Heberden Society

Annual Report 1971

The President, Dr. A. G. S. Hill, announced that Prof. S. de Sèze, President of the European League against Rheumatism and of the VII European League Congress at Brighton, had been elected to Honorary Membership of the Society and that a scroll marking his election had been presented at the Annual Dinner. Mr. M. C. G. Andrews, General Secretary of the Society, had also been elected to Honorary Membership.

The president recorded with deep regret the death of Dr. W. S. Tegner who had been a member of the Society for many years.

At the Annual General Meeting, held on November 26, 1971, it was decided that full membership of the Society be increased by twenty, and the following new members were elected:

Ordinary Members (from Associate Members):
- Dr. K. M. Backhouse, Dr. P. A. Bacon, Dr. J. A. Boyle, Dr. Mary Corbett, Dr. W. C. Dick, Dr. M. J. Gumpel, Dr. M. K. Jasani, Dr. J. D. Jessop, Dr. J. A. Mathews, Dr. A. G. Mowat, Dr. G. Nuki, Dr. K. T. Rajan, Dr. A. J. Swannell, Dr. W. C. Walker, Dr. W. M. Zinn.

Associate Members:
- Dr. W. W. Alderman, Dr. J. A. D. Anderson, Dr. I. G. Barnett, Dr. R. W. Bater, Dr. N. A. Beardwell, Dr. R. M. Bennett, Dr. G. Blandford, Dr. W. Boyd, Dr. H. Bridges, Dr. H. C. Burry, Dr. B. L. Coulton, Dr. G. Darlington, Dr. W. K. Essigman, Dr. P. Ford, Prof. K. B. Fraser, Dr. G. R. Genovese, Dr. D. N. Glass, Dr. C. J. Goodwill, Mr. S. H. Harrison, Dr. R. K. Jacoby, Dr. W. M. Lancaster, Dr. R. N. Maini, Dr. J. M. H. Moll, Dr. B. D. Owen-Smith, Dr. J. M. Pritchard, Dr. I. Radi, Dr. P. Schmied, Dr. M. H. Seifert, Dr. H. A. Sissons, Dr. P. H. Smith, Dr. M. L. Snaith, Dr. R. A. Stockwell, Dr. H. A. Valkenburg.

Associate Members (Overseas):
- Dr. C. J. Atkins, Dr. J. C. Brown, Dr. S. D. Deodhar, Dr. M. J. Riley, Dr. A. S. Russell.

Temporary Visitor Members:
- Dr. P. J. Armas, Dr. V. Hanson, Dr. E. F. Medauar, Dr. N. D. Menon, Dr. A. Nelson, Dr. N. Pena, Dr. J. Schaller, Dr. Y. Scharf, Dr. J. Webb.

Activities

The Heberden Round, 1971, was conducted by Dr. J. T. Scott on March 19 at the Mathilda and Terence Kennedy Institute of Rheumatology, London. This was followed by a clinical meeting (Annals, 30, 539).

The VII European Congress of the European League against Rheumatism, held in Brighton from June 6 to 11, 1971, was attended by 1,076 doctors and 391 lady visitors, mainly from Europe but also from many other parts of the world. The President thanked the many members of the Society who gave valuable help in the preparation and running of the Congress. Abstracts of the papers given at the Congress had been published and were available from the Arthritis and Rheumatism Council Offices.

A meeting was held on September 17, 1971, at the Musgrave Park Hospital, Belfast, Northern Ireland (Annals, 31, 218).

The Heberden Oration for 1971 was delivered by Prof. D. L. Gardner, at the Royal College of Physicians, London, on November 26, 1971. He took as his subject "The influence of microscopic technology on knowledge of cartilage surface structure" (Annals, 31, 235).

The Annual General Meeting took place at the Royal College of Physicians on November 26 and 27, 1971 (Annals, 31, 421).

The Annual Dinner was held on November 26, at the Royal College of Physicians. Among the guests were Prof. S. de Sèze, Miss Valerie Heberden, Dr. Martin Ware, and Dr. Ian Douglas-Wilson.

