CORRESPONDENCE

To the Editors of the
Annals of the Rheumatic Diseases.

DEAR SIRs,—Reports have appeared of an agent, Trafuril Ointment (Ciba), containing 5 per cent. by weight of a rubefacient, tetra-hydrofurfuryl nicotinic acid ester, which describe its use as a diagnostic skin test for rheumatoid arthritis. When a small amount of this material is rubbed into the skin of a normal subject a mild local erythema (typical response) results. An absence of erythema is considered to be abnormal (atypical response).

Nassim and Banner (1952) reported that no reaction occurred when the ointment was rubbed on the skin of five patients with rheumatoid arthritis, but that when it was rubbed on the skin of patients with tuberculous arthritis and osteo-arthritis, a typical reaction (local erythema) resulted in about 15 minutes. They also found that the atypical reaction became typical in arthritic patients after they had received gold salts or large doses of ACTH or cortisone.

Oka (1953) reported on the use of this test in an extensive series of patients; he found a correlation between the test and the erythrocyte sedimentation rate.

We have studied a group of patients and normal subjects, and our results differ in some respects, though they corroborate some of the findings of the above investigators. The following chart is a summary of our

results. We did not distinguish between slight and strong typical responses, as we considered the atypical response (no erythema) the important result to look for.

Our results may be summarized as follows: we found that only 20 per cent. of patients having rheumatoid arthritis gave an atypical response, whereas, Oka reported 68 per cent. We found that 4 per cent. of normal subjects gave an atypical response, whereas Oka reports that none gave such an atypical response. There is no correlation in our series between the response and the erythrocyte sedimentation rate. There is some variation in the response of individual patients when the test is repeated from time to time. Thus, one patient with osteo-arthritis gave a typical response on one occasion and an atypical response 5 weeks later. This patient had a marked psychic component. It is also interesting to note that of four cases of psychogenic rheumatism, three gave an atypical response.

Our conclusion is that this skin test when atypical, may corroborate a diagnosis of rheumatoid arthritis, but that a typical response does not exclude it.

Yours faithfully,

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580 Park Avenue,
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October 5, 1953.

Investigator	Bartfeld and Hartung (1953)			Oka (1953)			
	No. of Cases	Response (%)		No. of Cases	Response (%)		
		Atypical	Typical		Atypical	Typical	
Disease						Slight	Strong
Rheumatoid Arthritis	40	20	80	228	68	22	11
Ankylosing Spondylitis	4	50	50	16	75	12·5	12·5
Gout and Gouty Arthritis	3	0	100				
Osteo-arthritis	50	2	98				
Fibrositis and Bursitis	9	0	100				
Psychogenic Rheumatism	4	75	25				
Normal Controls	30	4	96	69	0	5·8	94·2