Annals of the

RHEUMATIC DISEASES

continued from front cover

249 White blood cell activation in Raynaud's phenomenon of systemic sclerosis and vibration induced white finger syndrome *C S Lau, A O'Dowd, J J F Belch*

253 Clinically silent infections in patients with oligoarthritis: Results of a prospective study *Cornelia M Weyand, Jörg J Goronzy*

259 Diuretic induced gout: a multifactorial condition *J T Scott, C S Higgens*

262 Comparison of two yttrium-90 regimens in inflammatory and osteoarthropathies *R Will, B Laing, J Edelman, et al*

266 Development and validation of a computer program using Bayes's theorem to support diagnosis of rheumatic disorders *H J Bernelot Moens, J K van der Korst*

Case reports

272 Successful reintroduction of methotrexate after pneumonitis in two patients with rheumatoid arthritis *N J Cook, G J Carroll*

275 Sulphasalazine induced hepatitis in juvenile rheumatoid arthritis *D Caspi, D Fuchs, M Yaron*

277 Mastocytosis and Sjögren's syndrome *D J Bac, M van Marwijk Kooy*

279 Cardiac tamponade as an initial manifestation of systemic lupus erythematosus in early childhood *Sanjeev Gulati, Lata Kumar*

Dispatch

281 From Belgium *Jan Dequeker*

Now and then

283 W S C Copeman: his importance in contemporary medicine *Lord Porritt, F Dudley Hart*

Review

286 A brief overview of the pathogenesis of scleroderma (systemic sclerosis) *E Carwile LeRoy*

this may be important in the pathogenesis of the disease. IgA antibodies to klebsiella were again found to be increased in ankylosing spondylitis compared with other forms of arthritis or with inactive disease.

Lornoxicam in osteoarthritis (OA) p 238
Lornoxicam is a new oxicam non-steroidal anti-inflammatory drug and this paper examined its efficacy in a multicentre, randomised, and double blind study in OA. It proved significantly better than placebo and a dose of 12 mg was probably best, though as with most non-steroidal anti-inflammatory drugs it had some effects on the gut.

Assessing OA of the knee p 243
There are no generally accepted methods for assessing OA of the knee and this paper is an attempt to rectify this. The method is described and examined for intra- and interobserver variation and looks to be useful.

Wegener's granulomatosis and genetic markers p 246
This disease is rare and we do not know its cause nor are we sure if it has a genetic association. The authors of this paper found a significant increase in the prevalence of HLA-DR1, however, and believe that chromosome 6 plays a part in its pathogenesis.

Raynaud's phenomenon and white blood cell activation in disease p 249
Systemic sclerosis and vibration white finger syndrome are common causes of secondary Raynaud's phenomenon; whereas there is probably an increase in inflammation in systemic sclerosis, we are not sure about the other. Increased white blood cell activity was shown probably to occur in both, indicating a likely element of inflammation.

Oligoarthritis and silent infections p 253
Oligoarthritis has many causes and may mimic reactive arthritis. Clinically silent infections may be present in as many as two thirds of patients and may well be a chlamydial infection. The HLA-B27 haplotype is a major risk factor for the development of oligoarthritis but not apparently for sacroiliitis.

Diuretic induced gout p 259
In elderly people diuretics are the most commonly prescribed drug and they may induce gout, but why are some people affected and not others? It seems that those liable to be affected are likely to have an additional cause of hyperuricaemia, such as impaired renal function.

Yttrium-90 radiosynovectomy p 262
A comparison of the efficacy of yttrium-90 radiosynovectomy in inflammatory or osteoarthropathies after two different regimens of immobilisation of the joint showed that there was no great difference in results between the two methods but that a short period of immobilisation after the injection is desirable. Radiosynovectomy has established its place as a safe and effective treatment for the inflamed joint, but its place in the management of osteoarthropathy is less clear.

A computer program using Bayes's theorem and arthritis diagnosis p 266
The authors have developed a computer program in order to elucidate the differential diagnosis of arthritis based on two variations of Bayes's theorem. The system needs development though.

CASE REPORTS

Methotrexate after pneumonitis in RA p 272
In some patients with RA we seem to exhaust our therapeutic options and we may have to reconsider reintroducing drugs that have caused complications in the past because we have few alternatives. Two cases are reported here of patients who developed pneumonitis when treated with methotrexate: the drug was tried again without inducing the lung problem and they did well, to the authors' great relief.

Juvenile RA and sulphasalazine induced hepatitis p 275
Sulphasalazine is increasingly used in the management of rheumatic diseases and though hepatotoxicity occasionally occurs, it has not been reported previously in juvenile RA. Two examples of it occurring in young patients are recorded here though and it may be confused with spontaneous liver involvement in the disease.

Mastocytosis and Sjögren's syndrome p 277
A man with Sjögren's syndrome was thought to have fibromyalgia but further examination showed that he had mast cell infiltration in several organs. It seems clear, therefore, that this syndrome may be associated with systemic mast cell disease.

Childhood SLE and cardiac tamponade p 279
Fortunately, cardiac tamponade is rarely seen as an initial symptom of SLE, but it occurred here in a young girl who presented with unusual disease. Pericardiotomy had to be performed.

DISPATCH

From Belgium p 281
Belgium is small but it is densely populated and it has a long and honourable rheumatological history. It has three languages and lies squeezed between the Anglo Saxons to the north, the Latins to the south, and the Germans to the east—no wonder it has such a fascinating past and an exciting future.