Subscriptions

At the Annual General Meeting it was decided that the subscription for Associate Members (Overseas) be raised to £4.25.

Finance

The Society is indebted to the Arthritis and Rheumatism Council for its continued support and records its grateful appreciation.
Library

Report of the Honorary Librarian, Prof. E. G. L. Bywaters

The Heberden Library collection of historical publications on gout and rheumatism was initiated, built up, and maintained by Will Copeman, its Honorary Librarian for over 30 years, with the generous help of numerous friends and colleagues such as Mr. Payne of the College and Dr. Poynter of the Wellcome Foundation. With Will Copeman’s death last year, the Library entered a new and more difficult phase: the Society now possesses, due to his energy and foresight, most of the important historical contributions to Rheumatology but we have a few serious gaps. Some of these missing books are to be found in the rich collection of the College itself (and we may be able to publish in the next catalogue a list of the main books of rheumatological interest in the College Library which are not in the Heberden collection). However, several works which are known to exist are present in neither collection; the trouble is that they are rare, seldom offered to the public, and even more expensive than they ever were before, as a result in the general rise in the cost of living and the increase in bibliography. We propose soon to compile a list of titles not available in the present collection or the College Library, and wanted as texts for scholars in this field.

Another interesting feature of the Heberden Library, started a few years ago, is the collection of more modern texts, which in their turn will become of historical interest. We hope next year to publish a list of our needs in this field and hope that members will be able to make good many of our deficiencies.

The Library itself, housed in the Heberden Room of the College, has been subdivided, for ease of consultation, into three sections: First, early books (up to and including 1914); secondly, more recent publications (1915 onwards); thirdly, serial publications (including congress and conference reports and handbooks) difficult to find in standard medical libraries. It is hoped in the next edition of the catalogue to list these three separately, and also to issue to members, associate members, and overseas members a list of desiderata—books which we should be very glad to receive as gifts or to buy. In this way we hope to build up this specialty library to cover not only the classic age of medical history but also those works of today and yesterday which witness to the growth in our knowledge and control of this aspect of human disease.

There have been only few new acquisitions in the last year, listed below. We have, however, acquired by exchange a listing of the valuable and extensive Burbank Library housed in the University of Houston (through the courtesy of its curator and librarian, Dr. McGovern and Mrs. Collier). This is a collection of about 935 books on rheumatism and gout collected by Dr. Reginald Burbank; a photostat of its catalogue is available in the Heberden Library. In return we have sent Dr. McGovern and Mrs. Collier a current list of our holdings. It is hoped to extend this part of our information service through personal contacts with people known to be interested in the subject. Notice of relevant holdings in the various university, medical, or private libraries of the United Kingdom, not represented in our own list, would be most gratefully received.

A number of currently published rheumatology journals from various parts of the world, offered to the Society, have now been accepted, more appropriately, by the Royal Society of Medicine, where they may be consulted. The Heberden Library, it was decided, should remain predominantly historical in character, even though history is recognized as being made in the present!

The Society’s thanks are due once again to Mr. L. M. Payne, Librarian of the Royal College of Physicians, for the care and attention he has devoted to the Heberden Library and this year especially for the kind guidance and help he has given to a new and comparatively inexperienced Honorary Librarian.

Additions during 1971

DROGUET, GUILLAUME. Essai sur la goutte; thèse présentée et soutenue à la Faculté de Médecine de Paris, le 21 mai 1822. No. 100. Pp 32. 4to. Paris: Didot le jeune. 1822. (Author’s presentation copy.)


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VOJTISEK, ODLRICH see CONGRESSUS RHEUMATOLOGICUS CECOSLOVACUSS, 2nd, Piestany, 1964.

Appendix: Prints, Portraits, etc.


OFFICERS AND COMMITTEE, 1972

President: Dr. L. E. GYNN, F.R.C.P., Canadian Red Cross Memorial Hospital, Taplow, Maidenhead, Berks.

Immediate Past President: Dr. A. G. S. HILL, M.C., F.R.C.P., Rheumatism Research Centre, Stoke Mandeville Hospital, Aylesbury, Bucks.

