseases. It covers rheumatoid arthritis, Still’s disease, SLE, scleroderma, gouty arthritis, Reiter’s syndrome, destructive arthritis of the fingers, and ankylosing spondylitis. Photographs, in colour and black-and-white, are of superb quality, and the same can be said of the x-ray films and histological slides. The educational value of the contents may be exemplified by the colour photographs, front and back, of the leg of a rheumatoid patient with a ruptured popliteal cyst and an accompanying arthrogram of the knee in question. Such a volume should prove a useful aid to memory in rheumatic conditions where an overlap in naked eye appearances is not unknown.

David Preiskel


This book has been developed from lecture material presented at an annual postgraduate course at the University of Miami School of Medicine which precedes the initial recertification examination of the American Board of Internal Medicine. It is designed for the revising internist rather than the rheumatologist, and it does not claim to be comprehensive. There are 11 contributing authors and 32 chapters, which vary in length from one-half to 18 pages of widely spaced typescript. Thus low backache and total joint replacement are covered in 3 pages each, and the chapters on polymyalgia rheumatica and chondrocalcinosis are even shorter. About a quarter of the chapter on rheumatoid arthritis is devoted to the American Rheumatism Association criteria, and penicillamine is mentioned in a brief paragraph. A few selected references are given. In contrast, there are thorough reviews of the complement system and inflammation and mediators of the inflammatory process, with extensive references. It would make painful reading for the nonrheumatologist, but at £22.50 I would not recommend it for the hospital library. The lack of balance makes it unsuitable for undergraduates.

I. D. L. Brews