

# Post-Graduate Medical Journal

LONDON, MARCH 1, 1942

## The Classification of Rheumatism.

Rheumatism has occupied a prominent place in the public mind for some years now, and this interest has been considerably revived recently by LORD HORDER'S pamphlet on a national plan for the investigation and treatment of rheumatism, the formation of an Empire Rheumatism Council some years ago served to co-ordinate and correlate work on this subject, and the appointment of Research Fellows in the United Kingdom also tended to canalise effort, which had previously been diverse, into the appropriate channels.

In spite of this however, any very strict definition of the word rheumatism has eluded us, although a fairly satisfactory general arrangement has been settled. The number of classifications which has been produced is a sure sign that finality has not been reached. Roughly speaking, four main classifications have been made. The first one was suggested by Dr. Glover in his report on chronic arthritis for the Ministry of Health. He divided the subject into four heads, rheumatoid arthritis, osteoarthritis, gout and unclassifiable chronic joint changes. The great advantage of this system was its simplicity, but it dealt only with arthritis, and did not cover the remainder of the subject. The Sub-Committee of the Royal College of Physicians produced a more complete list and tried to eliminate the unclassifiable group, so that their findings were rheumatic fever, acute gout, chronic arthritis and non-articular rheumatic affections. The British Medical Association added spondylitis as a separate group, and the so-called menopausal or chronic villous arthritis which was then coming to the fore. This was included in the Royal College of Physicians' memorandum as part of a sub-group. The British Red Cross Society's Clinic for rheumatism compromised and took what might be called a mid-course between the other classifications. A great deal of work and thought lay behind these attempts, and there is no doubt that every one of them advanced knowledge a little; perhaps the Royal College of Physicians' classification was the most helpful, but most of them were indefinite in the sense that although they went to great trouble with the cases of arthritis they were not prepared to attempt any indication as to what should be regarded as rheumatism and what should not be so regarded outside the realm of arthritis.

In this issue of the Journal DR. KENNETH STONE has attempted to add this brick to the wall of knowledge by going back to the elementary principles of logical classification and so attempting to produce a list which shall include all diseases which properly speaking should be called rheumatic. This attempt must be regarded as a very gallant one, and we publish it not indeed in the belief that it can be in any sense a final suggestion, for Dr. Stone himself would not put forward such a claim, but in order that thought may be stimulated and that out of criticism may arise construction.

Roughly speaking, he lays down five rules for a natural classification. It must be very extensive, each class must be defined, each division must be grounded on one principle, it is unwise to proceed from a wide to a narrow species, and divisions must be appropriate. In this way he hopes to produce the divisions which will be of help in that the groups will have a large number of common features. So he comes to his main division in the diseases of the locomotor system, and these are based on an anatomical foundation, that is to say:—

- (a) diseases of joints and their adnexa,
- (b) diseases of fibrous tissue,
- (c) diseases of the neuro-muscular system:

and the sub-divisions are pathological:—

- (i) where the tissue reaction is one of inflammation,
- (ii) where it is one of degeneration.

Where the tissue reaction is one of inflammation he attempts to subdivide into an infective type, a chronic traumatic type, an allergic type, and one in which the type of inflammatory

response is unclassified. There will undoubtedly be criticism of this division, for there will be a number of well-informed people who will say that acute gout has not been proved to be one of the allergies, and there will be others who will say that chronic synovitis does not always show a chronic traumatic type of inflammation. Further, there will be a criticism of the division of acute gout as an allergy, and of chronic gout as belonging to an unknown type of inflammation. Some of this criticism will be valid, and if it leads to suggestions as to how these conditions can be more adequately arranged, it will be helpful.

It is of course unfortunate that the second table can only be arranged by an artificial classification, and perhaps especially that the second sub-group of this table can only be arranged under the headings of symptoms.

If we accept DR. STONE'S definition of rheumatism as a painful disorder of the locomotor system whose etiology is obscure we must also accept his own conclusion that in these circumstances it may be of little use to make a natural classification at all, and this brings us to a consideration of the point as to whether the word rheumatism still has a useful place, and whether it really means something, or whether it would be wiser to do what Dr. Stone thinks might be more useful, that is to say, regard the rheumatic condition as part of the great family of disorders of the locomotor system.