President-Elect: Dr. A. ST. J. DIXON, F.R.C.P., Royal National Hospital for Rheumatic Diseases, Bath, BA1 1RL.

Hon. Treasurer: Dr. F. DUDLEY HART, F.R.C.P., Westminister Hospital, London, S.W.1.

Senior Hon. Secretary: Dr. C. G. BARNES, M.R.C.P., The London Hospital, Whitechapel, London, E1 1BB. Tel: 01-247 5454 Ext. 71

Junior Hon. Secretary: Dr. M. I. JAYSON, M.R.C.P., Royal National Hospital for Rheumatic Diseases, Bath, BA1 1RL. Tel: Bath 27341

Hon. Librarian: Prof. E. G. L. BYWATERS, F.R.C.P., Royal Postgraduate Medical School of London, Hammersmith Hospital, Ducane Road, London, W.12.

General Secretary: M. C. G. ANDREWS, A.R.C., 8-10 Charing Cross Road, London, WC2H 0HN.

Members of the Executive Committee

Dr. W. W. Buchanan, F.R.C.P., The Centre for Rheumatic Diseases, Baird Street, Glasgow, G46 6JW.

Dr. H. L. F. Currey, F.R.C.P., The London Hospital, Whitechapel, London, E1 1BB.

Dr. P. D. Fowler, M.B., Ch.B., 204 Prestbury Road, Macclesfield, Cheshire.

Prof. V. Wright, F.R.C.P., Rheumatism Research Unit, Medical School, Leeds, LS2 9PJ.

Dr. A. G. Mowat, M.R.C.P.E., Rheumatology Unit, Nuffield Orthopaedic Centre, Headington, Oxford, OX3 7LD.

Dr. E. B. D. Hamilton, M.R.C.P., Dept. of Physical Medicine, King's College Hospital, Denmark Hill, London, S.E.5.

PROGRAMME FOR 1972

March 3: Heberden Round, The London Hospital, by invitation of Dr. H. L. F. Currey.

May 12–13: Joint Meeting with Netherlands Association of Rheumatologists, Nijmegen, Holland.

July 14: Clinical Meeting, Nuffield Orthopaedic Centre, Oxford.

November 24–25: The Heberden Oration (Dr. A. C. Allison, M.Sc., M.A., D. Phil.).

Annual General Meeting and Dinner. Royal College of Physicians, London.

Submission of Abstracts

All abstracts will be considered anonymously, that is without knowledge of the name(s) of the author(s) or the institution of origin, by the Executive Committee.

Members wishing to present original communications to the Society are therefore asked to prepare abstracts which provide sufficient information for assessing the paper on merit—an assessment which amounts to competitive selection between the various abstracts submitted. In the preparation and submission of abstracts, the following points should be observed:

(1) Abstracts should not exceed 300 words. Each must be headed by a title, author's name, institution, and address.

(2) An actual summary of the communication is required. This will usually involve: (i) A brief introduction to the work. (ii) An outline of the methods used. (iii) A summary of the results. (iv) A statement of the main conclusions.

(3) Full references to previous work quoted must be given.

(4) Simple tables may be included. This is an excellent method of summarizing data.

(5) Accepted abstracts will be published as such with the proceedings of the Society in the Annals of the Rheumatic Diseases, and must therefore be submitted in a form suitable for publication. In particular, statements such as 'The data will be discussed' are entirely unacceptable. Abstracts may be revised for publication after the meeting.

(6) Abstracts should be sent to the Senior Honorary Secretary, The Heberden Society, c/o Arthritis and Rheumatism Council, Faraday House, 8–10 Charing Cross Road, London, W.C.2. Abstracts received at least two weeks before each Executive Meeting (normally held on the same day as scientific meetings of the Society) will be assessed at that meeting.

(7) When submitting abstracts, authors must state whether the communication has been or is about to be read at another meeting; or has been or is about to be published.

(8) Authors will be notified (i) when an abstract is received, (ii) when it is either accepted or rejected, (iii) when it is included in a programme for a particular meeting.

