HEBERDEN SOCIETY

Cambridge, Bath, and London, being only a few of the places in Great Britain where research was going on.

One of the most important inquiries was being carried on at the University of Birmingham under Professor J. R. Squire. A sum of £200,000 had been raised among local industrialists to cover the cost of a special wing of the Queen Elizabeth Hospital, the building of which should be completed during 1962.

COMMONWEALTH

Sister organizations in Canada, Australia, and New Zealand were also continuing to increase their activities. The Australian Rheumatism Council's appeal for funds had received a magnificent start with the generous gift of £A100,000 from Mr. Spurway of Sydney.*

In conclusion the Chairman paid tribute to the many people who had made the work possible, especially Mr. Macfarlane and Sir Edward and Lady Lewis, and Lord Astor of Hever and other eminent industrialists who had brought the work of the Council to the notice of industry and thereby gained invaluable and growing support, and also to all the research workers at home and abroad.

For the work of the General Secretary, Mr. M. C. G. Andrews, and the Assistant Secretary, Brigadier Houchin, no praise could be too high. Without their hard and efficient work the progress would have been very much less striking. The loyal and efficient office staff was led by Mrs. V. Brown, whose retirement in the coming year would be a matter of much regret. Sir Richard Miller had been appointed regional representative for the North-West.

He also thanked the medical and lay members of the various working committees of the Council for their regular attendance at meetings throughout the year.

HEBERDEN SOCIETY

A joint meeting of the Ligue Française contre le Rhumatisme and the Heberden Society was held in Paris on May 27 and 28, 1961. At the Hôpital de la Pitié, Professor Layani, Director of the rheumatism service, welcomed the Heberden Society on behalf of the Ligue. After an inspection of the newly built unit, where the excellent facilities for out-patients and physiotherapy were greatly admired, papers were read from both Societies.

The Effect of Hemiplegia on the Development of Arthritis, by Dr. Malcolm Thompson (Newcastle) and Prof. E. G. L. Bywaters (London): A review of the literature suggested that hemiplegia offered a protective mechanism against the development of arthritis, and further cases which supported this hypothesis were described. The first was a case of hemiplegia in which Heberden's nodes had developed only on the unaffected hand. Attention was drawn to the fact that there was only one report of a patient who had survived a hemiplegic episode in childhood and subsequently developed rheumatoid arthritis; case histories of three further patients were then presented. In all three there was similar protection against the development of rheumatoid lesions in the joints and subcutaneous nodule formation in the paretic limbs and there were striking differences in the radiological signs on the two sides. A bacular arteriogram in one of these patients showed arteritis to be present both on the side affected with rheumatoid arthritis and in the protected hemiplegic limb. Prof. Bywaters suggested that arteritis probably resulted from the circulating rheumatoid factor rather than the local presence of arthritis.

Resting the Cervical Spine, by Dr. J. Forestier (Aix-les-Bains): The difficulties in trying to rest the cervical spine at night were described by Dr. Forestier. He then demonstrated the use of a cylindrical pillow with a restricted part in the centre which offered an adequate solution of this problem.

Studies with Radioactive Gold,* by Dr. J. S. Lawrence (Manchester).

Temporary Loose Hip, by Dr. G. Cordier, Dr. H. Garnier, and Dr. M. Darcy (Paris): The results were described of an operation for osteo-arthritis of the hip, the principle of which was section of the periarticular muscles in an attempt to overcome the painful muscular hypertonia in the region of the affected joint. More than one hundred cases had been operated on and 54 had been followed up for at least 6 months. Of these, 23 had had excellent results as regards pain and function, and 21 were good. Seven of these patients were demonstrated and their performance in walking with only a slight limp, bending, and even running was impressive. The actual technique of operation was shown in a film and the after-care, comprising traction for 15 days, followed by non-weight bearing physiotherapy for 5 months, was described.

