

ing of the normal lubrication regime. The only common disease which might perhaps be attributable to a lubrication breakdown is primary osteoarthritis. The aetiology of this condition remains obscure, but such observations as have so far been made upon the lubricity of synovial joints early in the osteoarthrotic process suggest that in fact the lubrication regime is undisturbed. Thus it may prove to be the case that no disease process in man is produced by a primary breakdown in the lubrication of synovial joints. This of course is not to say that abrasive wear does not play a part in the destruction of a joint once the cartilage surfaces have been damaged. Indeed inspection of the eburnated, polished bony surfaces of joints in osteoarthritis strongly suggests that abrasive wear plays a part in the destruction of bone in this disease. It is for this reason that clinical interest is currently being shown in the use of lubricants in the treatment of primary

and secondary degenerative joint disease. Here again, however, it is questionable to what extent an understanding of the lubrication regime in normal synovial joints is helpful. By the time a joint is symptomatic the cartilage surfaces have been substantially destroyed and the bearing surfaces are bony. A lubricant which will simulate the lubrication regime in a joint lined by cartilage may therefore be of little or no use in a diseased joint since the latter is lined by bone. From the therapeutic standpoint it would therefore perhaps be more helpful to examine biologically tolerable lubricants for bone to bone surfaces, rather than to try to understand the physiological situation. Such lubricants as have so far been used have been based upon the belief that they in some way simulate synovial fluid: perhaps it is for this reason that they have been relatively ineffective clinically.

M. A. R. FREEMAN

Notes

Nederlandse Vereniging van Rheumatologen

Jan Van Breemen Oration, 1970

The fifth biennial oration will be delivered on October 31, 1970, at the Amsterdam Rheumatism and Rehabilitation Centre by Dr. B. M. Ansell of Taplow, England.

Further information may be obtained from Dr. K. A. E. Meijers, Boerhaavelaan 182, Leiden, the Netherlands.

Ligue Européenne contre le Rhumatisme

Bulletin

In accordance with a request from the Officers of the International League at the Meeting held at Prague in October, 1969, the Bulletin of the European League will in future include scientific papers as well as news and information about the activities of the various national

organizations. Correspondence should be addressed to the Secretary-General, who is also the Secretary of the European League, Prof. F. Delbarre, M.D., Hôpital Cochin, Faubourg St. Jacques, Paris XIII^e, France.

VII European Rheumatology Congress

Brighton, June 6 to 11, 1971

The chairman of the organizing committee is Dr. A. G. S. Hill. Full information may be obtained from the Congress Secretariat, c/o M. C. G. Andrews, Arthritis and

Rheumatism Council, Faraday House, 8 Charing Cross Road, London, W.C.2.

New York Rheumatism Association

Officers, 1970

President: Dr. Edward C. Franklin
President-elect: Dr. Israeli A. Jaffe
Vice-President: Dr. Carl A. Berntsen
Secretary-Treasurer: Dr. Peter Barland
111 East 210th Street, Bronx,
N.Y. 10467, U.S.A.

Heberden Society

Programme, 1970

September 25:

Heberden Round, by invitation of Dr. W. R. M. Alexander, at the Royal College of Physicians, Edinburgh.

October 17:

Joint meeting in conjunction with the B.M.A. at Bath.

November 20-21:

Heberden Oration (to be given by Dr. John Ball), Annual General Meeting, and Annual Dinner, at the Royal College of Physicians. London.