

ANNALS OF THE RHEUMATIC DISEASES

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The *Annals of the Rheumatic Diseases*, founded by the Empire Rheumatism Council, has the support of the following organizations: La Ligue Internationale contre le Rhumatisme, and the American, British, and European Branches of the Ligue; the American Rheumatism Association; and the Canadian Rheumatism Association; all of whom are represented on the Editorial Board.

It is hoped to publish in the *Annals* announcements of the activities of these bodies, and from time to time accounts of their Proceedings. Members of these various organizations wishing to submit papers for publication in the *Annals* should send them to their representative on the Editorial Board, who will be responsible for forwarding them to the Editors of the *Annals*, with whom the final decision will lie.

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Papers submitted to this Journal are accepted on the understanding that they have not been and will not be published in any other journal, and are subject to editorial revision. All papers and other editorial communications should be addressed to Dr. W. S. C. Copeman, c/o the British Medical Journal, B.M.A. House, Tavistock Square, London, W.C.1, with the exception of American original articles which should be submitted in the first place to one of the American Editors.

The author of an original article should make adequate references to previous work on his chosen subject.

A full summary of his observations and conclusions must be given.

A paper describing a single case will not be accepted unless the case is sufficiently rare, or shows important features not previously described, or has been made a subject of special observation or experiment.

Articles must be as concise as possible and be typewritten on one side of the paper only, with double spacing and a margin of not less than $1\frac{1}{2}$ inches. Only recognized abbreviations should be used. Graphs, charts, tables, and legends for them should be presented on separate sheets and not included in the text. When half-tone reproduction of x-ray illustrations is required, the author is advised to send the original film unless he wishes to bring out special points in a print of his own choice. Photographs and photomicrographs should be printed on glossy paper, should be larger than the size desired for reproduction, and, if transmitted through the post in a tube, should be rolled with the picture outside. With the exception of letters and numbers, which should be lightly written in pencil, everything that is to appear in the reproduction of a graph or chart should be carefully drawn in black ink on tracing linen, or Bristol board, or stout, smooth, white paper.

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Cowan, J. (1929). *Quart. J. Med.*, 22, 237.

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with negative results: acute rheumatic fever, eleven; convalescent rheumatic fever, seven; polyarteritis nodosa, two; dermatomyositis, one; ankylosing spondylitis, one; and doubtful rheumatoid arthritis, five.

In the positive and negative rheumatoid arthritis group, comparisons were made between extent and activity of the arthritis, sex, age, duration, erythrocyte sedimentation rate, differential agglutination test, and nodules. Middle-aged females with a high differential agglutination test and nodules figure more commonly in the positive group. We have shown the affinity of the L.E. globulin factor for white cell nuclei of the rabbit, rat, mouse, guinea-pig, chicken, and toad, and in the chicken and toad the nucleated red cells also took up the factor. Tissue and white cell nuclei pre-treated with streptodornase failed to take up the factor.

Whether the anti-nuclear factor is responsible for the pathogenesis of L.E. remains in doubt; *in vivo* the factor is not taken up by the cell nuclei of tissues from L.E. cases; cell nuclei only take up the factor after *in vitro* incubation with the patient's own serum. Thus damage to the cell membrane or nuclear membrane seems to be an essential prerequisite for uptake of the serum factor.

Treatment of Acute Rheumatic Fever with Phenylbutazone. By G. Will (*Glasgow*): The treatment of 32 cases of acute rheumatic fever (nineteen males and thirteen females) was described, all of which fulfilled the modified Duckett Jones criteria. Seventeen cases were aged 16 years or under. In 21 patients it was the first known attack of rheumatic fever; eleven had been initially treated unsuccessfully with aspirin.

The maximum daily dosage of phenylbutazone was 600 mg.; this was given for the first few days and was followed by 400 mg. daily for 2 weeks, then 200 mg. daily for a further 2 weeks.

In every case there was a rapid response to treatment. Joint pain and swelling was relieved within 24 to 48 hrs and fever and tachycardia settled in 3 to 5 days. The erythrocyte sedimentation rate fell steadily to normal levels, in all cases to 15 mm./hr (Westergren) or below by the end of the fifth week of treatment. In two cases premature cessation of treatment was followed by relapse, with subsequent control on resuming treatment with phenylbutazone.

There was only one serious toxic episode in the series, a melaena. Mild epistaxis occurred in three cases.

EMPIRE RHEUMATISM COUNCIL

CHAIR OF RHEUMATOLOGY

The Empire Rheumatism Council has endowed a chair of rheumatology, which is being instituted by the Senate of the University of London at the Post-graduate Medical School of London at the Hammer-smith Hospital.

Dr. E. G. L. Bywaters, senior lecturer at the Post-

graduate Medical School, has been appointed the first professor.

This is the second chair of rheumatology to be endowed by the Council, the first having been instituted at the University of Manchester in 1953.

LIGUE EUROPÉENNE CONTRE LE RHUMATISME

Fourth European Rheumatology Congress, 1959

At a meeting of the Bureau of the European League against Rheumatism it was decided that the next congress would be held in Istanbul from September 28-30, 1959.

Those wishing to make a communication to the congress should send in a summary to the Secretariat of the national committee in Turkey by April 1, 1959. A certain number of papers will be selected for the plenary sessions, and these speakers will be allotted

30 minutes; the remainder will be allowed 10 minutes.

A tour is being organized of 10 to 14 days by boat from Venice; this will include visits to the Aegean Islands with conducted tours and will allow 4 days at Istanbul covering the period of the congress. Particulars of this tour will be sent to all members of the Ligue Européenne, who are asked to indicate whether they are likely to be able to join it.

C.M.A. AND B.M.A. JOINT MEETING, 1959

The joint meeting of the British Medical Association and Canadian Medical Association in July, 1959, will include a Section of Rheumatology which will hold one 2½-hour afternoon session. The Canadian representatives are Dr. Arthur W. Bagnall (*C.M.A. Joint President*), Dr. Wallace Graham (*C.M.A. Vice-President*), Dr. Donald Graham (*Secretary*), and the B.M.A. representatives are Dr. George D. Kersley (*B.M.A. President*), Dr. J. J. R. Duthie (*B.M.A. Vice-President*),

and Drs R. J. G. Sinclair and John Glyn (*Secretaries*).

The meeting will consist of a symposium on "The Polyarticular Syndrome" by four speakers, a panel discussion on "Drugs in the Treatment of Rheumatoid Disease", and individual papers of 10 minutes each.

There will also be a Round Table Conference organized by the Canadian Medical Association on the subject of the rheumatic diseases.