

RHEUMATIC FEVER: A SYMPOSIUM

Edited by LEWIS THOMAS, M.D. Pp. 349, illustrated. London: Geoffrey Cumberlege. 1952. 80s.

Over 50 years have elapsed since Poynton and Paine recovered a small diplococcus from the blood and other tissues in acute rheumatic fever. For a quarter of a century this organism was in vogue and in 1924, Carey Coombs maintained that the diplococcus rheumaticus should be accepted as the cause of acute rheumatism. Protesting voices were raised but usually to advance the claim of some rival organism and they won few adherents. It is an interesting commentary on the changing concepts of human disease that in the report of a symposium at the University of Minnesota on rheumatic fever held in 1951, which contains 645 references, the names Poynton and Paine appear twice, and only once in relation to their diplococcus rheumaticus.

Today, the aetiological problems of rheumatic fever are immunological and biochemical. Over half the papers presented at the symposium, and now attractively published in book form, deal with these aspects. One of the outstanding virtues of this volume is the authoritative and succinct nature of the surveys, each from the hand of an active worker in his particular field. For instance, in a chapter on the biochemistry of connective tissue and rheumatic fever, Albert Dorfman sifts out the vast literature on hyaluronidase and explains the puzzling discrepancy between the "in vitro" and "in vivo" inhibiting action of salicylates. He provides the most competent summary known to the reviewer of this complex subject. The Aschoff nodule is re-examined from a number of conventional and modern view-points, and the connection between experimental haemolytic streptococcal infection and rheumatic fever is traced in a masterly review by George E. Murphy which he supports by 118 references to the literature. Chandler A. Stetson's article on the Shwartzman and Arthus phenomena is an examination of the histology of these reactions; their similarity to the vascular lesions of early active rheumatic carditis in the human is another encouraging link between the rheumatic state and streptococcal antigen-antibody reaction.

One might have thought that this symposium could have included with profit more contributions of greater clinical interest. There are two articles on Cortisone and ACTH, but these are not the best part of the book. Wallace E. Herrell's and Fordyce R. Heilman's account of the culturing techniques and antibiotic treatment of bacterial endocarditis is of a different and higher standard, and avoids the somewhat prolix style so distracting in some other contributors. In this country, the workers at the Juvenile Rheumatism Unit at Taplow have shown recently that pericardial effusion plays an important part, heretofore unsuspected, in the enlargement of the cardiac shadow in acute rheumatic carditis in children. Other signs might well have repaid re-investigation and this conference would seem to

have been a suitable venue. This is not meant as a reflection on the organization of the symposium where the time factor of necessity restricted the scope of the contributions. Under the circumstances, the choice of subjects was wise and balanced, and the organizers are to be complimented on their success. The book continues the high precedent set by its forerunner in this series, the University of Minnesota Symposium on Hypertension.

W. S.

BEDSIDE DIAGNOSIS

By CHARLES SEWARD, M.D., F.R.C.P. 2nd Edition. Pp. xvi + 380. Edinburgh: E. & S. Livingstone Ltd. 1952. 17s. 6d.

This book is largely a collection of lists, some of them good ones, each amplified in the text by short discussion. This frequently reflects the views, both medical and philosophical, of the author; of these, some qualify neither as orthodox nor heretical.

Though the book, cautiously used, may serve as an aide-memoire for the student approaching Finals, or give help to the busy practitioner, it is not recommended as one on which the student commencing his study of medicine should base his fundamental ideas.

FOETAL AND NEONATAL PATHOLOGY

By J. EDGAR MORISON, M.D., B.Sc. Pp. xi + 366, with 59 illustrations. London: Butterworth & Co. 1952. 50s.

The scope of this book is wider than the title would suggest, as it is not only concerned with the morbid anatomy of the perinatal period, but is a comprehensive textbook of foetal and neonatal disease approached from the standpoints of aetiology and disordered physiology.

It is divided into three sections, the first dealing with disturbances arising in intrauterine life, the second with failure of adaptation of the various bodily systems to extrauterine life and the third with infections acquired both before and after birth.

The book is of considerable value as a work of reference. Lists of relevant original papers and books are appended to each of the 20 chapters and the most important references are indicated by heavy type and the title of the paper. But apart from its usefulness as a directory to perinatal disease, the book is designed to be read through and it would greatly profit every pathologist, obstetrician and paediatrician to do so. It is perhaps rather heavy going in parts, but a certain tortuosity of style is probably inevitable when the information in over 1,600 papers and books and the experience of almost as many autopsies of the stillborn and newborn is condensed into a book of this size. It can nevertheless be strongly recommended.