To this there are at least two valid objections. The first is that by tradition and usage the word has come to mean something in common parlance even though that something may not be sufficiently definite to have scientific value, and it may be taken as a fairly sound rule that words and terms which have crept into the language and so have acquired tradition should not be abolished unless no other course is possible. The second consideration which comes to mind is the question as to whether a substitute term would have such scientific and practical value that the change would be outstandingly useful, and so would compensate for the disadvantages attending its introduction. Apart from the awkwardness as a title, "Disorders of the Locomotor System," there would be difficulties in its introduction which would have some features in common with the word rheumatism itself. It would be extremely difficult to define the term, for many syndromes show some of their major manifestations in the locomotor system, although in fact they could not possibly be regarded as disorders of that system. We take a rather extreme case in order to throw the subject into relief. Some of the later manifestations of trichiniasis bear principally on muscles, and yet there would not be many people who would class this as a disorder of the locomotor system when grading or classifying diseases, nor indeed if they did so attempt would they be able to find that close resemblance to another disease—epidemic myalgia—in which the principal brunt is borne by the same system: so that we come to a word which although it has not the same tradition behind it is also used in restricted circles to designate these locomotor diseases. We refer to the word orthopaedic, and some people advocate that this word should be used as an over-all term to cover these locomotor diseases, and so, it is argued, to include the lesser with the greater and cover the rheumatic diseases as well.

The *Shorter Oxford Dictionary* defines orthopaedic as being derived from the Greek *ορθος*, which means straight either in the physical or ethical sense, and *παιδιον*, which means a child, thus by derivation the rearing of children and so the treatment of their deformities. The fact that this word by derivation has little in common with the subject we discuss here would not necessarily be an end to the argument, for many words have come into this language and had their meanings gradually altered, so that in the end the result has been something quite different but still something generally including the original idea. Rheumatism itself is a word of this variety. If the word orthopaedic had tradition and use behind it as rheumatism has it might very well be acceptable, but in point of fact it would be no exaggeration to say that the word itself has come to acquire such a difficult meaning that not many years ago the orthopaedists were almost of a mind to find a substitute. If it should now be proposed that not only should no substitute be found, but that the use of the word should be extended, it would appear that opinion has altered very considerably within recent memory.

Furthermore, there is another difficulty in this connection. If the word orthopaedic should be used in a wider sense than that above there would be some tendency to call those physicians who specialised in rheumatic diseases orthopaedic physicians, and presumably the orthopaedic

surgeons would remain as they are. We think that comparatively few of the physicians so designated would be happy with their change of title, and perhaps this might be extended so far as to argue that very few would be even content. The range of orthopaedics as it is practised to-day is such that there are very few matters of abiding interest to the physician outside the realm of the rheumatic diseases. It might perhaps be said that some diseases of bone which occasionally drift to the orthopaedic surgeon have more medical than surgical interest, and in this connection one thinks immediately of Paget's disease or osteitis deformans. Indeed, although Stone's opinion is apparently to the contrary, this disease would beyond doubt fall amongst the rheumatic diseases, for it may be extremely painful when one of the peripheral nerves such as the sciatic is involved, or when sarcomatous degeneration takes place in the faulty tissue. There is little doubt, unfortunately, that this condition has obscure etiology.

If the boundaries of orthopaedics are to include all diseases of the locomotor system then they should presumably include many disorders of bone which at present are the concern of the general physician. One has only to think of rather rare conditions like "tower skull," which is generally treated by a neurologist, or of less rare conditions like fragilitas ossium which is frankly a medical affair. So that the problem seems to us not to be simplified by the introduction of this rather omnibus term. It has been argued that the orthopaedic surgeon is a good carpenter but a poor physician, and that the introduction of a class of orthopaedic physicians would help to remedy this effect. Such a step would have advantages from this point of view, but we are faced again with the same difficulties as we have in the case of rheumatism, the difficulty of defining the scope of the subject and of determining exactly what is orthopaedic and what is not.

