

return of her fibrillation. It was decided that her only chance of recovery lay in a thyroidectomy. She therefore began another course of Lugol's iodine. Her leucocyte count a day before operation was 4,400 per c.mm.

Operation was performed under avertin, gas-oxygen, and local anaesthesia. Seven-eighths resection of the gland was carried out. Her condition on return from the theatre was fairly satisfactory, with a pulse rate of 90. She was unable to retain any Lugol's iodine given by the rectum, and intranasal feeding was not tolerated. Some eight hours after operation her pulse rate rose sharply to 140, and she became very restless. She apparently died of a thyrotoxic crisis some 24 hours after operation.

#### COMMENT

This case presented the familiar problem of an elderly thyrotoxic patient with advanced cardiac damage. The difficulty arose from her intolerance of iodine. Thiouracil produced an improvement in her toxic condition, but the effect was offset by the apparent irreversible change in her blood picture. Pentnucleotide produced only a temporary improvement, which was accompanied by disturbing general reactions; this might have been overcome by the administration of extract of yellow bone-marrow, given by the mouth. This case is the first fatality in a small personal series of under 100 thyroidectomies, which included some severe thyrotoxic cases with concomitant heart damage.

My object in reporting this case is to stress the danger of subjecting a patient to thyroidectomy with an uncompensated granulocytopenia, even if the other indications for operation appear to be urgent.

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### Palindromic Rheumatism

This syndrome seems so clear-cut that it is strange, in view of the widespread interest shown in rheumatic conditions over the last 20 years, for it to have escaped notice in the U.S.A. until four or five years ago and, here, until Wingfield (1945) reported a case in the *Journal*. Hench and Rosenberg (1941, 1944), the former a leading authority on rheumatism, described 34 cases from the Mayo Clinic, and Cain (1944) one case. No excuse, at any rate, need be made for reporting further cases as they come to notice. The symptoms and signs presented by a patient seen in Sept., 1945, accord closely with the accounts given already.

A housewife aged 53 was sent to Droitwich for treatment for arthritis. She gave a history of four years of frequent brief acute attacks of pain, swelling, and redness of her joints, or of the tissues near them, lasting a few hours to six days, generally three days. The intervals were quite irregular. Some malaise occurred during the attack, but the temperature was never raised. She was perfectly well, with no joint symptoms whatever, between the attacks. These often started at night. The hands, knees, or feet were usually affected.

The patient was a healthy well-nourished woman with a slightly enlarged thyroid but no symptoms or history of hyperthyroidism. She had never had a doctor except for her six confinements and for the present condition. There was a small patch of inflammation on the dorsum of the left foot, which cleared up within 24 hours, and a small subcutaneous nodule near her right elbow. During her stay of three weeks her right wrist, the subcutaneous tissue at the nape of the neck, and her left ankle were affected in turn for three to four days. Her temperature was at all times normal. The B.S.R. was normal in two of the intervals, but was raised (28 Westergren) during the last episode. The blood count, blood uric acid, urine, and x-ray appearances (hands and knees) were normal. Salicylates had no effect.

Following biopsy, Hench and Rosenberg describe: (a) typical inflammatory joint reaction; (b) inter- and intra-cellular oedema of the skin; (c) low-grade non-specific reaction in the nodules. As to aetiology, they reject infective, allergic, and angioneurotic possibilities; there is then, for the moment, even less of a clue to it than in rheumatoid disease, the condition which the syndrome most closely resembles. It would appear, however, that anxiety and strain may play, at any rate, a predisposing part in both conditions. Thus the one patient in the Mayo Clinic group who lost her attacks completely, did so after she "quit worrying and adopted a baby," and another had less severe attacks after he "quit the oil business, became a druggist, and took phenobarbitone daily," while the patient whose case is described here started hers after months of great war strain and of anxiety about her son, who had disappeared in Malaya.

Droitwich.

A. R. NELIGAN, M.D.Lond.

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## Reviews

### A YEAR'S BIOCHEMISTRY

*Annual Review of Biochemistry*. Vol. XIV. Editor, James Murray Luck; Associate Editor, James H. C. Smith. (Pp. 856. 30s.) California: Stanford University Press; London: H. K. Lewis and Co.

Without any externally visible enlargement, this year's volume exceeds its predecessor by yet another 60 pages; visions of future indefinite expansions involving the supply of a small mechanical crane along with each new edition float before a semi-stunned reviewer's mind's eye. Perhaps, however, things are not quite so desperate: the rate of increase may be decelerating, for last year (see review in the *Journal* of Nov. 18, 1944) we had to register an increase of 90 pages.

Once more the editors have drawn their contributions from the British Commonwealth as well as predominately from the United States. Two of this year's experts are from Britain and three from Australia; the remainder are American authors. Again, although most of the contributions derive from academic laboratories—universities, medical schools, and research institutions—inspection of the various authors' places of work reveals that three out of the forty were engaged in industry—a rather smaller proportion than in Vol. XIII.

An admirable balance is once more maintained between, on the one hand, the chemical and the biological aspects of fundamental biochemistry and, on the other, between these and their application. Thus we have again chapters on biological oxidations and reductions, and on non-oxidative enzymes; on the chemistry of the carbohydrates, of the lipids, and of the amino-acids and proteins; on the water-soluble and on the fat-soluble vitamins; on carbohydrate metabolism, on fat metabolism, on protein and amino-acid metabolism, on mineral metabolism; on the chemistry of the hormones; on the chemistry and metabolism of phosphorus compounds; on the steroids and the nucleic acids. These hardy and welcome perennials are enlivened by the usual addition of bright new annuals. This year chapters are devoted to the triterpenes, to animal pigments (chloroplast pigments were surveyed last year), to detoxication mechanisms, to biological nitrogen fixation, and (a complementary story) to the nitrogenous constituents of plants and also to their mineral nutrition. At the very end are two chapters on subjects of topical and still growing interest—namely, the chemistry and metabolism of bacteria, and the chemistry of antibiotic substances other than penicillin. The author of this last chapter, Dr. A. E. Oxford writes: "By reason of a regulation designed to ensure the better prosecution of the war effort, the first article in the *Annual Review of Biochemistry* to deal exclusively with a comparatively new but rapidly growing field in microbiological chemistry cannot include anything about the most remarkable substance in that field—namely penicillin. This is the less to be regretted since penicillin ought undoubtedly to have a review to itself when publication upon its purification and chemical nature is again permitted." Already his prophecy has been in part fulfilled, with the publication of the surviving two alternative formulae out of the many that have been so assiduously and secretly elaborated, studied, and rejected during the past four years. It can be confidently anticipated that next year's *Review* will contain something like the account forecast by Dr. Oxford.

Meanwhile there is still only one word that is indispensable to the description of this annual source of satisfaction and humility: the word is—indispensable.

### PSYCHOLOGICAL MEDICINE

*Psychological Medicine. A Short Introduction to Psychiatry*. With an Appendix on Psychiatry associated with War Conditions. By Desmond Curran, M.B., F.R.C.P., D.P.M., and Eric Guttman, M.D., M.R.C.P. Foreword by J. J. Conybeare, D.M., F.R.C.P. Second edition. (Pp. 246; illustrated. 10s. 6d. plus 6d. postage.) Edinburgh: E. and S. Livingstone.

Among the very numerous books which have been written on this subject in recent years this volume may be described as outstanding, and the publication of a second edition in two and a half years and at a time when the issuing of books is so difficult shows that the medical public has appreciated this fact. Its great merit is its brevity, its clarity, and its middle course