BOOK REVIEWS


This textbook, edited by Miss F. L. Greenhill, S.R.N., assisted by Dr. C. B. Heald, Mr. Barron, and Mr. Colson, is well written and of real practical value for it contains much recent information generally found only in books on special subjects. The first twenty-six pages are devoted to rheumatism and allied diseases, illustrated by two plates. The caption on Plate II might be altered with advantage. Two particularly interesting chapters are on physiotherapy in the treatment of chest conditions, and on the diagnosis and treatment of some nerve conditions; this last contains a short reference to electromyography. Another very useful chapter deals with some specialized methods of physiotherapy. There are also chapters on suspension therapy, based on the work of Miss Guthrie-Smith, on occupational therapy, and on exercises for abdominal conditions. All are illustrated by helpful diagrams in the text. The exact technique of each treatment is fully described, the descriptions being preceded by a short clinical account of the condition in order to explain the aims of the particular form of physiotherapy advocated.

The last chapter deals with medical practitioners and physiotherapy. In this chapter Miss Greenhill rightly points out that the majority of practitioners had no undergraduate teaching in physiotherapy and this makes it difficult for full collaboration between physiotherapists and doctors. The chapter contains a description of the direct current, induced currents, etc., commonplace to those with technical training but very useful to those who have long forgotten much of their pre-medical knowledge of physics.

This textbook fills a real want, and it will not only be of practical value to physiotherapists and doctors taking the final examination of D.P.M., but it should also be in the hands of every physician who is interested in the subject.

J. Barnes Burt.


In this monograph Dr. Warren Crowe records his views on osteo-arthritis of the hip with reference to five hundred cases. Believing that in many patients its progress can be arrested by appropriate treatment, he rightly deplores the defeatist attitude often manifested to the condition. Since he considers low-grade infection plays a part in the development of the osteoarthritic hip, he is led to use vaccine therapy as well as the more standard measures. A stock polyvalent brew, combined at times with an autogenous addition, is employed in extremely small doses, and is claimed to be effective in a high proportion of cases. Irrespective of the questionable value of vaccines in general, the evidence adduced by the author for infection in this condition is not very convincing, and is at variance with current opinion. Other therapeutic measures recommended are intra-articular injection of acid potassium phosphate and the infiltration of painful muscles with procaine.

The book is profusely illustrated with serial X-ray reproductions, some of which, however, require the eye of faith to see the arrest claimed by the author. The format is attractive, and there is a felicitous quotation from Genesis on the title page.

G. R. Fearnley.


This is a beautifully produced and well-illustrated book and it will fit easily into the pocket. The first chapter, on terminology, and the second and third, on the physical and physiological basis of irradiation, are extremely clear and well set out, and will merit the attention of all those interested in physical treatment. They give the clearest possible exposition of the subject. The well illustrated chapter on apparatus will prove useful to many.

The second half, dealing with the clinical aspect—the treatment of common symptoms, application to disease and record of cases—is, however, not of the same standard. To describe the treatment of pain in the shoulder, pain in the knee, painful elbow, etc., as undiagnosed separate entities, seems unworthy, and the brief descriptions of diseases are even misleading. To call fibroitis simply an inflammation, with a quotation from the British Medical Journal of 1923, is unfortunate, and such statements as, “Infra-red irradiation invariably gives uniformly satisfactory results in so-called rheumatic fibroitis”, are sweeping in the extreme; the implication that heat is the main treatment for rheumatoid arthritis is really dangerous. It is a great pity that such an excellent beginning should be marred by such an indifferent clinical exposition.

G. D. Kersley.

NEWS ITEMS

The Danish League against Rheumatism

We have received a summary of the work of the Danish League against Rheumatism for the years 1946 to 1948. The Danish League consists of medical and social sections and has a membership of 173,000 out of a total population of four million. The financial resources are obtained through membership fees and through a "Rheumatism Day" collection held once a year. Financial aid is given for the treatment of patients and to pay for research, and the League has influenced the Government to provide better social facilities for patients with certain rheumatic diseases, namely rheumatoid arthritis and rheumatic fever. It is expected that this will be followed by the foundation of rheumatism departments in hospitals and sanatoria. Financial aid has been given to research work on many aspects of the rheumatic diseases.
including investigations into the occurrence of Scheuermann’s kyphosis, the reaction of peripheral tissues to physiotherapy, and the determination of gold concentration in blood and urine and the excretion of gold by the kidneys. The Danish League endeavours to increase interest and knowledge of the rheumatic diseases among the lay public as well as among physicians. Medical meetings are held by the Danish Society for Rheumatology, and recent subjects for discussion have been the physiology of muscles, hyaluronidase, the veterinary joint diseases, and reactions of the peripheral circulation. A large investigation into the importance of certain occupations in the development of muscular rheumatism has been planned and will be carried out with the co-operation of the Professor of Hygiene at the University of Copenhagen.

