BOOK REVIEW

Pathology and Therapy of Rheumatic Fever. By Leopold Lichtwitz, M. D., late Chief of the Medical Division of Montefiore Hospital and Clinical Professor of Medicine at Columbia University, with a foreword by William J. Maloney, M.D. Grune and Stratton, New York, 1944, 225 pp., 69 illustrations. Price \$4.75.

This interesting volume, published shortly after the author's death, presents an extensive and broadly-conceived study of the problem of rheumatic fever as it is seen from the point of view of those who hold this disease to be a manifestation of an allergic sensitization of the mesenchyme to known or unknown antigens. In this respect the book is a special plea for a particular thesis regarding the aetiology of rheumatic fever. It is not a complete review of the rheumatic fever problem. As thus conceived, the book is brilliantly written. In it a great many aspects of rheumatic fever are discussed lucidly and intelligently in the light of the author's masterful experience of internal medicine, and against the background of a wide acquaintance with American and European literature.

In addition to the classic manifestations of rheumatic fever, Lichtwitz and many other followers of the allergic hypothesis consider the rheumatic state to include many conditions such as fibrositis, dermatomyositis, rheumatoid arthritis, Still's disease, scleroderma, and disseminated lupus erythematosus. Even certain chronic ulcers of the legs, epidemic pleurodynia, phlebitis migrans, and many other poorly-understood diseases are looked upon as forms of rheumatic fever. The clinical features of many of these, as well as considerations concerning their possible pathogenesis, are discussed in the book. An attempt is made to define the characteristics of the musculo-skeletal diseases which are excluded from this rheumatic category.

Briefly summarized, the allergic hypothesis of rheumatic fever as described by Lichtwitz holds that the rheumatic disease results when an individual with sensitized mesenchyme is exposed to an offending antigen. In most instances this antigen is the product of bacterial growth, but it may be some other foreign protein substance or even certain non-protein chemical toxins. No constitutional type is looked upon as immune to rheumatic sensitization, but those who are most prone to it are said to be the young and asthenic persons with an "inferior" mesenchyme as evidenced by certain stigmata. These include an infantile body form, blue sclerotics, disturbances of growth, or softness of the cartilages of the nose and ears. These persons are said to

suffer frequently from autonomic imbalance, which is seemingly defined as an increased tendency to local or general sweating, clammy hands, and a positive oculo-cardiac reflex. The rheumatic "shock organ" is not the same in every person: in some it is predominantly the heart; but it may be articular, dermal, neural, or muscular organs in others, and frequently a number of these are affected in the same individual. In every instance the rheumatic "shock organ" is some structure which exists in identical form on both sides of the body, and the rheumatic lesion is defined as a bilaterally symmetrical allergic reaction appearing anywhere in the body.

The character of the rheumatic reaction is quite variable, being influenced by a number of known and probably by many unknown factors. Nervous impulses from the brain stem, climatic, occupational, economic and hereditary influences—all may shape the nature of the rheumatic fever in a particular individual. Sometimes the rheumatic inflammation is brief, terminating in complete healing. In an individual with inadequate defence, however, the reaction may be "anergic"—that is, weak. For example, an anergic form of arthritis would be one associated with atrophy, osteoporosis, and even cyst formation. If the defence is strong the course of the arthritis, though equally unfavourable, may be characterized by a different reaction, possibly by overgrowth of the synovial tissues with much pannus formation and possibly ankylosis. Such an exuberant reaction is designated "hyperergic." All rheumatic diseases may be analysed in this manner as "plus-minus" reactions in various shock organs.

Unfortunately many of the data marshalled in support of the central idea of this book are not appraised critically or scientifically. Professor Lichtwitz has stated the case for the allergic hypothesis with considerable eloquence, but many of his views on this subject are nevertheless highly speculative. The reader will need to be constantly aware of this, for, in spite of the fact that a casual reading of this book may give a contrary impression, dispassionate inquiry reveals that no final estimate can be reached at this time concerning the part allergy may play in rheumatic fever.

This book is recommended as a provocative and stimulating intellectual experience for physicians who are interested in rheumatic fever.

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