the synovial tissue was increased, but this rise was inhibited by cortisone and corticotrophin.

Dr. W. S. C. Copeman (London) presided over a session devoted to papers on disk degeneration and osteoarthritis of the spine. Prof. Sten Friberg (Stockholm) showed that the lower lumbar disks disintegrate earlier and to a greater extent than had previously been supposed, and that a negative radiograph did not preclude even advanced disintegration. Deforming arthritis in the intervertebral joints occurred mainly at the level of the disk trouble which was found in 50 per cent. of patients with chronic lumbar pain. In a large series of such patients, 20 per cent. reported an injury accepted for insurance compensation, 20 per cent. gave a history of minor strains such as lifting, and 60 per cent. had no obvious exciting cause.

The delegates were entertained by the Government of the Netherlands in the Hall of Knights at The Hague, and by the Corporation of Amsterdam at the Rijksmuseum after a trip on the canals. The excellent organization of the Nederlandse Vereeniging van Rheumatologen was greatly appreciated by the 800 delegates of the European League against Rheumatism who attended the Congress.

**Dr. J. van Breemen’s 80th Birthday**

During the course of the 3rd European Congress of Rheumatology a meeting was held in the Royal Netherlands Academy of Sciences and Letters in Amsterdam at which a large number of the “elder statesmen” of the European League paid tribute to its founder, Dr. van Breemen, who afterwards, with his wife, entertained the company. It was announced that the Royal Netherlands Government had put a large sum of money at his disposal to mark the occasion, and to pay tribute to his pioneer work in rheumatology. It was provisionally decided that this should be used to endow periodic conferences of experts who would meet in Amsterdam by invitation to discuss predetermined problems of importance in this field. The further details of the scheme were placed in the hands of a committee who will report in due course. W.S.C.C.

**Clinical Meeting** held at the Sheffield Centre for the Investigation and Treatment of Rheumatic Diseases on July 1 and 2, 1955. The President, Professor R. E. Tunbridge, took the chair at the first session:

Dr. G. R. Newns, of the Sheffield Centre, presented some observations on the rehabilitation of the rheumatoid cripple. He reviewed the changes in functional status of 238 patients with rheumatoid arthritis first seen during a period of 12 months. Particular attention was paid to the results of treatment in 28 patients who required correction of deformity in weight-bearing joints: 73 per cent. had maintained some improvement when examined 3 to 4 years later.

In the discussion the importance of supervising the continuation of treatment by active exercises in the home, and the employment of trained physiotherapists for this purpose was stressed.

Drs E. Lockey and A. J. Anderson, of the Westminster Hospital, discussed the results of estimating urine and serum mucoproteins in rheumatic diseases. In rheumatoid arthritis the concentration of serum mucoprotein was usually higher than normal: the level was about the same as in other types of inflammatory disease, but below that encountered in cancer. There was no obvious difference between the results in rheumatoid arthritis and ankylosing spondylitis. Information about urine mucoprotein levels was scanty, but some correlation with serum levels was found. There was a very rough correlation between serum mucoprotein values and the erythrocyte sedimentation rate, and a definite one, absent in other diseases, between the former and the flocculation tests. Evidence was presented that mucoprotein is not responsible for the agglutination phenomenon which forms the basis of the Waaler-Rose test.

In the discussion, speakers emphasized the difficulty of correlating abnormalities which are themselves not specific for a single disease.

Dr. T. L. Pilkington, of the Middlewood Hospital, Sheffield, had brought more precise methods than most earlier observers to a study of the incidence of rheumatoid arthritis in psychotic conditions. His preliminary findings indicated a low incidence (less than 0.7 per cent.) of rheumatoid arthritis in schizophrenia—contrasting with a normal incidence in mental deficiency and in epilepsy.

It was suggested in the discussion that a study of this nature might usefully include a comprehensive radiological survey, and that the effect of prolonged inactivity might play a part in the low incidence in schizophrenics.

Dr. H. F. West, of the Sheffield Centre, described his recent experiences with the new synthetic steroid, Meticorten. In three patients given Meticorten instead of hydrocortisone (systemic) or ACTH a reduction in blood pressure and a loss of retained water was observed, but two developed severe epigastric pain. Observations on the ability of this steroid to suppress adrenocortical activity were mentioned.
In the discussion a fourfold enhancement of anti-inflammatory activity shown by Meticorten over that of cortisone was described. An unexpectedly favourable response in a case of rheumatoid arthritis with advanced amyloid nephrosis was mentioned, and the reduction in blood pressure and oedema on changing from cortisone to Meticorten was confirmed.

