NEW ZEALAND RHEUMATISM ASSOCIATION

Annual General Meeting, 1958

The eleventh annual general meeting was held at the Wellington Hospital, Wellington, on October 31 and November 1, 1958. The President, Dr. Basil Quin, was in the Chair, and twenty members were present. The following officers were elected for 1959-60:

President: Dr. A. Rowatt Brown.
Vice-President: Dr. B. S. Rose.
Hon. Sec. and Treasurer: Dr. F. H. Swan.*
Executive: Drs. Basil Quin and E. G. Sayers (*ex officio*), Drs. C. Gresson, J. M. Tweed, I. C. Isdale, T. C. Highton, M. Gilmour, Prof. H. Nisbet.

At the clinical meeting the following papers were given:

Childhood Deprivation as a Factor in the Epidemiology of Rheumatoid Arthritis, by Dr. B. S. Rose and Dr. I. C. Isdale (*Rotorua*): Deprivation during childhood, through parental death and other causes, was significantly more common in hospital patients with rheumatoid arthritis than in control subjects in the general population. The prevalence of such deprivation among rheumatoid subjects in the general population was not significantly greater than in controls.

Childhood deprivation, therefore, might help to determine the eventual need for medical care in the context of modern Western culture. Observations about the aetiological significance of environmental factors in rheumatoid arthritis, made only on those seeking such care, should be interpreted with caution.

Auto-Antibodies in Disseminated Lupus Erythematosus, by Dr. R. G. Wigley (*Palmerston North*): The evidence supporting the auto-immunization theory of the pathogenesis of disseminated lupus erythematosus was reviewed, and the value of routine tests for auto-antibody-like substances in the diagnosis of this disease was discussed.

Irritant Substance in the Synovial Fluid of Patients suffering from Rheumatoid Arthritis, by Dr. T. C. Highton (*Dunedin*): Synovial fluids from patients with rheumatoid arthritis were compared with fluids from joints affected by degenerative joint disease and osteochondritis dessicans. The tests were made with:

(1) Cell-free fluids.
(2) Cells derived from the fluids by centrifuging and resuspending in a minimal amount of fluid.

0·05 ml. of (1) or (2) was then injected intradermally into the abdominal wall of rabbits, and 10 minutes later 5·0 ml. 1 per cent. Congo red was injected intravenously. The resulting area of staining, measured at intervals thereafter, was assumed to be proportional to the amount of damage produced. By this criterion a significantly greater amount of damage was produced by cells and fluids derived from joints affected with rheumatoid arthritis.

Other differences indicating greater damage by cells and fluids of rheumatoid origin were also noted. The reactions were not abolished by previous injections of antihistamines.

Similar tests were carried out on rats, using Selye's "granuloma pouch" as a test object. The results also indicated the presence of a substance irritant to tissues derived from the mesenchyme in cells and fluids from rheumatoid joints.

Surgery in Some Rheumatic Diseases, by Mr. H. K. Christie (*Wanganui*): Cases were classified as rheumatoid proper and osteo-arthritic.

The new problems created by side-effects of corticosteroids were discussed. Splints, plasters, and manipulations were described.

The three criteria for surgical operations were based on anatomy, mechanics, and physiology, the last being too often forgotten.

The objects of surgery were prophylaxis, correction of deformity, restoration of movement, relief of pain, and treatment of complications. Individual joint surgery, especially in knee and foot, was described. The paper concluded with a counsel of forbearance and conservatism in surgery in rheumatic patients.

A Little-known Variant of the Rheumatic Syndrome, by Dr. R. D. Ballantyne (*Hastings*): Five cases of an apparently rare syndrome were described. It seemed to be a rheumatic condition characterized by constitutional disturbance and pain of centripetal distribution not conforming to descriptions of known rheumatic diseases.

Although a few cases caused anxiety the prognosis appeared good in most, and treatment with salicylates, ACTH, or cortisone had been effective.

Spinal Osteoporosis arising in the Course of Steroid Therapy, by Dr. Christopher Gresson (*Christchurch*): Ten cases of vertebral crush fracture were reported in rheumatoid arthritics receiving long-term steroid therapy. An incidence of 20 per cent. was observed where duration of therapy exceeded 5 years.

It was recommended that androgen-oestrogen therapy be given concurrently with long-term steroid therapy.

A Review of Cases of Ankylosing Spondylitis, by Dr. A. Rowatt Brown (*Auckland*): The patients with ankylosing spondylitis who had attended the Rheumatism

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Clinic, and Physiotherapy and Radiotherapy Departments at Auckland Hospital in the period 1946 to 1958, had been reviewed. Almost all had received *x*-ray treatment at some stage, but many who had received radiotherapy had not attended the other departments. Of a total of 228 patients, 201 were male and 27 female. The average age at onset was 27 years, the youngest being 17.

Replies to a follow-up questionnaire were from 118 patients and three had died. 85 per cent. of those on the Rheumatism Clinic and Physiotherapy Department list and 79 per cent. of those on the Radiotherapy Department list were able to work.

No cases of leukaemia were found.

Review of Treatment of Rheumatoid Arthritis, by DR. E. J. CRONIN (*Auckland*).

Carpal Tunnel Syndrome, by MR. J. H. SAUNDERS (*Wellington*).

Observations on Vital Capacity in Rheumatoid Arthritis, by DR. I. C. ISDALE (*Rotorua*).

Experience with Rheumatic Fever in Northland, by DR. CLIVE GARLICK (*Whangarei*).

Cervical Spondylosis: A Review of 100 Cases, by DR. J. D. BERGIN (*Wellington*).

The following clinical demonstrations were arranged by Dr. J. MOORE TWEED (*Wellington*):

(1) A girl aged 14 with recurrent joint pains and fever following apparent rheumatic fever at age 8. Marked Raynaud's phenomenon had developed, and there had been transient patches of erythema on the cheek and neck. Full investigations had not made accurate diagnosis possible.

(2) A child aged 8 with juvenile rheumatoid arthritis from age 3 had been managed with emphasis on functional activity with good result. Reduction of growth was due to the disease.

(3) A woman aged 52 with Felty's syndrome or two unrelated conditions (rheumatoid arthritis and agranulocytosis of unknown origin). Long-standing mild polyarthritis, 260 polymorphs per c.mm., splenomegaly, marrow suggesting maturation arrest.

(4) A woman aged 34 with diffuse chondritis causing hoarseness, collapse of nasal septum, distorted pinnae, effusions in knee, tender metatarso-phalangeal joints, and widespread pain and stiffness.

(5) A man aged 75 with scleroderma.

(6) A man aged 30 with scleroderma and calcinosis.

(7) A woman aged 74 with calcinosis circumscripta of gradual onset and slow progression, with little pain and disability. Inconclusive attempt at increasing calcium elimination by use of disodium versenate. (Dr. J. D. McCREANOR)

(8) A woman aged 49 with fever, polyarthritis, recurrent morbilliform rash, left heart failure, pericardial effusion, large soft tissue swellings in the supraclavicular fossae, and petechial eruption during recovery on steroids. (Dr. G. F. HALL)

(9) A woman aged 41 developed exfoliative dermatitis a week after eight weekly injections of 0·05 gm. Myocrysin. She recovered after 5 weeks and was discharged, but 2 weeks later (8 weeks after last gold injection) she developed thrombocytopenia and died from cerebral haemorrhage. (Dr. J. M. TWEED)