encouraging but far less dramatic than in the animal".

Carl Pearson and his colleagues give an interesting account of the aortic ring lesions in relapsing poly-chondritis.

These papers are all presented in a well-produced and abundantly illustrated book with a clear and well laid-out text. Since many of the communications take the form of a review, it is a pity that, although most of the papers are accompanied by adequate references which should prove useful in themselves, the discussions which followed the papers have been omitted. Many readers will be left with the feeling that this is what they would have most liked to read if they had not been able to attend the Congress. Events in rheumatology are moving faster than the publishers—there was an interval of 2 years between this Conference and its publication, which is much too long.

MICHAEL MASON

Aids and Adaptations. Published by the Occupational Therapy Department of the Canadian Arthritis and Rheumatism Society. 1969. Pp. 55, 41 figs. (\$2.)

This handbook contains the designs of a number of simple aids and adaptations suitable for the arthritic patient, together with instructions as to how they can be assembled. One of its main features is the number of excellent line drawings. A word of caution is needed if books like this are to be used like a sales catalogue by the patients themselves. They are not a substitute for the careful assessment of the needs of each individual, but nonetheless this booklet should prove a useful source of ideas for those doctors and therapists anxious to provide as comprehensive a service as possible for their arthritic patients.

E. B. D. HAMILTON.

HEBERDEN SOCIETY

Heberden Round, 1969

This was conducted by Dr. A. St. J. Dixon at The Royal National Hospital for Rheumatic Diseases, Bath, on June 13, 1969.

At a clinical meeting held on the same day, the following papers were given.

The Bath Waters and their Users. By JOHN COSH (*Royal National Hospital for Rheumatic Diseases*): The hot springs of Bath were used by the Romans to supply a sophisticated system of baths, which are believed to have included facilities for therapy. After the Roman evacuation their bathing establishment was completely destroyed. However, the King's Bath, Cross Bath, and Hot Bath were in use in mediaeval days, and Leland described them in the 16th century. After royal patronage, the city grew in popularity and fashion in the 17th century, and the present hospital was opened in 1742. The records of the early years of the hospital give us an insight into medical thought and practice in the 18th century. It was not until the middle of the 19th century that differentiation between the rheumatic diseases really began.

A brief historical survey was given and hospital records and exhibits were displayed.

Carpal Tunnel Syndrome in Early Rheumatoid Disease. ANNE CHAMBERLAIN and MARY CORBETT (*Arthur Stanley House, Middlesex Hospital, London*): This paper and the discussion thereon will be published in a future issue of the *Annals*.

Styloid Process of the Skull and Rheumatoid Arthritis. By W. H. D. DE HAAS, G. J. VAN SWAEN, and L. HUISINGA (*University of Amsterdam*): An expanded version of this paper with the discussion which took place at this meeting will be published in a future issue of the *Annals*.

Aminoacridine-Precipitable Polyuronide (AAPP) Excretion in Rheumatoid Arthritis: Preliminary Results. By T. BITTER (*Los Angeles, California*): A method was devised for the assay of urinary polyuronides based on the precipitation of these compounds by adding a saturated solution of 9-aminoacridine hydrochloride (Muir, 1958) to a dialysed (Bitter and Ewins, 1963) aliquot of a 72-hour urine collection.

The investigation was carried out in 29 adults with active classical or definite rheumatoid arthritis (RA) (A.R.A. criteria), ten with systemic lupus erythematosus (SLE), sixteen with various other connective tissue diseases, and 31 normal adults of both sexes between the ages of 20 and 72 years.

Six patients with RA and ten with SLE were found to have markedly increased AAPP excretion. The six patients with RA differed from those with normal