These thoughts and arguments seem to lead to the same deadlock as existed before, and one is almost inclined to wonder whether this is one of those problems that can only be solved by a "totalitarian" stroke, and whether the subject of rheumatism could be defined as it were by "charter," so that this is rheumatic and this is not, because it has been so laid down. Naturally this is not an ideal solution and may not be practical, but it could be suggested that the Royal College of Physicians as representing general medicine, the Empire Rheumatism Council, the Royal College of Surgeons, or the British Orthopaedic Association might between them set up a committee of wise and knowledgeable people who could come to some compromise. In this way it might be possible to set the bounds to this very difficult subject, but we admit quite frankly that even were it possible to come to a conclusion it is doubtful whether it would prove of any practical aid, and so for the present this subject must be left there.

### **The Czechoslovak Medical Association in Great Britain**

The Czechoslovak Research Institute has just issued a bulletin\* or small pamphlet dealing with the Czechoslovak Medical Association and LORD HORDER has written the foreword.

DR. OSCAR KLINGER, Medical Director of the Czechoslovak Red Cross, writes an interesting article in which he says that the Czechoslovak Red Cross is the only institution which had a foundation in international law and in this way it was able to help Czechoslovak subjects in this country before the provisional government was set up. After this, of course, the proceedings became official. They have a Propaganda Department, Education and Child Welfare Department, Nursing Service and Health Department. The last named has now grown so that, starting as a practitioner's surgery, it has special departments for diseases of the eye, ear, nose and throat, and skin. The average number of patients is about 1,200 a month, and about 12 cases a day are visited in their homes. Since the establishment of the Red Cross Clinic morbidity amongst the Czechoslovaks has decreased by about 10%.

There is a very interesting article in the bulletin which tells the story of the setting up of the provisional government and the activities of the various branches since; a chapter on the welfare work of the Czechoslovak Refugee Trust Fund, and quite a good exposition of health services in the Republic. It is very curious that in spite of its small size Czechoslovakia has 70 more or less famous watering-places of all kinds, including of course the well-known Carlsbad,

\* "Bulletin of the Czechoslovak Medical Association in Great Britain," No. 1. Published by the Czechoslovak Research Institute, Fursecroft, George Street, London, W.1.

Marienbad and Piestany. In 1929 these places were visited by 163,000 people from outside Czechoslovakia.

There is quite a good story too about an experiment which was in progress in Czechoslovakia before the war. A District Health Insurance Office was set up and included in the scheme was a general hospital with 450 beds, and special departments. The district chosen comprised about 40,000 workers and covered approximately 200 sq. miles. The hospital had its own ambulances, and the local panel doctors spent four hours a day in the clinic, and the rest of their time in consultation and visiting. Any patients ill for a week and able to travel were examined by a specialist at the out-patient clinic, but if unable to travel after three weeks were regularly visited by one of the consultants of the hospital. The opinion is that though it is too soon to draw any decisive conclusion, the results obtained would indicate that this may be the solution, or at any rate the partial solution, of the health problem in Czechoslovakia.

We must congratulate the Medical Association on producing such an interesting and informative pamphlet, and as LORD HORDER says, "They are keeping the flame of learning and of healing alight, so that, . . . Medicine may shine again in the new home they will provide for her."

### BALANCE SHEET

We should like to draw the attention of our Members to the fact that the Balance Sheet of the Fellowship of Medicine for the year ending 31st December, 1941, has been drawn up and has been duly audited and found correct by our Auditors, Messrs. S. H. Swallow & Co. Copies of the Balance Sheet are not being distributed, but the original document is in the office of the Fellowship of Medicine at No. 1, Wimpole Street, W.1, and is available for inspection by any Member who may desire to see it.

## Post-Graduate News

### CARDIOLOGY:

**National Heart Hospital, Westmoreland Street, W.1**

Out-patients clinics every Tuesday and Wednesday at 10 a.m. Tickets can be obtained from the Fellowship of Medicine, price 25s. for 10 attendances, or 2s. 6d. for single attendances.

### ANAESTHETICS

**OXFORD : Department of Anaesthetics, Radcliffe Infirmary**

Professor R. R. Macintosh, D.M., F.R.C.S., D.A.; First Assistant: Freda B. Bannister, M.A., M.D., D.A.

