Critical Evaluation of Allergic Phenomena in Rheumatic Diseases

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The allergic theory of rheumatism may be summarized as follows:

Clinical aspects: There are (a) manifestations provoked by pharmaceutical substances or foodstuffs; (b) occurrences or reoccurrences following surgical operations, exposure to cold, or contact with bacterial or physical allergens, particularly in the autumn and spring; and (c) periodic sinovial fluxion, resembling that of typical allergic serum sickness.

Histopathological aspects: There is a nucleus rheumatoid necrotic exudate, a peripheral proliferation of mesenchymal cells with characteristic nodules, and fibroblastic granuloma.

Bio-humoral aspects: There appears to be a rise in circulating antibodies, resulting in positive agglutination reactions for β -haemo-lytic streptococci. An increase in anti-fibrinolysin, anti-streptolysin O, anti-hyaluronidase, precipitins and haemolysin have also been reported, also an increase in the specific agglutinins against sensitized red blood cells of sheep. The rise in γ -globulin increases the sedimentation rate of red blood cells and the colloid lability of serum.

Serum albumin is generally diminished.

Therapeutic aspects: Cortisone-like substances possess marked anti-phlogistic and anti-allergic activity and must be ranked higher than the common anti-rheumatic preparations such as salicylates and pyrazoles.