

RHEUMATIC FEVER

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**A Guide to its Recognition, Prevention and Cure
With Special Reference to Developing Countries**

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Foreword

It has become commonplace to say that the decline of rheumatic fever in Europe and North America has little, if anything, to do with medicine; but to conclude that efforts to control the disease are futile would be an error leading to what could be termed public health malpractice. The need for adequate treatment of patients suffering from acute rheumatic fever or chronic rheumatic valvular heart disease is obvious; but control also means prevention, and here, too, the need is obvious, if only to lighten the burden on health care, due especially to the treatment of patients with advanced forms of the disease.

The feasibility of and justification for rheumatic fever control programmes in developing countries has been often questioned. A co-operative study co-ordinated by the World Health Organization has now demonstrated that systematic prevention of rheumatic fever recurrences not only benefits the patients concerned but also has economic advantages. Primary prevention by systematic penicillin treatment of all streptococcal throat infections is at present beyond the reach of many health care systems, and anti-streptococcal vaccination is still in the research phase. The mainstay of the combat against rheumatic heart disease thus remains

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secondary prevention – the long-term monthly administration of penicillin injections to identified patients. This requires, among other things, that penicillin be available.

But let us not blur the main issue with digressions: knowledge is the most important weapon in the fight against this (as any other) disease; understanding of its natural history, solid grasp of its prevention, and mastery of its treatment are sine-qua-nons of its control. The present volume is an excellent instrument for the dissemination of such knowledge. With a remarkable balance between theoretical considerations and practical leads, it addresses the practitioner who sees rheumatic fever in its real, everyday context, in the one hundred developing countries of the world. It is a volume dedicated to the control of rheumatic fever and rheumatic heart disease, and nobody could have written it better than Doctors Taranta and Markowitz, who have both spent their lives studying and fighting this disease. Only someone who has himself treated all those young girls and boys crippled or killed by rheumatic heart disease could possibly understand the depth of the authors' commitment. May I express the wish and hope that this volume will be read all over the world.

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