Tuition is available for any period from one week upwards. No special lectures or demonstrations will be arranged, but as much teaching will be given as the ordinary hospital routine will permit. Only a limited number of post-graduates may attend at any one time. Fee, to Members of the Fellowship of Medicine, £3 3s. od. for one week, and £2 2s. od. for each consecutive week after the first; to non-Members, £3 13s. 6d. for one week, and £2 2s. od. for each consecutive week after the first. Occasional Intensive Revision Courses each of two weeks' duration (fee, £10 10s. od.) will be given during the year, and while these Courses are in progress the above-mentioned tuition will be suspended. Applications must be made to the Fellowship of Medicine, *not* to the Radcliffe Infirmary, Oxford. No application sent direct to Oxford will be dealt with there, but will be forwarded to the Fellowship of Medicine.

**LONDON : Southern Hospital (Dartford) and Seamen's Hospital (Greenwich)**  
Dr. William Mushin, D.A.

Tuition given on Monday mornings, and all day Tuesdays, Wednesdays and Fridays. Limited to 2 post-graduates at a time. Fee, to Members of the Fellowship of Medicine, £1 11s. 6d. for one week, £3 3s. od. for two weeks, £5 5s. od. for four weeks. (To non-Members the fee is 10s. 6d. more in each case.) Application for vacancies, stating period required and date of beginning tuition, should be made to the Fellowship of Medicine and *not* to the Hospitals.

Antopol<sup>9</sup> showed that, even with a single large dose of sulphapyridine there was a great danger of causing massive precipitation of free sulphapyridine in the nephrons and so causing great damage to the kidneys. Excess of fluid will help to guard against this danger.

Much stress has been laid upon the toxic manifestations of sulphapyridine—indeed, undue prominence has been given to them in this survey. This has been done deliberately because, firstly, they do constitute a very definite danger; and secondly, only by careful analysis of the results can the subject of chemotherapy be pushed further forward. To give undue praise because of one's enthusiasm for any new drug is to do great disservice to the cause of human suffering. Therefore, let us keep a more balanced view, for, surely, sulphapyridine is only one of the pioneers of its race.

### CONCLUSIONS

Deduction from the above show that the following inflammatory conditions should be given immediate sulphapyridine therapy, viz. pneumococcal peritonitis; all acute and chronic gonococcal infections; acute pyelitis and cystitis. otitis media; and acute meningitis of meningo-pneumo- and gonococcal origin. There is an optimum time both for its use, i.e. as soon as the diagnosis has been confirmed, and, its dis-use, i.e. when the maximum benefit has been obtained in order to prevent severe toxic manifestations.

In pneumonia it is doubtful whether its immediate exhibition is either necessary, or helpful, as a routine; and each case must be considered on its merits. In all cases good nursing is essential; typing of the sputum advantageous; and, should the progress of the case demand it, the combined use of either the specific or polyvalent immune serum and sulphapyridine should be considered most seriously.

Sulphapyridine has a definite place in the treatment of the dysenteries especially in the sub-acute and chronic stages.

It is to be hoped that the sulphapyridine of to-day will not take the place of the aspirin of yesterday, either as a therapeutic agent, or, as a placebo.

### References

1. MAYER, *Illinois Med. Jour.* 78. 397. Nov. 1940.
2. FLEMING, *Lancet.* (1938). 2. 74.
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4. *Journal of A.M.A.* Sept. 6, 1941.
5. *Glasgow Med. Jour.* Nov. 1940.
6. *B.M.J.* Feb. 24, 1941. *et alia.*
7. *B.M.J.* May 24, 1941.
8. *Medical Times.* March 1941.
9. *Archives of Pathology.* May 1941.

## FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION MEMBERSHIP

Only qualified medical practitioners may become Members or Associates of the Fellowship of Medicine. The subscription rate, dating from the month of joining, and including the POST-GRADUATE MEDICAL JOURNAL, are as follows:

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Members and Associates are entitled to pay lower fees for attendance at Courses of instruction arranged by the Fellowship of Medicine. (Associates are members of Medical Societies affiliated to the Fellowship of Medicine—a list of these Societies may be obtained on application to the Fellowship.)

The subscription rate to the POST-GRADUATE MEDICAL JOURNAL for practitioners resident overseas is 12s. per annum, post free, and this rate is also payable during the war by any practitioner serving with H.M. Forces, whether at home or abroad. Subscribers at this rate are not entitled to pay the lower fees, quoted to Members and Associates, for attendance at Courses of instruction.

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