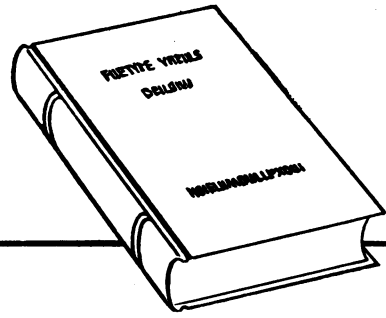

THE PHYSICIAN'S *Bookshelf*

ARTHRITIS AND COMMON SENSE—Dan Dale Alexander. Statement* by the American Rheumatism Association.†

The term "arthritis" is a symptom common to many diseases which afflict the human body. The two most prevalent forms of arthritis are completely independent and diverse entities.

Osteoarthritis, or degenerative joint disease, occurs in the process of aging, and is produced in a large measure by wear and tear.

Rheumatoid arthritis is an inflammatory disease of the joints which leads to deformity and severe crippling. Its cause is unknown, and the disease is difficult to treat successfully by any type of medication.

Other forms include arthritis due to specific infections, rheumatic fever, gout and a group of diseases known as collagen diseases, including lupus erythematosus, which is frequently fatal.

There is no evidence that any form of arthritis, with the exception of gout, is related in any way to diet. Gout is caused by a disturbance of uric acid metabolism. In some cases, successful treatment may require the elimination of meat and certain foods with high purine content.

Certainly scientific investigation — which is being conducted in laboratories and hospitals throughout the world— has failed to justify the belief that either osteoarthritis or rheumatoid arthritis is caused by any special dietary deficiency or lack of vitamins.

In addition, the joints of the human body are not lubricated by an oil or fat. Nor do the lubricating substances in the joints have any relationship to foods containing oils or fats, to codliver oil or to such vitamins as vitamin D.

Furthermore, evidence today points to the fact that the adrenal steroids, such as cortisone and hydrocortisone, are produced from very simple substances. Vitamin D plays no part in their production.

Certainly there is no evidence that drinking water can make arthritis worse, or have any effect whatsoever upon arthritis, with the exception of gout. For those who have gout, a good fluid intake, including water, is most important.

As far as the cortisone produced by the adrenal glands of arthritic patients being different from that of normal people is concerned, the effective, naturally occurring hormone from the adrenal cortex in the human would seem to be hydrocortisone. There is no good evidence at the present time that there is any abnormality in the adrenal steroids of arthritic patients as opposed to normal. There is certainly no special type of cortisone produced in the arthritic patient.

The author's statements regarding some of the symptoms that indicate arthritis, or a tendency to arthritis, are not based on scientific fact. Dryness of scalp, skin, ears; brittleness of the nails; lack of elasticity of the skin; premature greying of the hair; itching of nose or rectum; buzzing in the ears; sterility; varicose veins; marking of the teeth or bleeding of the gums; and tingling of the extremities are not caused by arthritis, nor do they indicate that one is susceptible to arthritis.

Arthritis in all forms is difficult to treat under the most favorable conditions. The problem becomes even more complicated when its investigation and treatment are confused in the minds of the public by misleading fads and fancies.

Although the author claims that many people have written him stating that they have been "cured" of their arthritis by following his recommendations, such statements must be carefully examined.

In the first place, many so-called arthritis victims are actually victims of self-diagnosis. All bodily aches and pains are not arthritis, nor in many cases are diagnoses by physicians of arthritis absolutely accurate. Only recently has a committee of the American Rheumatism Association succeeded in establishing basic criteria by which a diagnosis of rheumatoid arthritis can be considered reasonably accurate. Also recently certain blood tests have proved effective in making a positive diagnosis.

In the second place, rheumatoid arthritis is a disease which has dormant periods. There is no known cure for it at present and the newer drugs and methods of treatment may only be said to arrest the disease. In some cases, the acute phase may arrest itself and a patient may consider himself or herself "cured," only to be stricken at a much later date with a recurrence of the ailment. In other cases the disease may "burn itself out," leaving the patient crippled, but free from pain.

In other words, there is no set clinical course for rheumatoid arthritis; it may persist unabated for many years, or it may slowly subside anytime after a few months; and in most instances it repeatedly flares up even after a number of years of quiescence.

Finally, in arthritis, as in many other diseases, the mental attitude of a patient can affect the degree of apparent acuteness. If a patient believes a certain course of treatment will help, there may be a period of comparative well-being. Unfortunately, in the case of arthritis, such sense of relief is not permanent.

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ESSENTIAL UROLOGY—Third Edition—Fletcher H. Colby, M.D., Consultant, Massachusetts General Hospital; formerly Associate Clinical Professor of Genito-Urinary Surgery, Harvard Medical School. The Williams and Wilkins Company, Baltimore, 1956. 656 pages, $8.00.

This is a new edition of the very popular textbook on urology by the former chief of the Urological Service of the Massachusetts General Hospital and Associate Clinical Professor of Genito-Urinary Surgery, Harvard Medical School. Both of the former editions were reprinted, and this Third Edition marks the sixth printing since the book originally

*Prepared in August, 1956.

†The American Rheumatism Association is a professional organization composed of more than 1,000 physicians throughout the country, with a special interest in the treatment of arthritis and the rheumatic diseases.

appeared in 1950. This fact alone would seem to be ample evidence of the quality of the work and of how highly the book has been regarded.

Essential Urology is not primarily for the specialist, but it is a very adequate text for the student, and is in general superior to most of those that have appeared in the last few years. It is also a valuable reference book for the practicing physician and may even be used to considerable advantage by the specialist in urology. The new edition has further expanded the sections on treatment, a minor defect of the first edition, and contains a rather comprehensive discussion of the antibiotics and chemotherapeutic agents used in the treatment of urinary infections.

