Arthritis of Familial Mediterranean Fever: Further Experiences. By G. E. EHRlich (Philadelphia). The prevalence of familial Mediterranean fever among Sephardic Jews in Israel permitted definition of the articular symptoms and signs. Involvement was usually monarticular and occurred at unpredictable irregular intervals, accompanied by fever. Local signs were marked tenderness and swelling, with relative absence of redness and warmth of the joints. Though attacks were usually of short duration, some were prolonged, but all spontaneously subsided and led to complete functional recovery. Further patients have been examined in the United States; in most cases, these too were usually Sephardic Jews when the cases were familial. Sporadic cases have been seen in patients of other nationalities, suggesting intriguing historical speculations about their ancestry.

Discussion.—DR. D. A. BREWERTON (London): We have had two such patients referred for diagnosis from the Middle East. The first was referred with a diagnosis of ankylosing spondylitis; he had fever, recurrent acute abdominal pain, and skin lesions. I should like to describe a Protestant family from Essex, who seem to have none of the connexions that Dr. Ehrlich was referring to. The ten patients involved had had recurrent acute attacks of arthritis starting early in childhood and in most instances going on for the rest of their lives, exactly like familial Mediterranean fever; seven can produce skin lesions by exposure to cold and can even produce acute arthritis either by cold weather or by application of cold to a joint. I hesitate to say this is familial Mediterranean fever, but it raises the question where to draw the line.

DR. EHRlich: Many of my patients have also had precipitating features. In some cold has been effective and in others, trauma, forced marches, and the like, but in others heat. In these particular families there is no consistent precipitating factor even though a specific precipitating factor does tend to run in families.

AUSTRALIAN RHEUMATISM ASSOCIATION
ANNUAL MEETING, 1967

The Annual Meeting of the Association was held in Melbourne, on October 9 to 11, 1967. The following papers were presented:

Rheumatoid Heart Disease. DR. IAN FERGUSON (Brisbane): A detailed case history of a young female patient with aortic valve disease and myocarditis.

Arthritis, Tenosynovitis, and Agammaglobulinaemia. DR. HUGH GALLAGHER (Sydney): A 64-year-old man with a 32-year history of bronchopneumonia, sinusitis, and diarrhoea developed arthritis and tenosynovitis of rheumatoid type. He had a low level of IgG with absent IgM and IgA. IgG and IgA levels were raised separately in two relatives, whereas seventeen relatives were completely normal.

Arthropathy in Renal Failure. DR. HENRY STONNINGTON (Sydney): Cases were described with long-standing renal failure and phosphate retention with attacks of acute arthritis. X rays revealed calcific deposits around
joints, whilst aspiration of the joints revealed no urate crystals (despite a high serum uric acid), but an amorphous material, which had the chemical composition of hydroxyapatite, apparently in combination with protein.

**Sporadic Epidemic Polyarthritis.** Dr. W. Douglas (Brisbane): Twenty cases of epidemic polyarthritis had been seen in Brisbane in the previous 2 years. All were proven serologically by significant changes in the hemagglutination-inhibition and complement-fixation tests to the T48 strain of Ross River virus. Residual intermittent symptoms, particularly in weight-bearing joints, were found to be common. Attempts to isolate the virus from synovial fluid, skin rash, and mucous membrane were unsuccessful. Latex tests, performed in sixteen cases, were negative and the erythrocyte sedimentation rate was slightly raised initially in six.

**Influence of Pregnancy on the Erythrocyte Sedimentation Rate (ESR) in Australian Women.** Drs. G. D. Champion, D. M. Saunders, and J. F. Kemp (Sydney): Westergren ESR estimations were performed on a series of normal Australian pregnant women. The mean was found to reach a maximum of 30 mm. in one hour at 36 weeks (range 8 to 52).

**Histological and Electron Microscope Changes in Experimental Arthritis.** Drs. K. D. Murden and Dr. G. Pearce (Melbourne): A comparison was made between experimentally-induced arthritis and rheumatoid synovial tissue with regard to routine histology, distribution of iron, and electron microscopy. The types of arthritis examined were—adjuvant-induced polyarthritis in rats, arthritis induced by intra-articular old tuberculin in Mantoux-positive guinea-pigs, and arthritis following serial injections of intra-articular caragheenin.

Features similar to rheumatoid arthritis were best seen in caragheenin arthritis. Patchy iron staining was noted in material from all three forms of arthritis, but was of minor degree in adjuvant polyarthritis. Electron microscopy showed ferritin granules in synovial cells and in lysosomes, the latter showing features similar to those previously described in rheumatoid cells.

**Reaction between Hyaluronic Acid and Serum and its Relevance in Inflamed Joints.** Drs. R. Fraser and G. Harris (Melbourne): Fresh human serum impairs the size and quality of mucin clots formed by synovial cell cultures. The inhibitory effect is due to a reaction between hyaluronic acid and a heart-labile nondissol sway component of serum, and is not attributable to breakdown of hyaluronic acid.

**Pathology of the Rheumatoid Joint.** Dr. Kingsley Mills (Melbourne): Results were presented of the examination of pathological material of rheumatoid joints representing about seventy knee synovectomies, thirty bilateral metatarsal head resections, and other procedures.
Resolution of Arthritis after Neuromuscular Paretic Lesions. DR. L. Koadlow (Melbourne): Two cases were described of neuropathy and muscle paresis of the hand and forearm occurring in patients with pre-existing rheumatoid arthritis. In both, the arthritic deformities were lessened at the site of the paresis.

Facilities for Total Care and Rehabilitation of Arthritis in Victoria. DR. L. Koadlow (Melbourne): A questionnaire prepared by the author was sent to each hospital in Victoria large enough to have a Medical Superintendent, but with no special clinic for arthritics. Replies were compared with those to another questionnaire previously reported by the Australian Rheumatism Association, and originating from rheumatologists in charge of Arthritis Clinics throughout the Commonwealth of Australia. The majority of superintendents indicated that treatment facilities for arthritics were adequate in their hospitals, whereas the majority of rheumatologists had reported dissatisfaction with such facilities (even) in their own hospitals and arthritis clinics. Widespread lack of education and interest and inadequate appreciation of requirements in rheumatology were considered to be the cause of the complacency of the superintendents, in the face of the critical views of the rheumatologists.

NOTES

FRENCH—ITALIAN—SWISS RHEUMATOLOGICAL DAYS
Angers-Tours, May 24 to 26, 1968

Programme:
Rheumatism of the hand; ankylosing spondylitis; aetiology of arthrosis.

Information from: Ligue Française contre le Rhumatisme, Hôpital Bichat, 170 Boulevard Ney, Paris 18ème, France.

BRITISH COUNCIL FOR THE REHABILITATION OF THE DISABLED
III International Seminar and Exhibition, June, 1968

A conference on World Problems in Rehabilitation of the Disabled will be held on June 30 to July 6, 1968, at the Hotel Metropole, Brighton.

Full information from the General Secretary, REHAB, Tavistock House (South), Tavistock Square, London, W.C.1.

VII BRASILIAN RHEUMATOLOGY CONGRESS
Rio de Janeiro, July 14 to 19, 1968

Subjects: Arthrosis; Bouillaud’s disease; physical medicine and reeducation; intestinal, ophthalmological, cutaneous, pulmonary, muscular, etc., manifestations of rheumatoid arthritis and the collagenoses.

Information from: Dr. J. E. de Rezende, Avenida Nilo Pecanha, 38 2° Andar, Rio de Janeiro, Brazil.