The statistics of sickness in the Civil Service of Canada in 1937-8 and 1938-9 show that rheumatic fever accounted for about 4 out of 1,000 of all illnesses causing certificated absence from work, and chronic arthritic rheumatism and other arthritis for about 19 per 1,000.

The records of the Emergency Medical Services 1942-3 show that half the men were still in hospital under treatment or convalescent after a lapse of nearly three months from the date of first admission to hospital in the case of rheumatic fever, that for other arthritic rheumatism the median duration was eight or nine weeks for young men and about six weeks for older men, and for muscular rheumatism it was three weeks for young and four weeks for older men.

A hospital discharge study of all patients leaving New York hospitals in the year 1933 revealed that out of 576,623 who had been treated as in-patients there were 2,097 with a diagnosis of rheumatic fever without heart affection, 3,852 with rheumatic heart disease (of whom 1,835 had rheumatic fever), 610 with Sydenham's chorea, and 6,209 with arthritic conditions.

The Canadian Civil Service statistics for years just before the war showed that the average duration of certificated absence from work was about twenty-four days for rheumatic fever and twenty-two days for chronic arthritic rheumatism.

Rheumatic fever is a notifiable disease in Denmark. The annual notification rate during 1938-43 averaged 74 per 100,000 persons. A comparable rate for England and Wales would be 30,000 cases annually, about 7 out of every 1,000 infants born would have rheumatic fever before the age of 15, and subsequently another 38 attacks would be expected amongst the survivors.

The records of the London County Council for 1938 suggest that about 2.5 per cent. of London's child population were suffering from or had experienced some form of rheumatic infection. Estimates derived from samples of men between 18 and 41 rejected by Medical Boards from military service suggest that about 1 per cent. of rejections were on account of heart disease of rheumatic origin and that 6 or 7 per 1,000 of all men of those ages had been sufficiently incapacitated by rheumatic fever to cause rejection.

The social survey on behalf of the Ministry of Health during 1944-5 revealed that the reported incidence of rheumatism was higher amongst women than men, the female excess amounting to about 40 per cent., more than this under 25 and less from 35 to 44. With advancing age from 20 to 60 the rate increased eight-fold in men and seven-fold in women. The disability rate per 1,000 men was about 5 per 1,000. An excess in frequency was shown in the group with ample house room. Thirteen per cent. recorded rheumatism out of 1,767 people with only one or two people in the household compared with 10 per cent. out of the 4,062 with three, four, or five in the household and 9 per cent. out of the 891 with six or more in the household. These differences were not to be explained by any suggestion that the smaller households consisted largely of older people. The work of Daniel is quoted. He found that there was a clearly defined inverse relation between incidence and number of persons per room, families with less than 0.6 of a room per person having 3 to 4 times the rate of families with 1.4 or more rooms per person. A similar correlation was found with the net income reckoned as a percentage of the minimum needs of the family. There would appear to be no important difference between urban and rural incidence for total rheumatism.

The mortality caused by rheumatic conditions arises mainly by heart lesions left by it. Dr. Stocks again discusses the effect of variety in death certification upon profitable statistical investigation. The crude death rate of women from rheumatic fever declined steadily during the early part of the war. Amongst men, despite the fact that the civilian rates were prejudiced by selection, there was a decline from 1938 to 1942 followed by a rise in 1943 and 1944. The rates are maximal at ages 10 to 14 and higher amongst females between 5 and 10. After 35 neither age nor sex makes any marked difference to the rate.

There could be nothing more indicative of the value of the co-operation of the medical statistician and the clinician than the place that this particular chapter claims in this book, nine-tenths of which is concerned with attempts to cope with the clinical problems caused by the rheumatic diseases. In this chapter the clinician will find ample means for the checking of his own hypothecation concerning aetiology, whilst the investigator, medical or social, will find abundant invitations to profitable research.

F. A. E. Crew


Since sexual disharmonies are the cause of so much distress in a modern society and are so heavily responsible for the insufficiencies of certain social institutions, this book has its value to such as are concerned with the social aspects of disease, and though it does not deal either with the incidence of the various disorders of sex in the population or with the effects of such diseases on social affairs, nevertheless, despite its purely clinical approach, it can claim to be of interest to the social scientist.

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