RHEUMATIC FEVER AND RIIEUMATIC HEART DISEASE IN DEVELOPING COUNTRIES

Pages with reference to book, From 253 To 253

Agarwal (P.P. 144. Rs. 75.00) Bangalore, Arnold Publisher 1988.

The book is entitled rheumatic fever and rhe-umatie heart disease in developing countries, by B.L. Agarwal, and is published by Arnold Publishers, Bangalore. Bombay. Etc. 198Q. The book is divided into 13 sections which are spread over 140 pages and are devoted primarily to the Indian experience with rheumatic fever. Thçse sections deal with various aspects of rheumatic fever in a summary fashion. Thó chapter on prevalence of rhe-umatie fever should be useful and instructive to the Pakistani reader. It details effort by Indian medical practitioners and Indian Council of Medical Research which have been made to define the magnitude of rheumatic heart disease problem in India. The chapters 2,3 deal with factors such as poverty and status of rheumatic fever in developed count-ries. Chapter 4 outlines the etiology and immuno-logical aspects of rheumatic fever. Chapter 5-6 are devoted to clinical manifestations of ARF in deve-loping countries. The modified Jon&s Criteria are discussed and modified presentation of acute rheu-matie fever in India is restated. Supportive data to this effect is ably presented. The ehapteronjuvenile mitral stenosis is well written and enlightens the reader of uniquely Indian contribution to rheumatic fever saga. Clinical presentation diagnosis and management of chronic valvular heart disease is discussed in a cursory manner but should be useful to the general practitioner. I was impressed with the realism shown in discussing the strategies for control of rheumatic heart disease. I do believe some fire needs to be ignited in the hearts and minds of the policy makers because in third world the most common heart disease in teenagers and adolescents is rheumatic heart disease with its devastating effect on the cardiac valves which often leads to permanent disability. The author, based on prevalence data in India, calculates that 1.5 million children in India suffer from rheumatic fever earditis at any one time while 10 million are sufferers of tuberculosis. This shows the enormous problem the planners must face while planning for prevention and treatment of rheumatic heart disease which require great deal of expenses and tertiary care facilities. Compared to tuberculosis, rheumatic heart disease management is a far costlier affair. In conclusion the book has brought together a large body of literature some Western, African and Oriental but mostly Indian in one volume. The book is brief and concepts discussed are ably out lined. For interested reader references are listed for further study. The book can be recommended to cardiologists, and general practitioners involved in care of children, adolescents and adults with rheumatic fever and heart disease.

Kaleemuddin Aziz
Professor of Paediatric Cardiology. National Institute of Cardiovascular Diseases, Karachi.