Discussion.—The question was asked whether these results could have been obtained merely by taking the patient off weight-bearing for 3 months and employing a simple physiotherapeutic regime. This suggestion was

* To be published in full in the December, 1961, issue of the Annals.
A Case of the so-called "Scandinavian" Form of Ankylosing Spondylitis, by DR. F. FRANÇON and DR. G. LEBLANC (Aix-les-Bains): The patient described was a 67-year-old mining engineer, who had developed his first symptoms of ankylosing spondylitis in 1943. There was spread to the cervical and lumbar spine and later to the shoulders and hips. The main treatment was physiotherapy and as he was unable to tolerate gold he received cuproxeine. By 1947 the feet were involved and movement of the right hip had become restricted to 50 per cent. of normal. Although he had considerable stiffness he was able to lead a normal life for the next 10 years. In 1957 he was first noted to have swelling of metacarpophalangeal and proximal interphalangeal joints in the hands. The next year ulnar deviation was noted and about the same time the palmar aspects of the fingers and hands took on a purple erythema, which affected the whole hand but was particularly marked on the thenar and hypothenar eminences, and the skin became thin and wrinkled. X rays confirmed the severe involvement of the sacro-iliac joints, although complete ankylosis had not occurred by 1958 and radiographs of the hand showed a widespread erosive arthritis involving the wrists as well as the metacarpophalangeal and proximal interphalangeal joints.

A review of the literature seemed to show that, contrary to early ideas, the hands might be involved in ankylosing spondylitis; in 1955 Romanus found it in 27 of 117 cases of advanced ankylosing spondylitis. However, as far as the authors knew, theirs was the first case in which the purple erythema of the palms had been described. They had always felt that rheumatoid arthritis and ankylosing spondylitis were different entities, and on the basis of one case did not feel justified in suggesting that they were the same disease.

The Society was entertained to a lavish lunch at the Hôpital de la Pitié, and the meeting then moved to the Hôpital Cochin, where the afternoon session commenced with a tour of the newly-completed unit under the direction of Prof. Coste. Although this clinic is not yet fully occupied, the visitors were much impressed by the general layout and size, both of the clinical department, including the physiotherapy section, and the research laboratories.

Uricosuric Agents in Gout, by DR. G. D. KERSLEY (Bath): The efficacy and toxicity were described of four uricosuric agents (Benemid, Urelim, Anturan and Zoxazolamine) in fifty cases of gout followed over the past 3 years. Anturan 800 mg. daily had been found to be the most potent drug and the only complication seen was pain in the loin probably due to its potency. Urelim was found to be as effective as but less toxic than Benemid. Zoxazolamine 1-5 g. was of similar potency to 400 mg. Anturan. Aspirin inhibited the uricosuric action of all these agents, but paracetamol did not do so. During the first few weeks of uricosuric therapy there was a tendency to an exacerbation of acute symptoms with all four drugs, so that it was wise to cover this period with Colchicine. The importance of continuing uricosuric therapy, despite the return of serum uric acid to normal levels, was stressed.

Discussion.—DR. SIMON (Montpellier) described his experience with 150 cases and agreed that there was very little difference in the uricosuric effect of these drugs; if anything, he had been more impressed by Zoxazolamine. However, he had not been able to maintain low serum uric acid levels. Other workers reported that after long-term uricosuric therapy, uric acid clearance tests showed marked improvement.

DR. A. ST. J. DIXON (London), in a study of 35 patients, had found very little difference between the uricosuric agents, but on the whole he was tending to use higher doses of probenecid than Dr. Kersley and lower doses of Zoxazolamine, as he personally found Zoxazolamine the most toxic of the agents. He had noted individual variations in response and ended by commenting that, in a study of hyperuricaemia artificially produced by pyrazinamide, salicylate had been found more effective than these uricosuric agents in reducing the serum uric acid levels.

DR. J. H. GLYN (London) asked whether it was necessary to give Anturan several times a day; if so, it would probably rule itself out as a practicable method of long-term maintenance therapy.

DR. KERSLEY replied that it was premature to comment on this as work was still in progress.

Results of Varus Osteotomy in Hip Joint Dysplasia with or without Osteo-Arthritis, by PROF. R. MERLE d’AUBIGNÉ, DR. M. POSTEL, and DR. J. M. VAILLANT (Paris): The results of osteotomy in patients with hip joint dysplasia with partial subluxation, with and without secondary osteo-arthritis, were described. A total of 200 cases had been operated on over the last 7 years and 100 had had at least one year of follow-up. Of some 35 cases with partial subluxation of the hip, operated on before the onset of arthritis, 86 per cent. showed no pain at follow-up, practically all had retained similar range of movement, and 76 per cent. walked normally. Where osteo-arthritis had been present (79 cases), 85 per cent. had painless hips, but in seven cases pain had increased and had required further surgery. Radiological follow-up of this whole group showed improvement in the state of the osteo-arthritis in nineteen, no change in fifty, and slight aggravation in ten. It was concluded that osteotomy of the neck of the femur had given useful results in hip joint dysplasia, both prior to the onset of osteo-arthritis and when it was present.

