

severity of the disease in these patients and has introduced a system of "weighing" the results, which the reviewer found difficult to follow.

In common with all ambitious clinical trials of this nature, many technical deficiencies are apparent in the methods used, which must detract to some extent from the conclusions drawn. Thus: the follow-up data was obtained by means of a written questionnaire rather than by personal examination. The notorious inaccuracies which inevitably occur in subjective evaluations of this nature do not need to be stressed. Furthermore, although it is not explicitly stated, it seems that many of the earlier cases were selected and evaluated retrospectively from routine hospital records and were not regarded as research cases *a priori*. Personal experience suggests that records taken in this way—presumably by many different observers—are seldom sufficiently accurate for subsequent comparisons. Finally, the exact criteria used for "scoring" the joint pathology is not made clear. For example, joints which were ankylosed were given the maximum score (p. 50), whereas those exhibiting effusions were rated lower. This seems almost calculated to give a false impression, since the former condition is irreversible whilst the latter is at least potentially reversible. It would be more logical to note ankylosis as a *fait accompli* and only to score those features which the drug could reasonably be hoped to influence.

Despite these criticisms of points of detail, this remains a useful and painstaking study which contributes further significant but inconclusive evidence to support those who maintain that gold therapy can alter the natural history of rheumatoid arthritis. The presentation is good, but the English translation in places could be improved.

JOHN H. GLYNN.

Artrite Reumatoide. By Jacques Houli. 1953. Pp. 264, illus. Industrias Quimicas Schering S/A, Rio de Janeiro.

Many doctors, especially those living in the temperate zones, have suffered from the delusion that rheumatoid arthritis is an uncommon disease in the tropics. Dr. Houli points out that in Brazil alone (population about 48,000,000) there are over half a million burdened with the disease. There is much justification, therefore, for this monograph in the Portuguese language. It is good to see a chapter on the historical aspect; the remaining ones deal quite adequately with the subject, and the material is well classified. There is a wealth of statistical data and appropriate photographic reproductions are included. Although there is little new for the rheumatologist, the general physician would most certainly benefit from digesting its contents. The bibliography is more than adequate.

PAUL B. WOOLLEY.

LIGUE EUROPÉENNE CONTRE LE RHUMATISME

THIRD EUROPEAN RHEUMATOLOGY CONGRESS, 1955

The third European Rheumatology Congress was held from June 13 to 17 at Scheveningen, in Holland, under the presidency of Dr. PEDRO BARCELO (*Spain*).

One of the main themes was the association of rheumatism and social medicine. Prof. K. M. WALTHARD (*Geneva*), among others, described the services and plans for the future in Switzerland. A small survey had been carried out in one of the most rural Swiss valleys, where it was found that degenerative arthritis was extremely common. This was ascribed to the hard manual labour undertaken by the inhabitants.

Prof. NANA SWARTZ (*Stockholm*) presided over a session devoted to the evaluation of therapy, at which Dr. J. J. R. DUTHIE (*Edinburgh*) described the significant factors in reaching a prognosis in rheumatoid arthritis. He based his opinion on a follow-up study of 282 patients seen at an average of 4 years after discharge from hospital. Patients admitted to hospital within one year of onset had a much better prognosis than those admitted at a later stage. Functional capacity at follow-up deteriorated progressively the longer the duration of the disease before admission, and those patients in whom the disease ran a rapidly progressive course in the first year fared appreciably better in the long run than those in whom it started more insidiously. The importance of

studies on the natural history of rheumatoid arthritis, particularly now that the necessity for evaluating new drugs has arisen, was admirably stressed in this paper.

During a session on connective tissue, with Prof. F. COSTE (*Paris*) in the chair, Dr. L. E. GLYNN (*Taplow*) described studies suggesting that widespread alteration in connective tissue occurs in patients with rheumatic fever. Increased permeability of the connective tissue was shown by the delay in the reconstitution of the dermal barrier after an injection of hyaluronidase. Dr. G. ASBØE-HANSEN (*Copenhagen*) discussed the hormonal control of mesenchymal tissue. He had found that the individual elements of all connective tissue respond alike to the same hormones. In the course of a few hours endocrine secretions altered the physico-chemical balance and water-binding capacity of the tissues, and accumulation of mucopolysaccharides reduced tissue permeability. Thyroid hormone inhibited wound healing. The adrenal cortical hormones regulated the function of the mast cells: these cells, believed to be the source of ground-substance components, underwent such changes as degranulation and vacuolation, and their sulphur turnover was altered, while the release of hyaluronic acid, heparins, and histamine might also be affected. Corticotrophin had the same effect. In patients with rheumatoid arthritis the mast cell count in

the synovial tissue was increased, but this rise was inhibited by cortisone and corticotrophin.

