HEBERDEN SOCIETY

Heberden Round.—This was held at the Littlewood Hall, General Infirmary, Leeds, on May 7, 1954. Professor S. J. Hartfall, who conducted the round, showed a series of cases illustrating various aspects of rheumatism.

Case 1, Spondylosis with myelopathy and a neuropathic joint.—A man aged 78 suffered from a painful and subsequently unstable left knee; in addition he developed paraesthesiae, first in the left arm and then in the right.

Examination showed some limitation of the shoulder movements, with muscle wasting and an unstable left knee with pronounced quadriceps wasting. There was no sensory loss but bilateral ankle clonus was present with an extensor response on the left side. Myodil injection into the theca showed two breaks; one in the lumbar region at the level of L3-4 and the other in the cervical region between C4-5. In spite of the absence of sensory loss, the lesions seemed to be attributable to cord and nerve root compression, and Professor Hartfall used this patient to emphasize the title of the recent Heberden Oration: “Spondylosis, the known and the unknown”.

Case 2, Haemorrhage from gastric erosions after oral Butazolidin. Gastroscopy.—A man aged 64 suffered from rheumatoid arthritis and had been treated with Butazolidin, which was followed by dyspepsia and melena. On gastroscopy, multiple acute erosions of the gastric mucosa were seen.

Case 3, Rehabilitation of a chronic rheumatoid cripple, terminated by fatal recurrence of oesophageal haemorrhages.—A woman aged 54 had been a rheumatoid cripple who was remarkably rehabilitated by cortisone and physiotherapy, but while on the drug she developed dyspepsia and haemorrhage from a megaoesophagus. Ulceration of the oesophagus and pyaemia was found post mortem.

Case 4, Rehabilitation of a chronic rheumatoid spondylosis with orthopaedic procedures and prolonged physiotherapeutic rehabilitation.—A man aged 43 had rheumatoid spondylitis with severe involvement of the feet and hands, in addition to involvement of the spine. Treatment with cortisone, orthopaedic operation, and manipulation had produced considerable improvement and he could then walk with the aid of crutches.

Case 5, A case of polyarthritis with neutropenia and splenomegaly. Felty’s syndrome. —? for splenectomy.—A woman aged 31 had rheumatoid arthritis with neutropenia and splenomegaly, commonly known as Felty’s syndrome; the question of splenectomy was discussed.

Case 6, Exophthalmic ophthalmoplegia treated with cortisone and ACTH. Development of thyrotoxic cirrhosis not related to therapy.—A woman aged 58 had thyrotoxic ophthalmoplegia; she was treated with cortisone and ACTH and developed cirrhosis of the liver. This can occasionally occur in thyrotoxicosis, and was believed not to be related to the hormone therapy.

The following demonstrations were also on view:

- D. Taverner: Electromyography.
- T. W. Sutherland, S. J. Hartfall: Pathology.

Short papers were given by the following speakers:

Dr. Derek Taverner: “The Relation of Electromyographic Changes to Somatic Pain”. Since sustained muscular contraction is painful, it is possible that the pain of non-articular rheumatism may be due to muscular spasm. Dr. Taverner reviewed Elliot’s observations in this connexion, but pointed out that several conditions in which the electromyographic abnormalities were similar to those noted by Elliot were, in fact, painless, for example, progressive muscular atrophy. In severe cramp the electromyographic activity recorded was much more intense and quite unlike what Elliot found in his cases. He illustrated the effect of cramp by a patient in whom knitting produced cramp of the right trapezius muscle. Dr. Taverner reviewed Frykholm’s recent work, in which, when the ventral roots were exposed at operation and stimulated either by pinching or by heat, deep muscular pain was felt, and discussed the incompleteness of our present knowledge of pain mechanisms.

Dr. D. A. Hall: “The Electron Microscope Study of Collagen and Elastic Tissue”. He pointed out that connective tissue consists of collagen and elastic tissue in various proportions, both of which are embedded in a highly polymerized polysaccharide matrix. The electron microscope shows the characteristic banding of collagen, whereas elastin is not banded. Illustrating the effects on connective tissue of various factors such as stretching and heating, he
emphasized that collagen and elastin should be considered together, stating that, owing to the limited nature of present knowledge and the differing behaviour of these tissues under differing circumstances, it is possible to draw mistaken conclusions from experimental work in this field.

*Dr. F. G. W. Marson: “Comparative Study of the Efficacy of Prolonged and Continuous Treatment with Salicylate and Probencid in Lowering the Concentration of Serum Uric Acid in Chronic Gout”.