Discussion.—The question of rest alone was again brought up, but it was felt that there was a mechanical advantage to be gained by surgery. PROF. J. H. KELLGREN (Manchester) pointed out that the actual physiological effect of operation on the hip joint was not known; it was likely that for several weeks after surgery there was an increase in the turnover of collagen tissues.
Aseptic Osteo-necrosis of the Head of the Femur, by Prof. F. Coste, Dr. P. Massias, and Dr. N. Chatelin (Paris): The cause of this osteo-necrosis has been investigated in fifty patients, of whom one-third gave a history of corticosteroid therapy. There was a frequent association with diseases inducing inflammatory vasculitis. Gout (in four cases), osteo-necrosis seen in other bones, familial incidence, and bilateral involvement, all suggested that some patients had a constitutional predisposition. Mechanical factors seemed to play only a secondary part. It was concluded that there were multiple aetiological agents but that a vascular abnormality could explain some of the various causes.

Attempt to evaluate the Use of an Anabolic Steroid during Maintenance Corticosteroid Therapy, by Dr. H. Colenbrander (Leiden) and Dr. Barbara M. Ansell (Taplow): This study was designed to see if the inclusion of an anabolic steroid in the therapeutic regime of patients, on maintenance corticosteroid therapy for various rheumatic diseases, would prevent or ameliorate spinal osteoporosis. 57 patients were divided into three age groups, 0-15, 16-40, and 41 years and over, and in each group half received 0.20-0.25 mg/kg. Dianabol for 8 weeks out of every 12, and this was repeated on three occasions unless contraindications arose. Clinical assessments were made at 3-monthly intervals, and lateral radiographs of the thoracic and lumbar spine (taken at week 0, 24, and 48 (±2)) were used for assessment of osteoporosis by measuring the anterior border of the thoracic spine and also the lumbar spine score in adults. Postero-anterior radiographs of the hands (taken at week 0 and 48) were used primarily for assessing the rheumatoid process, and in juveniles, development. In all patients over the age of 16 there was no difference between the control and treated groups, and a further patient, treated similarly and studied intensively, showed increase in osteoporosis in iliac crest biopsies at week 48 and was still in a negative calcium balance at week 47. In the juveniles, both initially and throughout the trial, those in the control group were on high doses of corticosteroids and showed more crush fracture vertebrae. At the end of the period, further compressions had occurred in four patients in the control group and none in the treated group. However, side-effects were frequent, and these included deepening of the voice and severe facial and labial hirsutism in girls, as well as marked facial mooning and acne and suppression of menstruation often necessitating reducing the dose or stopping altogether. It was concluded that this was not a practical measure of controlling steroid osteoporosis.

Hyperparathyroidism, by Dr. J. A. Lièvre (Paris): On the basis of 24 cases seen personally, the various clinical symptoms and radiological signs and laboratory findings, particularly phosphate clearance, were reviewed, together with various problems that might be encountered in reaching this diagnosis. It was emphasized that the patient might present with bone pain, gastric disturbances, renal symptoms, and generalized weakness, and in two cases in this series the psychological manifestations were the most outstanding presenting features. In some cases the diagnosis was obvious, but in others the radiographs showed great similarity to Paget's disease, carcinoma, and occasionally osteomalacia, while urolithiasis and ulcers were special problems. Clinical assessment and full investigation were sometimes unhelpful, so that the only way to make certain of the diagnosis was exploration of the neck.

After the scientific sessions, the Heberden Society was entertained to dinner at the Restaurant Renault at Puteaux. During the day the ladies had been looked after by the ladies of the French Rheumatology Society, presided over by Madame le Docteur Lièvre.

On Sunday, May 28, there was an expedition to Chantilly where it was possible to visit the lovely old castle, and this was followed by a delightful luncheon at Vieux Cèdre, in Plailly, the home of Dr. Sichère.

Dr. G. D. Kersley thanked the Ligue on behalf of the Heberden Society and particularly Dr. J. Forestier for all his care in planning this very successful joint meeting. Some 23 members of the Society were afterwards entertained at Aix-les-Bains.

NEW YORK RHEUMATISM ASSOCIATION

Officers, 1961-62

The following were elected to office at the Annual Meeting of the New York Rheumatism Association on April 18, 1961:

President: Dr. Emmanuel Rudd
Vice-President: Dr. Donald Mainland
Secretary-Treasurer: Dr. Charles L. Christian