Dr. W. S. C. COPEMAN (*London*) presided over a session devoted to papers on disk degeneration and osteoarthritis of the spine. Prof. STEN FRIBERG (*Stockholm*) showed that the lower lumbar disks disintegrate earlier and to a greater extent than had previously been supposed, and that a negative radiograph did not preclude even advanced disintegration. Deforming arthritis in the intervertebral joints occurred mainly at the level of the disk trouble which was found in 50 per cent. of patients with chronic lumbar pain. In a large series of such patients, 20 per cent. reported an injury accepted for insurance compensation, 20 per cent. gave a history of minor strains such as lifting, and 60 per cent. had no obvious exciting cause.

The delegates were entertained by the Government of the Netherlands in the Hall of Knights at The Hague, and by the Corporation of Amsterdam at the Rijksmuseum after a trip on the canals. The excellent organization of the Nederlandse Vereniging van Rheumatologen was greatly appreciated

by the 800 delegates of the European League against Rheumatism who attended the Congress.

DR. J. VAN BREEMEN'S 80TH BIRTHDAY

During the course of the 3rd European Congress of Rheumatology a meeting was held in the Royal Netherlands Academy of Sciences and Letters in Amsterdam at which a large number of the "elder statesmen" of the European League paid tribute to its founder, Dr. van Breemen, who afterwards, with his wife, entertained the company. It was announced that the Royal Netherlands Government had put a large sum of money at his disposal to mark the occasion, and to pay tribute to his pioneer work in rheumatology. It was provisionally decided that this should be used to endow periodic conferences of experts who would meet in Amsterdam by invitation to discuss predetermined problems of importance in this field. The further details of the scheme were placed in the hands of a committee who will report in due course. W.S.C.C.

HEBERDEN SOCIETY

Clinical Meeting held at the Sheffield Centre for the Investigation and Treatment of Rheumatic Diseases on July 1 and 2, 1955. The President, Professor R. E. Tunbridge, took the chair at the first session:

DR. G. R. NEWNS, of the Sheffield Centre, presented some observations on the rehabilitation of the rheumatoid cripple. He reviewed the changes in functional status of 238 patients with rheumatoid arthritis first seen during a period of 12 months. Particular attention was paid to the results of treatment in 28 patients who required correction of deformity in weight-bearing joints: 73 per cent. had maintained some improvement when examined 3 to 4 years later.

In the discussion the importance of supervising the continuation of treatment by active exercises in the home, and the employment of trained physiotherapists for this purpose was stressed.

DRS E. LOCKEY and A. J. ANDERSON, of the Westminster Hospital, discussed the results of estimating urine and serum mucoproteins in rheumatic diseases. In rheumatoid arthritis the concentration of serum mucoprotein was usually higher than normal; the level was about the same as in other types of inflammatory disease, but below that encountered in cancer. There was no obvious difference between the results in rheumatoid arthritis and ankylosing spondylitis. Information about urine mucoprotein levels was scanty, but some correlation

with serum levels was found. There was a very rough correlation between serum mucoprotein values and the erythrocyte sedimentation rate, and a definite one, absent in other diseases, between the former and the flocculation tests. Evidence was presented that mucoprotein is not responsible for the agglutination phenomenon which forms the basis of the Waaler-Rose test.

In the discussion, speakers emphasized the difficulty of correlating abnormalities which are themselves not specific for a single disease.

DR. T. L. PILKINGTON, of the Middlewood Hospital, Sheffield, had brought more precise methods than most earlier observers to a study of the incidence of rheumatoid arthritis in psychotic conditions. His preliminary findings indicated a low incidence (less than 0.7 per cent.) of rheumatoid arthritis in schizophrenia—contrasting with a normal incidence in mental deficiency and in epilepsy.

It was suggested in the discussion that a study of this nature might usefully include a comprehensive radiological survey, and that the effect of prolonged inactivity might play a part in the low incidence in schizophrenics.

DR. H. F. WEST, of the Sheffield Centre, described his recent experiences with the new synthetic steroid, Meticorten. In three patients given Meticorten instead of hydrocortisone (systemic) or ACTH a reduction in blood pressure and a loss of retained water was observed, but two developed severe epigastric pain. Observations on the ability of this steroid to suppress adrenocortical activity were mentioned.

In the discussion a fourfold enhancement of anti-inflammatory activity shown by Meticorten over that of cortisone was described. An unexpectedly favourable response in a case of rheumatoid arthritis with advanced amyloid nephrosis was mentioned, and the reduction in blood pressure and oedema on changing from cortisone to Meticorten was confirmed.

The second session was presided over by Dr. W. S. C. Copeman.

