to 71 years with rheumatoid arthritis (21), degenerative joint changes (30), or non-articular rheumatism (46), with “osadrin”, a preparation consisting of equal parts of 1:4-diphenyl-3:5-dioxypyrazolidine and dimethylaminophenylmethylypyrazolone with the addition of procaine hydrochloride. The average daily dose was 1 ampoule by injection or four to six tablets by mouth for 10 to 40 days. [The dose contained in each ampoule or tablet is not stated.]

In a high proportion of cases a significant anti-rheumatic effect of the treatment was demonstrated locally by diminution of pain, muscular spasm, and exacerbation, and systemically by disappearance of fever and return to normal of the erythrocyte sedimentation rate. The preparation was well tolerated and there was no local tenderness after injection or gastric upset after oral administration. There was no water retention in spite of increased uric acid elimination.

The authors state that their results confirm those of German workers who have been using osadrin for well over 5 years.

Max Mayer.


Significance of Intestinal Disorders in Diseases of the Rheumatic Type. (Die Bedeutung von Darmschäden für die Erkrankungen des rheumatischen Formenkreises.) KUHLMANN, F. (1959). Z. Rheumaforsch., 18, 200. 1 fig.


Treatment of Inflammatory Rheumatism at a Rehabilitation Centre. (Essai de traitement des rhumatismes inflammatoires en maison de réeéducation.) CODEANO and BLANQUIER (1958). Rhumatologie, 10, 255.


CORRIGENDA

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In the Abstracts Section, p. 170, col. 2, l. 25: For Freibeorg, R. H. read Freiberger, R. H., joint author of a paper on “Peptic Ulcers in Rheumatoid Patients receiving Corticosteroid Therapy” (Radiology, 1958, 71, 542).