The second session was presided over by Dr. W. S. C. Copeman.

Prof. D. H. Collins, of the University of Sheffield, described the pathological conditions revealed by routine examination of the lumbar vertebrae in one hundred consecutive, unselected, autopsies. Metastatic carcinomatous deposits were found in eleven cases, osteoporosis in nine, Paget's disease in three, leukaemic deposits in two, and myeloma in one. The incidence of osteoporosis rose from 7 per cent. in the seventh decade to 21 per cent. in the eighth and 63 per cent. in the ninth. The frequency of unsuspected Paget's disease in pathological material was stressed.

Dr. H. F. West surveyed a series of fatalities and adverse reactions in 52 cases of rheumatoid arthritis treated with cortisone for periods of from 1 to 5 years. In six patients who died during treatment, amyloid disease was found in two and polyarteritis nodosa in a third. As both these conditions can occur in association with rheumatoid arthritis their relation to cortisone therapy is difficult to appraise. One patient was found at autopsy to have severe myocardial fibrosis, and two others died, one suddenly, of pneumonia. Among the non-fatal adverse reactions psychic disturbances occurred in three cases. Injections of corticotrophin occasionally produced anaphylaxis.

In the discussion of this paper, Dr. Oswald Savage commented on six fatalities which had occurred among ninety patients treated with cortisone for long periods.

Dr. R. Sougin-Mibashan, of the Post-Graduate Medical School of London, reviewed some clinical and metabolic aspects of gout in South Africa, where the condition seems to be surprisingly common. The disease occurred with about the same frequency in the white and coloured populations of Cape Town, but was almost unknown in Negroes. Fifty patients were treated with probenecid, untoward reactions being confined to occasional slight epigastric discomfort in four. The clinical effects included disappearance of pain and stiffness (after 4-8 weeks), reduction in the size of tophi and a return of movement in fixed big-toe joints (after 6-9 months), and occasional radiological improvement. Colchicine was given during the early stages of treatment with probenecid to prevent the acute attacks which tend to occur at this time.

Dr. J. S. Lawrence, of the Walkden Miners' Clinic, discussed the results of a survey of occupational factors in degenerative joint disease. Miners and dock workers had a high incidence of disk degeneration in the lower dorsal and lumbar spine, and also of osteo-arthritis in the knees. Degenerative changes in the cervical spine showed, however, no predilection for miners. Heavy manual work, especially in the stooping position, was a factor in the development of disk degeneration in the lumbar region. Damp working conditions were associated with an increased frequency of symptoms, but not of radiological changes. The survey showed forcibly the heavy toll taken by this type of disease in terms of disability among miners.

The Annual General Meeting will be held on November 25 and 26, 1955, at the Royal College of Surgeons, London.

The Heberden Oration, which was to have been given on October 21, 1955, at the Royal Society of Medicine, London, will not now take place.

**EMPIRE RHEUMATISM COUNCIL**

**SUMMARY OF THE E.R.C.**

The present Cortisone-Aspirin trial was born of a desire to repeat the M.R.C. trial with continuous rather than interrupted therapy in a less narrowly selected group of cases. It seems that in general much the same results have been obtained as in the former trial and that the aspirin- and cortisone-treated groups showed no significant differences when assessed after 6 months and after 1 year. The trial continues, as most of the patients are still on treatment, and we hope to run on to the end of the third year.

The x-ray work, which has been most painstakingly done by Dr. Ifor Williams, has been most informative; for, quite apart from the result, it represents a serious attempt to assess radiological changes over a relatively short time in rheumatoid arthritis. Many difficulties have been encountered, but a good basis has been laid for any further similar studies. Dr. Williams found that

* Full details of the first year of the trial will appear in the December issue.

Cortisone/Aspirin Trial*

for practical purposes hands and wrists were the most useful joints to assess in a scheme like this, and that in the bony erosions were the most helpful indication of progression. Surface and pocketed erosions accounted for 87 per cent. of the points of assessment.

Dr. Lewis-Faning, who has done an immense amount of statistical work, states that the two groups of patients appear to have been truly comparable, in that at the outset they were similar in all relevant characteristics, and the unavoidable withdrawal of some patients from each group did not affect the issue. Progress has been strikingly parallel in every respect in the cortisone- and aspirin-treated groups. It is of interest that improvement in both groups was greater in the first 6 months than in the second, and it will be interesting to note further progress at the end of 2 and 3 years.

We thank the participants from all nine centres, and Messrs. Merck and Co. for supplies of cortisone.

F. Dudley Hart.