PROF. D. H. COLLINS, of the University of Sheffield, described the pathological conditions revealed by routine examination of the lumbar vertebrae in one hundred consecutive, unselected, autopsies. Metastatic carcinomatous deposits were found in eleven cases, osteoporosis in nine, Paget's disease in three, leukaemic deposits in two, and myeloma in one. The incidence of osteoporosis rose from 7 per cent. in the seventh decade to 21 per cent. in the eighth and 63 per cent. in the ninth. The frequency of unsuspected Paget's disease in pathological material was stressed.

DR. H. F. WEST surveyed a series of fatalities and adverse reactions in 52 cases of rheumatoid arthritis treated with cortisone for periods of from 1 to 5 years. In six patients who died during treatment, amyloid disease was found in two and polyarteritis nodosa in a third. As both these conditions can occur in association with rheumatoid arthritis their relation to cortisone therapy is difficult to appraise. One patient was found at autopsy to have severe myocardial fibrosis, and two others died, one suddenly, of pneumonia. Among the non-fatal adverse reactions psychotic disturbances occurred in three cases. Injections of corticotrophin occasionally produced anaphylaxis.

In the discussion of this paper, Dr. Oswald Savage commented on six fatalities which had occurred among ninety patients treated with cortisone for long periods.

DR. R. SOUGIN-MIBASHAN, of the Post-Graduate Medical School of London, reviewed some clinical and metabolic aspects of gout in South Africa, where the condition seems to be surprisingly common. The disease occurred with about the same frequency in the white and coloured populations of Cape Town, but was almost unknown in Negroes. Fifty patients were treated with probenecid, untoward reactions being confined to occasional slight epigastric discomfort in four. The clinical effects included disappearance of pain and stiffness (after 4-8 weeks), reduction in the size of tophi and a return of movement in fixed big-toe joints (after 6-9 months), and occasional radiological improvement. Colchicine was given during the early stages of treatment with probenecid to prevent the acute attacks which tend to occur at this time.

DR. J. S. LAWRENCE, of the Walkden Miners' Clinic, discussed the results of a survey of occupational factors in degenerative joint disease. Miners and dock workers had a high incidence of disk degeneration in the lower dorsal and lumbar spine, and also of osteo-arthritis in the knees. Degenerative changes in the cervical spine showed, however, no predilection for miners. Heavy manual work, especially in the stooping position, was a factor in the development of disk degeneration in the lumbar region. Damp working conditions were associated with an increased frequency of symptoms, but not of radiological changes. The survey showed forcibly the heavy toll taken by this type of disease in terms of disability among miners.

The Annual General Meeting will be held on November 25 and 26, 1955, at the Royal College of Surgeons, London.

The Heberden Oration, which was to have been given on October 21, 1955, at the Royal Society of Medicine, London, will *not* now take place.

EMPIRE RHEUMATISM COUNCIL

SUMMARY OF THE E.R.C. CORTISONE/ASPIRIN TRIAL*

The present Cortisone-Aspirin trial was born of a desire to repeat the M.R.C. trial with continuous rather than interrupted therapy in a less narrowly selected group of cases. It seems that in general much the same results have been obtained as in the former trial and that the aspirin- and cortisone-treated groups showed no significant differences when assessed after 6 months and after 1 year. The trial continues, as most of the patients are still on treatment, and we hope to run on to the end of the third year.

The x-ray work, which has been most painstakingly done by Dr. Ifor Williams, has been most informative; for, quite apart from the result, it represents a serious attempt to assess radiological changes over a relatively short time in rheumatoid arthritis. Many difficulties have been encountered, but a good basis has been laid for any further similar studies. Dr. Williams found that

for practical purposes hands and wrists were the most useful joints to assess in a scheme like this, and that in the hands bony erosions were the most helpful indication of progression. Surface and pocketed erosions accounted for 87 per cent. of the points of assessment.

Dr. Lewis-Faning, who has done an immense amount of statistical work, states that the two groups of patients appear to have been truly comparable, in that at the outset they were similar in all relevant characteristics, and the unavoidable withdrawal of some patients from each group did not affect the issue. Progress has been strikingly parallel in every respect in the cortisone- and aspirin-treated groups. It is of interest that improvement in both groups was greater in the first 6 months than in the second, and it will be interesting to note further progress at the end of 2 and 3 years.

We thank the participants from all nine centres, and Messrs. Merck and Co. for supplies of cortisone.

F. DUDLEY HART.

* Full details of the first year of the trial will appear in the December issue.

