organized by provincial governments, and until the principle of philanthropic responsibility towards their economic hinterlands is generally recognized in the larger cities.

Under the stimulus of the research programme instituted by this Society in 1950, interest in arthritis research has grown rapidly in university departments and laboratories throughout Canada. The time has come to capitalize upon the consequent increases in skilled personnel and facilities through a sharp increase in the level of the Society's support for arthritis research, and it is to be hoped that this will be accompanied by an appropriate increase in the arthritis research activities of the Federal Government.

While I have emphasized several of the problems now facing the Society, I believe that its activities will give solid satisfaction to the many thousands who have contributed so generously of their time, money and effort to make possible the excellent results already achieved.

Australia.—The Australian Rheumatism Council reported an active year, the highlight of which was the attendance of many members of the Council at the International Congress on Rheumatic Diseases at Toronto. The Council had also published a report on the survey of rheumatic complaints which was carried out in Sydney in October, 1956. At the first annual meeting of the newly-formed Australian Rheumatism Association, held in October, 1957, papers conveying the scientific advances reported at the Toronto Congress were read, and the following matters were discussed: a library, a fund for special study, provision of funds for research, and the undertaking of some special project to be co-ordinated in clinics throughout Australia.

A week-end course in rheumatic diseases was held in Sydney under the auspices of the Post-Graduate Committee in Medicine in the University of Sydney, and postgraduate instruction of a similar nature was included in courses arranged in other States by the appropriate Post-Graduate Committees.

In its report the Council recommended that funds for medical research and other work were urgently needed, that the establishment of State Divisions should assist in the campaign against rheumatism, and give the support necessary for the establishment of Arthritis Clinics, and that the provision of surgical aids, drugs, etc., to sufferers lay within the province of the Council.

HEBERDEN SOCIETY

ANNUAL REPORT, 1957

The President recorded with pleasure the honour of a peerage conferred by Her Majesty the Queen on Sir Horace Evans.

The President expressed to Mr. Victor Howell the great regret felt by all members on his retirement. He had been secretary of the society as well as of the Empire Rheumatism Council for over 10 years and during that time had endeared himself to all members. His remarkable charm and ability had enabled him to deal with the most difficult issues unruffled. It was largely due to him that the Council and the Society had thrived so well during his time as Secretary and his genius for organization had proved invaluable. His retirement was universally regretted, but it was hoped that members will continue to see him from time to time. On behalf of the Society the President, amidst great applause from all those present, presented Mr. and Mrs. Howell with an engraved silver salver as a token of their admiration and friendship.

The following new members had been elected:

Ordinary Members: Dr. O. Janus, Dr. B. E. W. Mace, Dr. J. Shulman.

Associate Members: Dr. E. V. Hess, Dr. G. Loewi, Dr. A. J. Popert, Dr. Ifor Williams, Dr. V. Wright.

Overseas Member: Dr. M. Jeffrey.

The following member resigned during the year:

Dr. S. C. Milazzo (from temporary overseas membership).

The total ordinary membership on January 1, 1958, was 100 and the associate membership 18.

Activities

At the invitation of Dr. A. T. Richardson, the first clinical meeting of the year was held at the Royal Free Hospital on February 22, 1957 (Annals, 16, 254). Cases and papers, presented by Dr. A. T. Richardson, Dr. J. H. Jacobs, and Mr. R. L. Markham, and Dr. E. V. Hess (Royal Free Hospital), were followed by demonstrations by Dr. R. P. Hickey, Dr. A. Beardwell, Dr. A. G. Beckett, and Dr. C. Feldman.

A clinical meeting held on October 18, 1957, at the Wellcome Foundation, London (Annals, 16, 516), consisted of a symposium on the IX International Congress of Rheumatic Diseases at Toronto, with contributions from Dr. H. F. West (Sheffield Centre), Dr. F. Dudley Hart (Westminster Hospital), Dr. A. G. S. Hill (Stoke Mandeville Hospital), Dr. R. M. Mason (The
The Heberden Round, conducted by Dr. J. J. R. Duthie at the Northern General Hospital, Ferry Road, Edinburgh, on May 16, 1957 (Annals, 16, 391), was followed by laboratory demonstrations and the presentation of papers by Dr. J. J. R. Duthie, Dr. J. Richmond, Dr. W. R. M. Alexander, Dr. S. C. Milazzo, Dr. L. M. H. Roy, Dr. D. L. Gardner, Dr. J. L. Potter, and Dr. R. J. G. Sinclair (Edinburgh). That evening members attended a dinner held in the Albyn Rooms, Edinburgh.

The Heberden Oration for 1957 was delivered on December 13 by Prof. K. Brochner-Mortensen, of the University Hospital at Copenhagen, on “Gout” (Annals, 17, 1). The Orator was presented by the President with the Heberden Medal for 1957.

The Annual Dinner was held on December 13, by kind permission of the Master, at the Hall of the Worshipful Society of Apothecaries, London. Among the guests present were Mr. R. Thompson (Parliamentary Secretary, Ministry of Health), Sir Henry Dale, Sir Harry Platt, Prof. Brochner-Mortensen, Dr. Hugh Clegg, and Dr. T. F. Fox.

