In 10 patients with classical rheumatoid arthritis indomethacin profiles and articular indices were determined before and after a period of one week's administration of probenecid (1 g daily). There were significant differences between the two indomethacin profile results, and the articular index fell significantly (P < 0.05) from a mean value of 17.6 (±SEM 2.8) before treatment to a mean value of 12.5 units (±SEM 1.1) after probenecid. Despite attaining very high plasma indomethacin concentrations after probenecid no patient complained of side effects. This effect of probenecid on indomethacin levels was noted in further studies after both oral and rectal administration. When frusemide was administered orally with indomethacin the indomethacin profile was reduced. These results are preliminary and based on a small number of patients but do raise the question of the advisability of concurrent administration of diuretics and indomethacin.

References


Mark Twain and Rheumatology. G. Jutla and V. Wright (Rheumatism Research Unit, The University of Leeds)

The aphorism of Mark Twain that 'the advantage of medicine is the large return of conjecture one gets for such a small investment of fact' has been studied in an analysis of 1222 articles in 15 journals by 2936 authors! Conjecture has been expressed as a percentage of fact. The journals analysed were from four areas: (1) medicine, (2) 'pure' science, (3) arts, (4) psychology. The medical journals were further subdivided into rheumatology, general medicine, and orthopaedic surgery.

It was found that there was little truth in Mark Twain's aphorism, with the exception of orthopaedic surgery, in that the ranking order of talkativeness was (a) orthopaedic surgery, (b) pure science, (c) arts, (d) general medicine, and (e) rheumatology. It was noted that medical journals required more authors to write an article than arts journals. There was some evidence that Mark Twain (an American) may have been influenced by local observations, in that the Americans were more talkative than those from the United Kingdom in science journals, orthopaedic surgery, and general medicine, whether this was judged by the country of publication, or the country of origin of the authors. In rheumatology, however, the British were the most talkative and only outstripped (marginally) by authors in psychological literature. This last analysis was by place of publication; in terms of the country of origin the British fared rather better. When the data were analysed by the subject of the article it was found that clinicians and pathologists were more diffusè than surgeons and biochemists.

Generalized Osteoarthrosis. A Problem of Definition. T. Benn and P. H. N. Wood (ARC Epidemiology Research Unit, University of Manchester)

The epidemiological outlook often appears to confound clinical concepts, particularly in regard to syndromes. Thus primary generalized osteoarthrosis (GOA), as conceived by Kellgren and Moore (1952), is regarded clinically as being a separate disease from secondary or pauciarticular forms of OA. However, a major distinguishing feature, the number of joints affected, failed to differentiate these syndromes clearly in a population survey (O'Brien and others, 1968). The situation is therefore analogous to the old controversy about the distribution pattern of blood pressure levels, and whether essential hypertension is a discrete entity.

We have pursued this question using data on 229 persons with various types of OA who were examined in a collaborative study by rheumatology clinics in England, France, Finland, Czechoslovakia, Bulgaria, and the U.S.S.R. 51 patients with coexisting diagnoses of RA, gout, or ankylosing spondylitis were excluded from the subsequent analysis. The frequency with which a double diagnosis of GOA and RA was assigned in the Finnish and Bulgarian clinics suggests that the concept of GOA may be different in these countries. Examination of the likelihood of particular sites being involved in relation to the total number of involved sites confirmed the clinical concept of separate syndromes of multiple and local OA with preferences for different sites. The results for the hip were consistent with their being more than one syndrome of OA in this joint, as Kellgren and Lawrence (1961) have reported. Multiple joint involvement was associated with raised ESR, serum uric acid, and rheumatoid factor (SCAT). It was concluded that numerical analysis supported GOA as a meaningful concept.

References


—, AND MOORE, R. (1952) Brit. med. J., 1, 181 (Generalized osteoarthrosis and Heberden’s nodes)


Discography in Assessment of Lumbar Disc Disease. J. T. Patton (Department of Radiology, Manchester Royal Infirmary)

The technique of lumbar discography involves injecting a water-soluble contrast medium into the nucleus pulposus using a posterior midline approach and local anaesthesia under fluoroscopic control. The technique is not new (Lindblom, 1948) but is now made easier by image intensification with television amplification. The technique traditionally relies on two criteria as evidence of disc disease. (a) Pain reaction. Injection of the normal disc is painless and pain on injection is good evidence that the disc is diseased. Reproduction of the patient's symptoms is an accurate guide to the level where there is evidence of multiple disc disease. (b) Radiographic appearances. The distinction between normal and abnormal discs is so characteristic as to render (a) virtually unnecessary. The contrast medium currently used by the author is virtually painless on injection. The technique demonstrates disc prolapse both anterior and posterior, Schmorl's nodes, degenerative disc disease, etc.
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G Juttla and V Wright

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