BRITISH BRANCH OF THE EUROPEAN LEAGUE AGAINST RHEUMATISM

The Annual General Meeting will be held at the Arthur Stanley Institute (Middlesex Hospital), Peto Place, London, N.W.1, at 2 p.m. on July 6, 1951. This was followed by a Medical Meeting at which short papers were presented by Drs. Bernard Schlesinger, L. J. Barford, G. D. Kersley, and others.

DANISH NATIONAL ASSOCIATION AGAINST RHEUMATIC DISEASES

ANNUAL REPORT, 1949-50

The activities of the Association during the past year have included subsidizing the treatment of needy patients at three selected sanatoria. A large sum was allocated for research into the effect of cortisone in certain of the rheumatic diseases, and an agreement has been made with the commercial interests involved, whereby ACTH is being produced in Denmark in increasing quantities. The President of the Association, Professor E. Jarløv, was elected President of the Ligue Internationale contre la Rhumatisme.

It would be pleasant to be able to record that every civilized country had an equally active and enlightened rheumatic organization at work.

W. S. C. C.

CORRESPONDENCE

IRON THERAPY IN THE ANAEMIA OF RHEUMATOID ARTHRITIS

To the Editors, *Annals of the Rheumatic Diseases*.

6.6.51.

SIRS,

In these days of ultra-scientific medicine, published work contains so much biochemical and mathematical data that the busy clinician may be tempted to seek information exclusively from the pages of your distinguished contemporary *Readers' Digest*. Fortunately, in an effort to keep medical journals readable, there is a slowly growing tendency for the writer to exclude from his reports all inessential matter—however much the inclusion of this might appear to increase his intellectual stature and halo of erudition. But this tendency does not imply that the investigator no longer recognizes the need to check the validity of his results: he will do so, in any event, for his personal satisfaction, before considering any phase of his enquiry to be complete.

Accordingly, before submitting to you my recent report on "Oral and Intravenous Iron Therapy in the Anaemia of Rheumatoid Arthritis"* I passed my results to colleagues in the Department of Economics of the University of Leeds, for statistical examination: in reply, I received a comprehensive analysis which, you may agree, although satisfying

* *Ann. rheum. Dis.* (1950). 9, 358, and (1951). 10, 86.

was too long to incorporate in a brief paper. I therefore chose to describe the results as statistically significant, instead of giving a series of mathematical expressions which might have gratified the occasional enthusiast like Dr. Bywaters, but would have been somewhat indigestible for the "average reader"—if one may use such an imprecise phrase.

Yours, etc.,

D. N. Ross.

Royal Bath Hospital, Harrogate.

STATISTICAL SUPPLEMENT

by D. N. Ross

The data can best be summarized as follows:

If y is the result after treatment, x is the result before treatment, then

$$\left. \begin{array}{l} \text{for Group } P \quad y = 45.60 + 0.477x \\ \text{for Group } V \quad y = 60.92 + 0.333x \end{array} \right\} \quad (1)$$

These relations can also be written,

$$\left. \begin{array}{l} P, (y - 87.2) = (0.477) (x - 87.2) \\ V, (y - 91.3) = (0.333) (x - 91.3) \end{array} \right\} \quad (2)$$

These can be interpreted as showing that in both cases the treatment has a tendency to bring the patient nearer to a normal level of 90 approximately.

The difference between the slopes of the two relations (1) are not significant.

There is also a difference in the variances of the results of the two groups both before and after treatment, giving some indication that the results of treatment given to Group V are less predictable or Group V is less homogeneous than Group P . These differences are, however, not significant.

Taking these results into account, the relationships (1) can alternatively be written:

$$\left. \begin{array}{l} P \pm y = 50.7 + 0.40x \pm 7.6 \\ V \pm y = 56.3 + 0.40x \pm 7.6 \end{array} \right\} \quad (3)$$

The difference of 5.6 points is a measure of the difference in the efficacy of treatment in the two groups and is significant at the 1 per cent. significance level.

An alternative formulation corresponding to equation (2) would be to assume that both treatments have the same normal level 90. This leads to

$$\left. \begin{array}{l} P (y - x) = 0.42 (90 - x) \\ V (y - x) = 0.71 (90 - x) \end{array} \right\}$$

This could be interpreted to mean that the treatment applied to V is some 70 per cent. more effective than that applied to P . The difference is again statistically significant at the 1 per cent. level.

BOOK REVIEWS

Annotated Bibliography of Cortisone, ACTH, and Related Hormonal Substances. Published quarterly by the Cortisone Committee of the Empire Rheumatism Council. First Quarter, 1951. 5s.

The second issue of this publication covers the literature which has appeared up to November, 1950. The slightly modified arrangement makes it easier to find the more important subjects, and the bibliography is a very useful reference work for all who are interested in research and treatment. Fairly full abstracts of the more important papers are given, with brief notices of those of less value, not only in the rheumatic and collagen diseases, but in other branches of medicine.

Copies may be obtained from the General Secretary, Empire Rheumatism Council, Tavistock House North, Tavistock Square, London, W.C.1.