

have been the development of true tuberculous arthritis in one of the affected joints, but this did not happen.

The experience at Sidcup of over 350 consecutive cases of tuberculous pleural effusion (Heaf and Ellingworth, 1944) shows that transitory tuberculous bacillaemia is not uncommon in the course of this disease. Apart from the more obvious cases of discrete or frank miliary dissemination, distant bone and joint lesions and tuberculous bacilluria, the incidence of lung foci of presumed haematogenous origin is relatively common. I have also twice observed transitory monarticular swellings—one of a knee, the other of an ankle—with complete resolution within three weeks, and I confess to a great reluctance in ascribing these swellings to allergy. A sudden allergic flare-up due to exogenous re-infection—if such an event ever really occurs—can be excluded with some degree of confidence, as it is a strictly observed policy at Sidcup not to admit or retain open cases of pulmonary tuberculosis. Finally, the low eosinophil count is not in favour of an allergic reaction. On the other hand, we all know that allergic phenomena do occur during the course of tuberculous disease. While confessing to a personal bias towards the bacteriaemic pathogenesis, the experimental aspects of rheumatism, allergic phenomena and their related problems are so complicated and full of pitfalls that I feel that further discussion of these points would be unfruitful. It is therefore best to limit this discussion to the observed clinical facts, and the facts, I think, lead to a diagnosis of "tuberculous rheumatism" in this case.

#### SUMMARY

A brief historical outline of the vicissitudes of tuberculous rheumatism is given, with the reasons

for naming this condition Grocco-Poncet rheumatism. It is recalled that a tuberculous aetiology has been described not only in cases of rheumatoid (atrophic) arthritis but also in cases of acute polyarthritis simulating rheumatic fever. The conclusion is reached that tuberculous rheumatism is a true clinical condition, but that the claims made on its behalf by the Lyons' Medical School and by other continental authors are grossly exaggerated.

A personally observed case of tuberculous pleural effusion is described, in the course of which an acute polyarthritis occurred, simulating rheumatic fever, with complete resolution. The diagnosis of tuberculous rheumatism in this case is discussed and upheld. No conclusions as to the pathogenesis of this case, whether through bacteraemia or allergy, are arrived at, but the writer's personal bias towards a hypothesis of tuberculous bacteraemia is confessed.

The L.C.C. is in no way responsible for the views expressed in this paper.

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## BOOK REVIEW

*The Arthropathies; a Handbook of Roentgen Diagnosis*. By Alfred A. de Lorimier, A.B., M.A., M.D. Colonel Medical Corps, American Army; Commandant, the Army School of Roentgenology, Memphis, Tenn.; Formerly Director, Department of Roentgenology, Army Medical School, Washington, D.C. \$5.50. The Year Book Publishers, Inc., Chicago.

This work is one of a series of six covering the whole field of diagnosis by the use of x-rays written by acknowledged experts in each branch. It is dedicated to all doctors possessed of scientific enthusiasm having primary interest in the patient; secondary, but closely equivalent, interest in the underlying pathology; and least interest in their personal gain in handling the case.

The foreword stresses the importance of the radiographer having the assistance of the clinical and laboratory data in attempting to arrive at a diagnosis, a matter of great importance too often thought to be quite unnecessary. Abnormalities as well as diseases are dealt with, and illustrations are on a lavish scale, for the most part reproductions of x-ray photographs but also some useful anatomical diagrams. In the study of the film the appearance of the soft tissues is first described, followed by those of the bones and joints; the appearances are differentiated into those that are likely to be seen and those that may possibly occur, and the difference between the early and late stages are clearly described. This is

followed by the incidence, history, physical and laboratory findings, and clinical course, thus supplying a clear picture of the morbid condition under study, concise but astonishingly complete. The development of bones and joints in the embryo is described and the bearing this may have in pathological changes in later life. Every known disease or disorder of joint structures seems to have been included in the author's survey, with a bibliography to each, so that fuller descriptions may be consulted where necessary.

Many radiographers will appreciate the general discussion of technique, the effects of difference in kilovoltage and other factors; and the directions for routine analysis of the appearances in the film are a valuable guide to the practitioner in arriving at a diagnosis. The reproductions of typical radiographs are on the whole good and clear in detail. The system of placing the letter identifying the particular feature in the picture after the description of that feature is contrary to the usual practice and apt to be confusing at first, but this is a minor detail.

A book of this kind is essential to any doctor interested in the diseases of joints, and this volume can be cordially recommended for its compactness, clearness of description, wide scope, and its reasonable price.

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