HEBERDEN SOCIETY

Clinical Meeting.—Prof. Sir Henry Cohen, the President, took the chair at a clinical meeting held at the London Hospital on February 29, 1952.

Mr. Osmond-Clarke demonstrated two patients on whose hips arthroplasties had been performed. The operation was of the Judet type with excision of the femoral head and replacement by an acrylic one. Both patients had almost complete relief of pain and their mobility was impressive. Mr. Osmond-Clarke pointed out that if the operation was performed before there was gross change in the joint a range of movement approximating to normal could sometimes be obtained, but if gross changes were present in the acetabulum the range of movement was not so satisfactory.

Sir Russell Brain demonstrated a case of cervical spondylisis. A market porter, aged 58, 2 years previously, while carrying a sack of potatoes on his head up a ladder, had felt "something click" in his neck and had severe pain in the neck and right shoulder. For 6 months before admission he had weakness in his arms and legs, and for 2 months had been unable to work. He had tingling in the finger tips of both hands and increasing pain in the neck. On examination there was wasting of the arms and hands with inverted radial reflexes, and spastic weakness in the lower limbs with extensor responses. There was no definite sensory loss in either upper or lower limbs. X ray showed cervical spondylisis between the 4-5 and 5-6 cervical vertebrae.

Sir Horace Evans showed a case of rheumatoid arthritis (Still's disease) with amyloidosis. A female, aged 28, had a history of 12 years' progressive polyarthritis complicated by pneumonia, meningitis, and pericarditis. On the present admission she was febrile with oedema and ascites in addition to arthritis. Investigations showed evidence of renal and liver damage. The blood sedimentation rate was 60, with reversed albumin/globulin ratio, and amyloid infiltration was shown by liver biopsy. Treatment with cortisone for 7 weeks improved the polyarthritis considerably, but had no effect on the albuminuria, liver function tests, or liver histology.

Dr. J. O. Storey showed a case for discussion. A gas-fitter, aged 33, with a history of attacks of pain in the shoulders, had attacks of peripheral joint swellings with a raised erythrocyte sedimentation rate, and had recently developed abnormal neurological signs in the upper limbs.

Sixty members of the Society were present and a discussion followed the presentation of each case.

Heberden Round.—This was conducted by the President of the Society, Professor Sir Henry Cohen, at the Royal Infirmary, Liverpool, on April 18, 1952. A large proportion of members gathered for this demonstration, at which Sir Henry showed a variety of cases of the diffuse collagen diseases which had been under treatment with cortisone and ACTH.

Disseminated Lupus Erythematosus.—Four cases were shown, each exhibiting different grades of skin and visceral involvement, varying from dermatitis with minimal constitutional change, to a case with slight rash and multiple involvement of serous membranes. There had been general improvement with ACTH, but in at least one case the histology had remained unchanged. One patient was being maintained in good clinical condition by a small dose of hormone given every 5 days, but any attempt to omit this resulted in a relapse.

Dermatomyositis.—A child was shown who was also being maintained on a small amount of ACTH given every few days. Attempts to substitute cortisone to avoid injections had resulted in a rapid relapse.

Scleroderma.—An advanced case had failed to respond to intravenous ACTH.

Sjögren's Syndrome.—A woman patient whose symptoms included swollen and painful parotid glands, granulopenia, arthritis, and hepatitis had responded satisfactorily to ACTH and there was evidence of improvement in hepatic function.

Temporal Arteritis.—In one case proved by biopsy there had been relief of bilateral intense headache coincident with the exhibition of ACTH.

Pemphigus Vulgaris and Simmond's Disease.—Cases were shown in which a response to adrenocorticotropic hormone had been observed.

A feature of this excellent demonstration was the small dosage of the hormone which had been found necessary to maintain clinical improvement in some of those cases which had responded to therapy. Sir Henry Cohen afterwards entertained the members of the Society to dinner at the Staff House of the University of Liverpool.