Book Reviews

TEXT-BOOK OF THE RHEUMATIC DISEASES. Edited by W. S. C. COPEMAN, *O.B.E.*, M.D., F.R.C.P., Physician to the Rheumatism Department and Lecturer in the Medical School, West London Hospital. Compiled by twenty-four contributors. 10×7½ in. Pp. viii+612, with 351 figures, some in full colour. Index. 1948. Edinburgh: E. & S. Livingstone, Ltd. Price 50/—.

Study of the rheumatic diseases is complex because it is not based upon one pathological process as in tuberculosis, nor upon a narrow regional distribution as in gynaecology. The feature which links all these diseases is social rather than clinical and comprises the element of crippling disability for which they have a high potentiality. While the disabilities are largely in the locomotor system this subject has ramifications far beyond the scope of orthopaedics. Examination of some of the titles in the present book will show how broadly based must be the vision of one who wishes to master the whole field, ranging as it does from Rheumatic Fever (Lord Horder) and Chorea (Copeman) to Rheumatoid Arthritis (L. S. P. Davidson), Osteoarthritis (T. E. D. Fletcher), Gout (Henry Cohen), Fibrositis (Copeman), and Sciatica (F. A. Elliott), not to mention some of the more rare arthritic syndromes. While, therefore, at least 50 per cent. of the work of an orthopaedic surgeon merits discussion under the term rheumatic disease, nevertheless, he should realise that the full scope of rheumatism requires consideration of every system of the body and the whole of pathology. In diagnosis and therapy no single person can encompass the subject. We are driven to the conclusion that no new specialism is required in the attack upon rheumatism. In fact there is here a lesson for medicine as a whole, as emphasized by Walshe: namely the need for integration, the development of team work, and a return to the viewpoint of the "physician."

The present work is a striking example of integration, for Dr Copeman, himself a distinguished physician, has gathered together a team of experts to present the many facets of his subject. He is to be congratulated on a review which is authoritative, in a way which no work by a single writer could equal. Of particular note are the masterly contributions by Henry Cohen upon the "Rarer Arthritic Syndromes" and "Gout"; each is written in characteristic style with perfect clarity and complete understanding. It is inevitable that in a series of thirty essays there should be some overlap of material and repetition of detail. This fault, however, is much less than in many similar works by multiple authors. Most of the articles are enriched by valuable lists of references. In this way Henry Cohen's essays provide models, as also do the excellent sections on History by W. S. C. Copeman, Anatomy and Physiology by D. V. Davies, Brachial Neuralgia by M. J. McArdle, and Special Pathology by H. J. Gibson. The orthopaedic sections by Watson-Jones and Osmond-Clarke are lacking in this regard. This is sad because in the space available they have not been able to deal exhaustively with this very large part of the therapeutics of rheumatic disease, and reference to the work of other authorities, some of whom they quote, would have been of help. These two sections, dealing respectively with the Principles and the Problems of Orthopaedic Treatment, are, however, as one would expect, first class and give a very fair outline of orthopaedic methods. One would perhaps have preferred a clearer exposition of joint posture in relation to function and physiological rest. The discriminating reader will not be influenced unduly by the tendency of the Watson-Jones school to regard arthrodesis of the hip joint as the "ideal" operation for unilateral osteoarthritis, even in young people. Good as the operative result may be, it is a misuse of the word to call it "ideal." Nevertheless, these quibbles do not affect our appreciation of the excellence of this contribution.

Apart from those articles already mentioned there are contributions by Sir Adolphe Abrahams on Differential Diagnosis; C. W. Buckley on Spondylitis; H. A. Burt on Physical Therapy; Campbell Golding on Radiology; J. H. Kellgren on Pain; G. D. Kersley on Hydrotherapy; L. C. G. Pugh on Climatology; Oswald Savage on Dermatology; B. Schlesinger on Still's Disease; P. Stocks on Statistics; W. Tegner on Social Problems; Henry Wilson on Psychiatry; and B. W. Windeyer on Radiotherapy. In a work which deals with so much of general medicine it would be easy to find some little problem which has been omitted, yet it seems to us strange that practically no mention is made of the neoplastic conditions of synovial membrane nor any discussion of senile decalcifying spondylitis.

This new text-book will clearly for a long time be recognised as the standard British work upon the rheumatic diseases. In future editions, of which doubtless there will be many, we hope that a little pruning elsewhere will permit a rather more ample discussion of orthopaedic principles and practice. As it is, the work is a credit of distinction both to the publishers and to the notable team which Dr Copeman has assembled.—Norman CAPENER.

TREATMENT BY MANIPULATION IN GENERAL AND CONSULTING PRACTICE. By A. G. TIMBRELL FISHER, *M.C.*, M.B., F.R.C.S., Orthopaedic Surgeon to the St John Clinic and Institute of Physical Medicine and to the Arthritic Unit, St Stephen's Hospital. Fifth edition. 9×6 in. Pp. ix+275, with 126 figures. Index. 1948. London: H. K. Lewis & Co., Ltd. Price 25/—.