NOW AND THEN

Will Copeman p 283
Will Copeman was one of the great figures in rheumatology and he had to battle to have rheumatology accepted as a discipline in its own right. Rheumatology has now come of age and is developing throughout the world so it is timely that we look back on the achievements of a man who helped so greatly to establish the specialty. I remember with awe that tall and guardsman-like figure.

REVIEW

Pathogenesis of scleroderma p 286
We have a long way to go before we understand scleroderma. Fortunately, it is not common, but when it does affect a patient its effects can be devastating. We have just published a supplement about this disease, but it does no harm to remind ourselves of what we know of its pathogenesis; only in this way can we learn how to master it.

EDITOR

ANNOUNCEMENT

Dr A K Thould will be retiring from the editorship at the end of March 1992 and will be replaced by Dr Michael Doherty, previously an associate editor. Dr Doherty is a senior lecturer and consultant in rheumatology at the University of Nottingham and has wide experience in medical journalism. The *Annals* would like to wish him every success for the future and to thank Dr Thould for the time he has given to the journal and for the innovations he has introduced.

Annals of the

RHEUMATIC DISEASES

This journal was founded by the Empire Rheumatism Council, now the Arthritis and Rheumatism Council for Research in Great Britain and the Commonwealth

Advice to contributors

Communications This journal exists to publish work on all aspects of rheumatology and disorders of connective tissue. Laboratory as well as clinical studies are welcome. In addition brief communications, for example reports of single cases, will be printed if of exceptional interest.

Papers, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be addressed to **The Editor, Dr A K Thould, Department of Rheumatology, Royal Cornwall Hospital (City), Truro, Cornwall TR1 2HZ. Each author must sign the covering letter as evidence of consent to publication. Three copies should be supplied, one a typed top copy, including three copies of any figures, tables, and illustrations. It is also necessary to provide three copies of any manuscripts together with their figures that have been revised by authors after editorial comment. All authors will be required to transfer copyright of their articles to the journal before publication.**

Articles and letters must be typewritten on one side of the paper only, in double spacing with ample margins. Only recognised abbreviations should be used.

'Viewpoint' articles are intended to present a personal view, in not more than 1500 words, of themes currently interesting rheumatologists. Contributions of this kind are welcome, but it is suggested that readers wishing to submit such articles should first discuss their subject and scope with the Editor.

'Rapid Reports' Short reports will be considered for publication within three months of acceptance. These should report completed work and be capable of accommodation within two pages of the journal, e.g. 800 words+10 references+a small figure or table. Authors will not see proofs but will be consulted about major amendments. Original artwork should be provided.

SI units Work should be reported in SI units.

Abstracts Provide on a separate page an abstract of not more than 250 words, consisting of four paragraphs entitled Background, Methods, Results, and Conclusions. They should briefly describe, respectively, the problem being considered in the study, how the study was performed, the salient results, and what the authors conclude from the results.

References In accordance with the Vancouver agreement references, which must be typed double spaced, are cited by the numerical system.

A paper (or book) cited in the text is referred to there by a superscript number. In the list of references the papers (or books) appear in the numerical order in which they are cited in the text, not in alphabetical order by authors' names. For convenience in preparing the typescript the reference number may be typed between parentheses on the line, not superscript. The titles of journals are abbreviated in accordance with the style of *Index Medicus*. In the typescript they should either be abbreviated in that style or given in full. Consult the reference lists in the Journal for examples. Responsibility for the accuracy and completeness of references lies with the author.

Illustrations must be marked on the back with the author's name, numbered, in the same order as they are cited in the text, and have the top indicated. All lettering and symbols on their face must be inserted by the author and be large enough for reproduction on the page. Radiographs must be submitted as prints. Legends must be typed in double spacing on a separate sheet and include for photomicrographs the stain used. Magnification should be indicated by a bar marker on the figure. Coloured illustrations are published only in exceptional circumstances, and the cost is charged to the author.

Tables Each table should be on a separate sheet, have a heading, and contain no vertical rules.

Proofs Contributors will receive ONE proof, and should read it carefully for printer's errors. Alterations to the original text should be kept to a minimum and may be charged to the author.

Reprints may be ordered from the Publishing Manager when the proofs are returned.

Notice to subscribers

Annals of the Rheumatic Diseases is published monthly. The annual subscription rates are £198 (USA $298). Members of the British Society of Rheumatology are entitled to concessionary rates for receipt of the *Annals of Rheumatic Diseases* of £99 (USA $149). Orders should be sent to the Subscriptions Manager, *Annals of the Rheumatic Diseases*, BMA House, Tavistock Square, London WC1H 9JR. Subscribers may pay for their subscriptions by Access, Visa, or American Express by quoting on their order the credit or charge card preferred together with the appropriate personal account number and the expiry date of the card. Orders can also be placed with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, may also be sent to: BRITISH MEDICAL JOURNAL, Box 560B. Kennebunkport, Maine 04046, USA. All inquiries, however, must be addressed to the publisher in London.)

All inquiries regarding air mail rates and single copies already published should also be addressed to the publisher in London.

Notice to advertisers

Applications for advertisement space and for rates should be addressed to the Advertisement Manager, *Annals of the Rheumatic Diseases*, BMA House, Tavistock Square, London WC1H 9JR.

Published by BMJ Publishing Group, Tavistock Square, London WC1H 9JR and printed in England by The Devonshire Press Ltd, Torquay

Second class postage paid at Rahway NJ Postmaster: send address changes to *Annals of the Rheumatic Diseases*, c/o Mercury Airfreight International Ltd. Inc., 2323 Randolph Avenue, Avenel, NJ 07001, USA. ISSN 0003-4967.