(9) It is the author's responsibility to keep the Senior Hon. Secretary informed of the date of publication of any paper submitted to the Society.
Heberden Round, 1972

This was conducted by Dr. H. L. F. Currey at the London Hospital. He showed a series of patients illustrating the rheumatological complications of chronic renal disease, haemodialysis, and renal transplantation.

Clinical meeting, March, 1972

At a meeting held at the London Hospital on March 3, 1972, the following papers were given:


Discussion

PROF. E. G. L. Bywaters (Taplow) The speaker tantalized us by not saying very much about pyrophosphates and their relation to iron and the arthropathy because the group has mentioned this before. I am sure the Society as a whole would like to know about the particular relationship here. Also, in the two patients untreated who showed no haemosiderin, what about unaggregated ferritin? Did you look for this in electronmicroscopically studies?

DR. WALKER We only looked for haemosiderin deposition so that I cannot add anything with respect to your second point. As for pyrophosphates, I tantalized you because I cannot add anything to what has been said before. As you know, the suggestion has been made that pyrophosphate might be deposited in cartilage and synovium because iron has interfered in some way with the function of pyrophosphatases. As far as I know, this has not been shown in joints, but there is some evidence that iron can interfere with the pyrophosphatases in human erythrocytes (McCarty, Pepe, Solomon, and Cobb, 1970).

DR. HAMILTON Electronmicroscopic studies have been carried out by Schumacher (1972) who has found that in haemochromatosis, the iron is deposited chiefly in the synthetic or Type B lining cell and to a lesser extent in the phagocytic Type A cell. The reverse is true in other conditions, including rheumatoid arthritis.

DR. M. A. Chamberlain (Leeds) May I support that; we have been injecting guinea-pigs with iron intravenously and found that between 10 minutes and 8 days later the iron is seen by electronmicroscopy to be present in A cells, the phagocytic synovial cells, but not in the B cells nor in any intermediate cells.

DR. H. L. F. CURREY (London) Did you examine the sections by polarized light microscopy, and did they contain crystalline pyrophosphate?

DR. WALKER Under polarized light, none of the synovial specimens but three of the five cartilage specimens examined at autopsy did contain calcium pyrophosphate.

DR. R. A. Stockwell (Edinburgh) Did you notice where the iron deposition occurred, and particularly if it was in the deeper aspects of the cartilage rather than near the surface?

DR. WALKER We were unable to find iron in the cartilage from our patients. Some workers, such as Sheldon (1935), have reported chondrosiderosis and perhaps our inability to demonstrate this feature may be related to the small number of patients in whom we examined the cartilage, and to the fact that the majority of them had been depleted of iron by multiple venesection therapy.

DR. B. Vernon-Roberts (London) In haemochromatosis does iron occur in both the ferric and ferrous forms? Perles’s iron stain demonstrates only the ferric form of iron and has to be modified in order to demonstrate the ferrous form.

DR. WALKER We only stained with unmodified Perles’s stain, and I cannot therefore comment further.

References


Patients with ankylosing spondylitis are often thought of as tall, thin young men. The measurement of height in patients with spinal deformities is difficult, and while thinness can be quantitated, it may be present in any active disease. The aim of this study was to see whether height could be estimated indirectly and whether the bones of these patients were slimmer than normal.

Measurements were made of the bones in the hands of 63 male spondylitics and compared with 136 normal subjects matched for age and sex. Metacarpal and phalangeal dimensions were measured in the way described by Parish (1966). Phalangeal index was expressed as the length divided by the width at the mid-point.

The metacarpal index of the normal patients differed significantly ($P < 0.005$) from existing figures (Parish, 1966). In our series, the metacarpal length correlated strongly with height ($P < 0.001$). However, the metacarpal length of the spondylitics was not significantly different from that of the controls ($P > 0.9$), suggesting that providing the metacarpal length of spondylitics is not altered by their disease they are unlikely to be taller than the control population. The phalangeal index of the spondylitics was significantly greater than that of the controls ($P < 0.005$), but there was no difference in the metacarpal indices.

It was concluded that, while there was no evidence that spondylitics were taller than normal, their proximal phalanges were significantly slimmer. This slimmness did not extend to the metacarpals however. The normal