In the fifth edition of this manual Timbrell Fisher has added many new sections to the text and has made his ideas more easily understood by the addition of many new illustrations.

The first chapter deals with the history of manipulation in the treatment of joint injury and disease,

and it attempts to explain the reasons for remarkable changes in the opinions of surgeons as to its value. The author wisely states that destructive criticism of manipulative treatment is of little value, and that the subject must be taught from the basis of underlying pathology, a knowledge of which must form the basis of treatment. The outstanding feature of the work is the clarity of description of the type of injury, or the sequel of disease, which can be treated successfully by manipulation. Contra-indications are given clearly and the complications which may result from its unjustifiable use are stressed firmly.

Included in this excellent material, there are unfortunately some points to which exception might be taken. In the discussion on manipulation of joints the author suggests that an equally successful result can be obtained by manipulation whether the adhesions causing limitation of movement are intra-articular or extra-articular. Most of those who have experience with this method of treatment have found that the response to manipulation is much more satisfactory when adhesions are in the tissues round the joint and do not affect the joint lining or the articular surfaces. Again the author, in his discussion of low back pain and sciatica, wisely stresses the fact that surgeons must bear in mind the possibility that such pain may be due to retropulsion of the nucleus pulposus. Directly afterwards, however, he describes methods of manipulation and stretching of the sciatic nerve without indicating whether this method is to be used when retropulsion is deemed to be present. One other point might be noted; in the illustration of manipulation of stiff terminal interphalangeal finger joints, movement is being produced by the pressure of the surgeon's fingers on the nail of the affected finger. If this method is used to bend a really rigid terminal joint the result, as a rule, is the development of a haematoma under the patient's nail which renders subsequent physiotherapy impossible, thereby losing the movement gained.

This book can be studied with benefit by any surgeon who is interested in this branch of the work. Much can be learned from this sensible presentation of a subject which to most people is still a mystery.—T. P. McMURRAY.

HUMAN PHYSIOLOGY. By F. R. WINTON, M.A., M.D., D.Sc., Professor of Pharmacology, University College, London, and L. E. BAYLISS, Ph.D., Lecturer in Biophysics, University of Edinburgh. Third edition. $9\frac{1}{2} \times 6\frac{1}{2}$ in. Pp. xv+592, with 248 figures. Index. 1948. London: J. & A. Churchill, Ltd. Price 25/—.

In this edition, a number of physiologists have tried to co-operate in writing an elementary text-book in which the various branches of the subject would be presented to the student with the right emphasis. As a text-book of physiology the book is not entirely satisfactory because too much space has been devoted to the central nervous system and the special senses, and too little, for example, to the cardio-vascular system. The undergraduate is likely to gain an unbalanced view. The book may be useful to post-graduates who want to refresh their memory of the facts of elementary physiology without being able to spare time to read one of the large text-books. In this respect the usefulness of the book is limited by the omission of references to further reading.

The text is easy and, for the most part, clearly written; but some of the diagrams are unnecessarily complicated. An attempt has been made to present the subject from the point of view of human physiology and this has been fairly successful. Nevertheless, the book may not prove to be of great service to post-graduates.—John L. D'SILVA.

EARLY AMBULATION AND RELATED PROCEDURES IN SURGICAL MANAGEMENT. By Daniel J. LEITHAUSER, M.D., F.A.C.S., Chief of Surgery, St Joseph Mercy Hospital, Detroit, Michigan. $9\frac{1}{2} \times 6\frac{1}{2}$ in. Pp. xi+232, with 36 figures. Index. 1947. Oxford: Blackwell Scientific Publications, Ltd. Price 25/—.

The purpose of this monograph is to impress upon surgeons the importance of early walking after abdominal operations. From an experience of more than 2000 patients the author asserts that if correct surgical procedures have been employed, early walking is entirely without danger; it reduces the incidence of pulmonary atelectasis and thrombo-phlebitis, shortens the period of stay in hospital, and diminishes post-operative disability.

It is recommended that as soon as the patient recovers from the anaesthetic (about three hours after operation) he is carefully assisted out of bed, made to cough in the standing position, and encouraged to walk round the bed. It is emphasized repeatedly that coughing is more valuable when the patient is standing than when he is sitting or lying. In cases of incipient atelectasis it is usually possible to detect "palpable rales" at the pulmonary bases when the patient stands; after a bout of coughing a plug of mucus is expelled and the rales disappear. Whenever atelectasis is suspected, coughing in the standing position is repeated at two-hourly intervals. The only contra-indications to early walking are severe shock and a large mid-line vertical scar. Continuous intra-abdominal suction is not a contra-indication; in fact, after