It is clear that the Danish League against Rheumatism is an energetic body which has made considerable progress in recent years, both by educating the public in an understanding of the social importance of this group of diseases and by stimulating and financing research into some of the most important aspects of the problem.

Odontological Section of the Royal Society of Medicine

At a meeting of the Odontological section of the Royal Society of Medicine held on Nov. 22nd, 1948, a discussion on dental sepsis and rheumatic diseases was opened by Dr. G. D. Kersley. His object was to outline the principles governing the problem as seen by the physician. It was necessary to avoid the swing of the pendulum in either direction. Dr. Kersley felt that, if osteo-arthritis were excluded, the changes in rheumatism were due to “an altered reaction of the micro-organization to an invasion by a foreign protein”, and that theories on aetiology were becoming more “biochemical” rather than “infective”. He thought that dental infection might initiate this biochemical reaction in some 70 or 80 per cent. of cases, but that the condition might not be terminated by elimination of sepsis in all of these. After outlining and illustrating various rheumatic syndromes and suggesting the relative importance of infection in these, he pointed out the need to consider the type of rheumatism, the clinical evidence in the particular case, that is, the presence of other trigger factors and infections and the dental evidence, before giving an opinion on the need for removal of teeth. Dr. Kersley showed slides of dental radiographs illustrating types of infection, and concluded with the recommendation that dental sepsis should be looked upon as the occasional trigger in firing off some biochemical mechanism, as yet not understood, and alternatively that gross sepsis might help to sensitize the mechanism to the pull of the trigger.

Mr. W. Spawdon then gave a short paper on fibrositis in the muscles of mastication, a cause of pain in the region of the jaw and ear. Important diagnostic points were tenderness on palpation with one finger in the mouth and relief on infiltration with a local anaesthetic.

Mr. A. Bulleid stressed the importance of conservative measures and of treating open sepsis before removing teeth. He discussed the fallacies of x-rays, and also suggested the use of intradental tests of sensitivity to organisms obtained by culture as a guide to the use of vaccines.

Mr. F. C. Hardiman had carefully charted sepsis, especially open sepsis, in the mouths of three hundred consecutive rheumatic cases at the Nuffield Unit at Manchester. He showed an instrument for measuring the depth of pockets and very interesting charts.

Mr. W. Fish stated that no live tooth could have apical infection, and again stressed the importance of parodontal infection.

New York Rheumatism Association

The Fall Meeting of the New York Rheumatism Association took place at the Cornell University Medical College on Nov. 12th, 1948. Dr. Otto Steinbrocker, New York, presided.

Dr. Joseph L. Hollander, University of Pennsylvania, described the technique and clinical significance of studies on intra-articular temperature variations. Temperature recordings of various large joints, principally the knee, were done by inserting a fine thermo-couple directly into the joint through a large bore hypodermic needle. In normal subjects, the joint temperature was similar to the skin temperature. Average knee-joint temperatures in normal adult males ranged from 88 to 91° F., and the skin temperatures from 88 to 90° F. In cases of osteo-arthritis, the joint temperatures averaged 93 to 95° F., whereas the skin temperatures were 88 to 90° F.

The joint temperature in rheumatoid arthritis was closely correlated to the activity of the disease. Further studies are being made on joint temperatures in other types of arthritis.

Dr. Steven M. Horvath, University of Pennsylvania, discussed the physiological considerations and effects of physical therapy on joint temperatures. Fever therapy was found to increase both the joint and skin temperatures. Hot packs applied directly to the joint resulted in an increase in skin temperature, but a decrease in intra-articular temperature of 2 to 4° F. Conversely, cold packs were found to decrease the skin temperature but to increase the intra-articular temperature. Passive motion did not change the skin temperature and had a variable effect on joint temperature. Micro-wave irradiation of the joint caused an initial rise of 7° F. in the joint, with a subsequent fall in temperature. Short-wave diathermy resulted in a 6° F. rise in intra-articular temperature, with a subsequent fall in temperature. Infra-red ray irradiation caused an initial drop in joint temperature (accompanied by a rise in skin temperature) followed by a rise of joint temperature of about 3° F. Hot paraffin applied to the joint caused a slow sustained rise in joint temperature. The significance of these findings awaits further study.

The concluding paper of the evening, presented by Dr. Kaj Kalbak, Norre Hospital, Denmark, was on the clinical application of the anti-streptolisyn and haemolytic streptococcus agglutination reactions as diagnostic and prognostic aids (see Dr. Kalbak’s paper in the Annals of the Rheumatic Diseases, 1947, 6, 230).

Chair of Rheumatology

The Minister of Education of the French Republic has created a Chair of Rheumatology in the Faculty of Medicine of the University of Paris. This Chair is tenable at the Hopital Cochin, and the first Professor is Dr. F. Coste, Physician to the hospital and Joint Secretary of the French League against Rheumatism. It is believed that this appointment constitutes the first chair in Rheumatology to be established anywhere.