A Clinical Meeting was held at the Royal Bath Hospital, Harrogate, on May 8, 1954.

Professor S. J. Hartfall described his experience with intermittent administration of corticotrophin by repeated slow intravenous infusion in 427 patients, including 331 cases of rheumatoid arthritis. Occasionally thrombosis of the vein used for the injection occurred, but the vein usually recanalized within 5-10 days. Functional capacity (assessed by a modification of the grading adopted by the American Rheumatism Association) improved in a proportion of cases, but the anatomical status of the disease was not influenced, except perhaps in its very early stages. Treatment sometimes produced a temporary regression of activity which facilitated physical therapy; it might also be useful as a prelude to a course of injections of gold, as a supplement to cortisone, and in occasional patients in whom long-acting corticotrophin proves ineffective. Acute cases of “frozen shoulder” sometimes improved dramatically, and the treatment was worth considering in cases of osteo-arthritis with effusions or acutely painful episodes.

In the discussion of this paper doubt was cast on whether the improvement rate exceeded the “inevitable 70 per cent.”, and attention was drawn to the danger of allowing premature weight-bearing when symptoms had been suppressed by cortisone or corticotrophin.

Dr. J. M. Bremner described a patient with rheumatoid polyarthritis, in whom one knee was more severely affected than any other joint. It was decided to inject this knee with hydrocortisone intra-articularly, and two injections of 25 mg. were given into this knee at weekly intervals. When a further injection was given 2 weeks later the fluid was found to contain tubercle bacilli and at operation an acute tuberculous arthritis of the knee was found. Dr. Bremner emphasized the possibility of tuberculous involvement of a joint in a patient who appeared to have rheumatoid arthritis, and the danger of worsening the condition by treating it with Compound F locally.

Dr. J. W. Beattie and Dr. A. Woodmansey described an investigation of the response of the skin temperature in rheumatoid arthritis to reflex vasodilatation before and after treatment with steroids. Changes in the electrical resistance of the skin and in the relation of superficial pain threshold to skin temperature had also been studied. It was hoped that electrical resistance might prove to have a characteristic pattern in rheumatoid arthritis.

Mr. R. Broomhead gave a very interesting demonstration by means of X rays of his results in the treatment of osteo-arthritis of the hip by two types of arthroplasty; the vitallium mould and the acrylic prosthesis. He illustrated a variety of problems encountered in both types of arthroplasty. In his experience the vitallium mould was more satisfactory in its long-term results as the acrylic head suffered from structural defects and a tendency to fragment in the patient’s body.

FUTURE ARRANGEMENTS

Heberden Oration, 1954.—Dr. Robert Stecher (Cleveland, Ohio) will deliver the Oration for 1954 on “Heberden’s Nodes”, on September 24 at the Post-Graduate Medical School of London, Hammersmith Hospital, Ducane Road, W.12, at 5 p.m. All members of the medical profession are cordially invited to be present.

A Clinical Meeting will be held on September 25 at the Post-Graduate Medical School at 10 a.m. Papers will be presented by the following:

Dr. Malcolm Thompson (Edinburgh): “Kerato-conjunctivitis Sicca and Rheumatoid Arthritis”.

Dr. R. Lackner and Dr. G. R. Fearnley (London), followed by Dr. A. K. Missen and Dr. Jean Turner (London): “Amyloidosis in Rheumatoid Arthritis”.

Dr. G. O. Storey (London): “Paraplegic, Para-articular Calcification”.

Dr. R. Lackner, Miss J. Purkiss, and Dr. G. R. Fearnley (London): “Diphenylamine Reaction in Rheumatoid Arthritis”.

Dr. G. R. Fearnley, Dr. E. G. L. Bywaters, Dr. R. Lackner, and Dr. I. Meanock (London): “Comparison of Procaine and Hydrocortisone given by Intra-articular Injection in Rheumatoid Arthritis”.

Dr. A. Aronoff (London): “Pulmonary Changes in Rheumatoid Arthritis”.

The Annual General Meeting will be held on December 3 and 4, 1954, at the Royal College of Surgeons, Lincoln’s Inn Fields, W.C.2. The main topic for discussion on the first day will be the results of the Empire Rheumatism Council’s Cortisone/Aspirin trial. A symposium on Osteo-Arthritis will be held on the second day. Members wishing to present papers on this or other subjects should communicate with Dr. G. R. Fearnley, M.R.C.P., Post-Graduate Medical School of London, Ducane Road, W.12.

H.R.H. the Princess Royal has graciously consented to be present as the chief guest at the Annual Dinner on December 4, 1954.