The Annual General Meeting was held on December 13 and 14 at the Wellcome Foundation, London. At the clinical meetings which followed (Annals, 17, 120), papers were presented by:

- Dr. B. M. Ansell and Dr. E. G. L. Bywaters (Postgraduate Medical School, London): “Joint Manifestations Associated with Ulcerative Colitis”;
- Dr. J. S. Lawrence (Manchester): “Rheumatoid Family Survey”;
- Dr. J. Sharp, Mr. D. W. Purser, and Dr. J. S. Lawrence (Manchester): “Rheumatoid Arthritis of the Cervical Spine”;
- Dr. J. Ball (Manchester): “Pathology of the Rheumatoid Cervical Spine”;
- Mr. C. E. Drew (London): “An Operation to relieve Thoracic Rigidity in Ankylosing Spondylitis”;
- Dr. B. Cruickshank (Glasgow): “Heart Lesions in Rheumatoid Disease”;
- Dr. B. M. Ansell, Dr. I. Doniach, and Dr. E. G. L. Bywaters (Postgraduate Medical School, London): “Aortic Lesion of Ankylosing Spondylitis”;
- Dr. Malcolm Thompson (Newcastle-upon-Tyne): “Some Observations on Plasma Ascorbic Acid, Dehydro-ascorbic Acid, and Caeruloplasmin Levels in Rheumatoid Arthritis”;
- Dr. E. J. Holborow and Dr. D. M. Weir (London): “A Factor in L.E. Cell Positive Sera showing Specific Affinity for Tissue and White Cell Nuclei as shown by the Coons Technique”;
- Dr. George Will (Glasgow): “Treatment of Rheumatic Fever with Phenylbutazone”.

### Grant-in-Aid

The Society acknowledged with appreciation the renewal of a grant from the Empire Rheumatism Council.

### Library

The Society was indebted to the Ciba Foundation for their kindness in housing the Library at 41 Portland Place, London, W.1. The Hon. Librarian reported that several additions had been generously presented by the Wellcome Trustees or by Members, the two 16th-century volumes on gout being particularly notable.

He hoped that anyone who had books on rheumatism and arthritis published before 1914 or Heberden relics of any type would be kind enough to bear in mind the needs of the Library. He thanked those who had already presented volumes and especially Dr. F. Poynter, Librarian of the Wellcome Historical Medical Library.

The following additions had been made in 1957:

**Presented by the Trustees of the Wellcome Medical Foundation:**

- **Krautermann, V.** Das Achzende Hufft-Ruck. (on rheumatism, particularly lumbar). 1746.
- **Nivet, A.** Dissertation sur l’hystérie rheumatissante et métastatique. 1806.
- **Ebine, W.** Die gicht des chemikers Jacob Berzelius. 1904. (on the medical history of Berzelius and a few other eminent medical men who suffered from gout).
- **Boschius, J. L.** Kurtzer Bericht von dem Podagra. 1582.
- **Anhart von Graefz, E.** Consilium podagricum das ist wie Man sich vor dem Podagra. 1581.
- **Feltmann, G.** De dea podagra liber singularis. 1693. (a little known treatise on gout, history of the disease and various methods of treatment).
HEBERDEN SOCIETY

MOELLENBROCK, V. A. De varis seu arthritide vaga scorbutica tractatus. 1672. (on arthritis with particular reference to wandering gout and scurvy).

MUSGRAVE, W. De arthritide anomala sive interna dissertatio. 1707.

FALCONER, W. Observations on Dr. Cadogan's Dissertation on the Gout and all Chronic Diseases. 17??.

LIGER, M. C.-L. Traité de la goutte. 1753.


NISBET, W. Medical Guide for the Invalid to the Principal Watering Places of Great Britain. 1804.

HOOD, P. A Treatise on Gout, Rheumatism and Allied Affections. 1st ed. 1871.

BALLONII, G. De virginitum et mviervm morbis. 1643.

Presented by Dr. W. S. C. Copeman:


OFFICERS FOR 1958

President:
Prof. J. H. Keigren, F.R.C.P., F.R.C.S., Rheumatism Research Centre, Clinical Sciences Building, York Place, Manchester, 13.

President-Elect:
Dr. F. Dudley Hart, F.R.C.P.

Hon. Treasurer:
Dr. F. Dudley Hart, F.R.C.P., Westminster Hospital, London, S.W.1.

Senior Hon. Secretary:
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Junior Hon. Secretary:
Dr. A. St. J. Dixon, M.R.C.P., Department of Medicine, Postgraduate Medical School of London, Hammersmith Hospital, London, W.12.

Hon. Librarian:
Dr. W. S. C. Copeman, O.B.E., F.R.C.P., 41 Harley Street, W.1.

Hon. Auditor:
Wilfred G. Wilks, Esq., F.C.C.S., F.R.Econ.S.

General Secretary:
M. C. G. Andrews
(Tel. No.: COVent Garden 0871.)

PROGRAMME FOR 1958

Heberden Round at Leyden, Holland, in April, conducted by Prof. J. Goslings.