CANADIAN RHEUMATISM ASSOCIATION

ANNUAL MEETING, 1955

At the Annual Meeting of the Canadian Rheumatism Association, held at the Royal York Hotel, Toronto, on June 24 and 25, 1955, under the presidency of Dr. Donald C. Graham, the following papers were presented:

- Ultra-Sound Wave Therapy in Soft-Tissue Rheumatism.** By Walter Ruhman (*Montreal*).
- Sjögren's Syndrome—An Ocular Complication of Rheumatoid Arthritis.** By A. J. Elliott (*Toronto*), by invitation.
- Spontaneous Rupture of the Extensor Pollicis Longus Tendon in Rheumatoid Arthritis.** By Glen A. McDonald (*Toronto*), by invitation.
- Surgical Procedures of Value in the Management of Rheumatoid Arthritis, A Review of Toronto General Hospital Cases.** By W. R. Harris (*Toronto*).
- Medical and Social Factors of Importance in the Prognosis of Rheumatoid Arthritis.** By Malcolm Thompson (*Boston and Edinburgh*), by invitation.
- A Clinical Review of Rheumatic Diseases, Diagnosis and Treatment.** By Douglas Taylor (*Toronto*).
- Assessment of Therapeutic Agents in Rheumatoid Arthritis.** By Leslie Mandel (*Ottawa*).
- Pigmented Villonodular Synovitis.** By J. N. Swanson (*Toronto*).
- The Painful Shoulder Syndrome in Sanatorium Patients.** By H. S. Robinson (*Vancouver*).
- One session was devoted to a joint meeting with the Canadian Heart Association:
- Cardiac Involvement in Rheumatoid Arthritis and Ankylosing Spondylitis.** By Hugh Smythe and Donald C. Graham (*Toronto*).

Observations on the Use of Predisone (Metacortandracin) in Rheumatic Disease. By Phillip S. Rosen, Wallace Graham, A. A. Fletcher, Donald C. Graham, M. A. Ogryzlo, J. N. Swanson, and Annjane Carter (*Toronto*).

Clinical Observations in Rheumatic Diseases Treated with Metacortandracin. By R. Dussault, J. A. Blais, R. Demers, J. Durivage, L. Francoeur, L. Long, and deG. Vaillancourt (*Montreal*).

Serious Toxic Manifestations of Prolonged Hydralazine (Apresoline) Therapy. By J. D. Morrow (*Toronto*), by invitation.

Selection of Patients for Mitral Commissurotomy. By Paul Wood (*London, England*), by invitation.

Favourable comments were expressed in discussion about the advantages of the combined meeting with the Canadian Heart Association and the greater participation by our orthopaedic members in this year's programme. We were also privileged to hear from two British speakers and from our French-speaking Canadian members, whose paper bodes well for the 1956 meeting in Quebec City. The following Executive Committee was elected for 1955-1956:

Past President: Dr. D. C. Graham (*Toronto*).

President: Dr. H. Garfield Kelly, *Kingston General Hospital, Kingston, Ontario*.

First Vice-President: Dr. F. W. Hurlburt (*Vancouver*).

Second Vice-President: Dr. J. F. L. Woodbury (*Halifax, Nova Scotia*).

Secretary-Treasurer: Dr. J. B. Frain, *Winnipeg Clinic, Winnipeg, 1, Manitoba*.

Other Members: Dr. J. G. Johnson (*Montreal*),
Dr. R. Dussault (*Montreal*).

UNIVERSITY OF HAVANA

Summer School, 1955

The success of the course in rheumatology held in 1954 has encouraged the organizers to enlarge the scope of the course in 1955. An extensive theoretical and clinical programme was held at the Nuestra Señora de la Mercedes Hospital under the direction of Dr. Victor Santamarina of the Liga Cubana contra el Reumatismo.

The following specialists were responsible for various aspects of the course: Dr. F. Salas Panisello (anatomy and pathology), J. Alonzo Suárez (radiology and physiotherapy), M. Delgado Comas (gastro-enterology), H. de la Torre Campos (cardiology), E. Rocés García and A. Lopetegui Sanchez (rheumatology).

ACTA RHEUMATOLOGICA SCANDINAVICA

We are glad to welcome a newcomer of high standard to the ranks of journals which deal with the rheumatic diseases. The series of Scandinavian journals covering special fields of medicine and surgery which are collectively entitled the "Acta" has just issued the first number of the *Acta Rheumatologica Scandinavica*.

It will appear four times a year and will publish papers in English, French, or German, with summaries in all three languages. The subscription rate is 72s. per annum, and the publisher's address is Drottninggatan 6, Stockholm C.

It is the official organ of the united rheumatological

societies and institutes of the Scandinavian countries, and its Editor-in-chief is Professor G. Edström, the Director of the Department of Rheumatism in the University of Lund, Sweden. Amongst other distinguished members on the Editorial Board are Professors Bröchner-Mortensen, Holten, and Jarlöv, who are well known to all members of the International and European Leagues against Rheumatism as teachers of internal medicine who have been pioneer sponsors of the sub-specialty of rheumatology within this field. We wish the new Journal a long and successful life.

W.S.C.C.