The book naturally reflects the long association of the author with the Massachusetts General Hospital and Harvard Medical School. This is well shown in the section on the etiology and management of urinary calculi, as well as in the considerations of urinary neoplasms and tuberculosis, both of which are very excellent and include the latest thinking of the profession. Even more important for the average doctor there is at least some discussion of almost all of those minor diseases that make up such a large part of the average urological practice.

The entire volume is well written and organized for easy reading. The plates are numerous, excellently reproduced, and well chosen. Altogether this reviewer feels that this is the best small textbook on urology available and recommends it highly. Moreover the book will make a valuable addition to the library of every physician even mildly interested in diseases of the urinary tract.

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CLINICAL UROLOGY FOR GENERAL PRACTICE—Justin J. Cordonnier, M.D., F.A.C.S., Professor of Urology, Washington University School of Medicine, St. Louis. The C. V. Mosby Company, St. Louis, 1956. 252 pages, $6.75.

This is another small textbook on urology, several of which have appeared recently, all directed primarily to the medical student and the general practitioner of medicine. The author is Professor of Urology at Washington University Medical School, St. Louis, and is quite well known to the profession, especially for his work on diversion of the urinary tract in connection with cystectomy for cancer. The material used in the book is, as usual, an expansion of the author's lectures to medical students, with the addition of numerous excellent plates and illustrations.

The format of the book is excellent, but it shares with the other books of its type the defect of a considerable degree of oversimplification. To cover within less than 200 pages of text, plus some 60 pages of illustrations, the field of urology must necessarily require a degree of abridgement inconsistent with any very adequate consideration of the subject. However, the author does discuss rather satisfactorily most of the common pathological conditions of the urinary tract, including even the neurological dysfunctions, sexual deficiencies, and a short chapter on acute and chronic renal failure.

One valuable feature of the book is a relatively unbiased description of the perennial problems of the urologist—the management and proper surgical approach to the enlarged prostate, the limitations of hormonal and radical treatment of carcinoma of the prostate, the advantages and disadvantages of the various suggested methods of urinary diversion in the radical treatment of cancer of the bladder, and numerous practical suggestions in the treatment of the more ordinary urinary diseases. Every doctor can read with profit the chapter on Female Urology, and even the well trained urologist will find valuable suggestions throughout the book.

The author will find many friends disagreeing with some of his pronouncements. His suggestion that in general transurethral resection of the prostate is suitable only for glands not more than 40 to 50 grams in weight will arouse a few screams of anguish from the more rabid advocates of the procedure. The followers of Terence Millin will not agree with his rather lukewarm acceptance of the retropubic operation. For the extraction of stones in the lower ureter he advises the looped catheter and mentions the wire basket only to condemn it. Sulfadiazine appears to be his sulfonamide of choice, which is probably not the latest thinking on the subject. Other examples might be cited.

However, on the whole this book is one of the best in its class, and the student will gain from it a well-balanced view of the field of urology. But even more the general practitioner and the specialist will find here many helpful and practical suggestions for the handling of their urological problems, including advice on both what to do and what not to do. The book is recommended.

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CLINICAL UROLOGY—Third Edition—Volumes I and II—Oswald Swinney Lowsley, A.B., M.D., F.A.C.S., F.I.C.S., First Director Department of Urology, New York Hospital; and Thomas Joseph Kirwin, M.A., M.S., M.D., F.A.C.S., F.I.C.S., Professor of Urology, New York Medical College. The Williams and Wilkins Company, Baltimore, 1956. 985 pages, fourteen pages of index, 599 figures, $32.50.

Few specialties have participated in such phenomenal advances as has urology during the past decade. These advances are well documented in the third edition of Clinical Urology by Doctors Lowsley and Kirwin. Particularly informative are the revised sections on cancer of the prostate gland, retropubic prostatectomy, methods of diverting the urinary stream, and the treatment of anuria.

The new edition is beautifully published on an enlarged, three-column format which provides easier readability. Many new illustrations have been added to bring the present total to 599.

Although these volumes are too detailed for a student's manual and not sufficiently comprehensive for a complete reference text, they serve a useful purpose in presenting an excellent exposition of the authors' methods of treatment, especially in the field of urologic surgery. Their specialized techniques, clearly shown in step-by-step illustrations by William P. Didusch, make the volumes an invaluable atlas of surgical urology.

Residents in surgery and urology and urologic surgeons will find the volumes extremely helpful as a specialized reference text. They should be in the library of every urologist.

This excellent edition is a fitting monument to the life work of Dr. Oswald Lowsley who was a co-author of Clinical Urology from its beginning, and who died shortly before its publication.

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AN ATLAS OF REGIONAL DERMATOLOGY—G. H. Percival, M.D., Ph.D., F.R.C.P.E., D.P.H., Grant Professor of Dermatology; and T. C. Dodds, F.I.M.L.T., F.I.B.P., F.R.P.S., Laboratory Supervisor, Department of Pathology; both from the University of Edinburgh. The Williams and Wilkins Company, Baltimore, 1955. 264 pages, 475 figures in full color, $19.00.

The authors present 475 photographs of the most common cutaneous disorders. Also presented, but in lesser numbers, are photographs of the less common skin diseases. The texture of the paper is excellent and the detail in the photographs is well demonstrated. Most of the photographs have brief, pertinent subscripts. The photographs are presented in two perspectives: (1) According to distribution and (2) according to diseases having similar appearing lesions.

The book should prove to be a great aid to those beginning in dermatology and also of much help to those already in the field.