Clinical Meeting on October 10.

Heberden Oration, Annual General Meeting, and Dinner in December. Date and venue to be notified later.

Titles and short programme notes of original communications which members wish to make to the Society during 1958 should be sent to the Senior Hon. Secretary at least one month before the date of the meeting. Abstracts for publication in the *Annals of the Rheumatic Diseases* (approximately 300 words) should be sent in advance or handed to the secretary at the meeting. Additional meetings will be arranged if necessary.

Clinical Meeting.—The following papers were read at a meeting held in the Meyerstein Theatre of the Westminster Medical School on February 14, 1958.

Value of Uricosuric Agents and in particular of G.28315 in Gout,* by G. D. Kersly, E. R. Cook, and D. C. I. Tovey (Rheumatism Research Unit, Royal National Hospital for Rheumatic Diseases, Bath).

Clinical Experience with a New Phenylbutazone Analogue. By D. M. Burley (Westminster Hospital): The metabolite of phenylbutazone, p-hydroxyphenylbutazone isolated by Burns, Rose, Goodwin, Reichenthal, Horning, and Brodie (1955) and designated G.27202 by Pfister and Hafliger (1957), had been reported by Brodie, Burns, Paton, Steele, Yi, and Gutman (1956) to have a similar antirheumatic, but more potent uricosuric, effect than phenylbutazone itself. G.27202 was a more potent anti-inflammatory and antipyretic agent in animals, and in man its gastric toxicity was less than that of phenylbutazone although other toxic manifestations were similar. After intravenous injection in man half of it disappeared from the plasma in 48 hours.

At the Westminster Hospital Rheumatism Department, G.27202 was compared with phenylbutazone as regards the reduction of pain and stiffness and the frequency of gastric intolerance in rheumatoid arthritis and ankylosing spondylitis. G.27202 was substituted for phenylbutazone, dose for dose (usually 200 to 400 mg. daily), for from 5 days to several weeks in 72 patients. The results may be summarized as follows:

Relief of Pain
9 patients found G.27202 more effective than phenylbutazone.

* To be published in full in the September issue of the *Annals.*
23 patients found phenylbutazone more effective than G.27202.
18 patients considered them equally effective.
22 patients found neither effective or the effects variable.

Gastric Intolerance
56 patients showed no gastric intolerance to either compound.
16 patients showed no gastric intolerance to phenylbutazone.
(Of these sixteen patients, eight showed gastric intolerance to G.27202, although in four this was only slight.)

It was concluded that G.27202 was less effective than phenylbutazone in relieving pain and stiffness in these conditions, but had approximately half the gastric toxicity. Further trials were recommended.

REFERENCES

Rheumatoid Polyarthritis Association with a Negative Sheep Cell Agglutination Test. A Follow-up Study. By A. St. J. Dixon (Postgraduate Medical School, Hamersmith): This study concerned all in-patients of the Rheumatism Research Centre at the Manchester Royal Infirmary, who had an active and progressive polyarthritis with a raised erythrocyte sedimentation rate and negative sheep cell agglutination test (S.C.A.T.), and in whom no diagnosis relevant to the polyarthritis other than rheumatoid arthritis (R.A.) was made.

Of 64 such patients, six had died and 51 were seen again after an average of 5 years, when thirteen patients had developed a positive S.C.A.T., most of whom had a distribution of arthritis typical of R.A. and half of whom had developed nodules. Eighteen had typical R.A. and a negative S.C.A.T.; none of these had subcutaneous nodules but most of them had flexor tendon lesions in the hands. Fifteen had an atypical distribution of arthritis and negative S.C.A.T. without nodules or flexor tendon lesions of any sort. Eleven had developed confirmed or probable polyarthritis diseases other than R.A., including psoriatic arthritis, reticulohistiocytosis, myelomatosis, generalized osteo-arthritis, and gout.

The following conclusions were drawn:

(1) That other diseases may simulate rheumatoid arthritis very closely and a negative S.C.A.T. may alone indicate the difference.
(2) That there is a group of patients with severe polyarthritis which does not fit the clinical and serological picture of R.A. requiring further study.
(3) That a negative S.C.A.T. is compatible with severe or fatal diseases in otherwise typical R.A.
(4) That there was no difference in prognosis in patients with typical R.A. between those whose S.C.A.T. was initially negative and later positive, and those in whom the S.C.A.T. was negative throughout. It was amongst the fifteen patients with a negative S.C.A.T., who also had atypical R.A., that some of the severest illnesses and most dramatic remissions were found.

The following cases were shown:

Neuropathic Changes in Rheumatoid Arthritis. By Dr. J. R. Golding and Dr. D. H. Mackenzie.

Disseminated Lupus Erythematosus on High Dosage of Prednisolone with Spontaneous Intussusception of the Intestine. By Dr. J. R. Golding.

Ankylosing Spondylitis in a 60-year-old Male who had never had Spinal Symptoms.

Rheumatoid Arthritis in a Woman who went into Immediate Remission after Electrocuton and the loss of Three Fingers and had remained in Remission for over 2 years. By F. Dudley Hart.

Reiter’s Disease. By Dr. Denis Burley.