Notes/News

Ciba-Geigy • ILAR • Rheumatology Prize
With this Prize, the International League of Associations for Rheumatology (ILAR) and Ciba-Geigy wish to promote advances in the understanding of rheumatology through the recognition of outstanding research. The competition is open to clinicians or basic scientists working in the field of rheumatology and may be awarded to research units or individuals.

The Prize, awarded on the basis of written documentation (in English, French, German, or Spanish) of research work undertaken in the previous five years, is to the value of SFr 60,000, and will be awarded at the International Congress of Rheumatology, Singapore in June 1997.

Deadline for submissions: 31 May 1996.

For rules and application forms please contact: CIBA-GEIGY • ILAR • Rheumatology Prize, PO Box, CH-4002 Basel, Switzerland. Fax: +41 61 696 60 29.

EULAR Course on the Scientific Basis of Rheumatology
This course, to be held on 7–10 September 1996, Oxford, UK, will cover the biology of connective tissues, cell-to-cell interactions, immune responses and their control, mechanisms of damage, and pathogenesis of rheumatic diseases.

Course fee, including accommodation: £250.

3rd EULAR Postgraduate Course in Rheumatology
This course, to be held on 11–15 September 1996, Oxford, UK, will cover clinical aspects of rheumatic diseases concentrating on outcome, assessment, and evidence based management. It is complementary to the 1st and 2nd EULAR Postgraduate Courses in Rheumatology held in Leuven (Belgium) in 1993 and in Marseilles (France) in 1994.

The course is aimed at junior rheumatologists from throughout Europe at the end of their training (at least four years of postgraduate training), but is open to all rheumatologists.

Course fee, including accommodation: £400.

The language of the courses will be English.

Preliminary programmes and further information are available from: Mr F Wyss, EULAR Secretariat, Witikonerstrasse 15, CH-8032 Zurich, Switzerland. Tel: +41 1 383 9690. Fax: +41 1 383 9810.

Forthcoming events
26 Feb–1 Mar Intensive applied epidemiology course for rheumatologists, Manchester (residential; limited to 20 places). No experience in epidemiology is required.

Contact: Margaret Fullalove, ARC Epidemiology Research Unit, Stopford Building, University of Manchester, Oxford Road, Manchester M13 9PT, United Kingdom. Tel: +44 (0)161 275 5040. Fax: +44 (0)161 275 5043.

16–19 Apr OMERACT 3: Outcome Measures in Arthritis Clinical Trials, Cairns, Australia
Contact: Prof Peter Brooks, Department of Medicine, St Vincent's Hospital, Darlinghurst, Sydney, NSW 2010, Australia. Tel: 02 361 2352. Fax: 02 361 2794. E-Mail: P.Brooks@unsw.edu.au.

21–26 Apr 8th APLAR Congress of Rheumatology, Melbourne
Closing date for Abstracts: 1 November 1995
Contact: Congress Secretariat, C/-ICMS Pty Ltd, 84 Queensbridge Street, Southbank, Victoria 3006, Australia. Tel: 61 03 9682 0244. Fax: 61 03 9682 0288

29–30 Apr International symposium: Upper extremity reflex sympathetic dystrophy, Genval (Brussels), Belgium.

Contact: Dr F Schuin, Service d'Orthopédie Traumatologie, Cliniques Universitaires de Bruxelles, Hôpital Erasme, 808 route de Lenneik, 1070 Bruxelles, Belgium. Tel: +32 2 555 68 44. Fax: +32 2 520 35 56

8–10 May BSR XIIth AGM, Brighton
Contact: British Society for Rheumatology, Anne Mansfield, Deputy General Secretary, 41 Eagle Street, London WC1R 4AR. Tel: 0171 242 3313. Fax: 0171 242 3277

15–18 May 1st Central European Congress of Rheumatology, Piestany, Slovak Republic.
Contact: 1st Central European Congress of Rheumatology, Congress Secretariat, Research Institute of Rheumatic Diseases, Nábrezie Ivana Krasiku 4, SK-921 01 Piestany, Slovak Republic. Fax: +42 838 21192.

18–23 May 1996 World Congress on Osteoporosis, Amsterdam, The Netherlands.
Contact: Congrex Holland bv, Keizersgracht 782, 1017 EC Amsterdam, The Netherlands. Tel: +31 20 6261372. Fax: +31 20 6259574.

20–23 May United States FDA Medical Device Update: Design Controls, GMP Requirements, and Marketing Clearance, Paris, France
Contact: Zena Barrick, Medical Device Technology, Advanstar House, Park West, Sealand Road, Chester CH1 4RN. Tel: +44 (0)1244 378 888. Fax: +44 (0)1244 370 011

31 May–3 June 26th Scandinavian Congress of Rheumatology, Reykjavik, Iceland
Deadline for abstracts: 1 February 1996
Contact: Scientific Secretariat, Department of Internal Medicine, Division of Rheumatology, Landspitalinn, 101 Reykjavik, Iceland. Tel: 354 1 601255/5 601255. Fax: 354 1 601287/5 601287.

4–7 June 5th International Expert Forum on Immunology and Gene Therapy—EFIT '96, Jerusalem
Deadline for abstracts: February 29, 1996
Dr S Koch, EFIT '96, PO Box 50006, Tel Aviv 61500, Israel. Tel: 972 3 5140014. Fax: 972 3 5175674 or 972 3 5140077

14–16 July IVth Biennal Workshop on Scleroderma Research, Cambridge, United Kingdom
Deadline for submission of registration applications: 1 March 1996.
Contact: Prof Carol Black, Royal Free Academic Rheumatology and Connective Tissue Diseases Unit, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG. Tel: +44 (0)171 794 0432. Fax: +44 (0)171 435 0143

18–21 Aug 4th European Conference on Pediatric Rheumatology, Helsinki, Finland
Deadline for abstracts: 15 March 1996
Contact: Pediatric Rheumatology '96, Congress Management Systems, PO Box 151, FIN-00141 Helsinki, Finland. Tel: +358 0 175 355. Fax: +358 0 170 122
Book review


This is a small book intended as a guide to joint disease for those who may wish to study the pathological processes in the bones recovered from archaeological sites. Of necessity, it is not a comprehensive description of the anatomical pathology of joints, being deliberately produced in a handy small format which enables the reader to use it as a quick reminder of the features of joint disease when working in the field. The authors point out the differences in approach between clinical and radiological diagnosis of joint disease, and their own discipline of palaeopathology, but have themselves to rely on clinical and radiological material such as illustrations. They dismiss the pathologist as having no contribution to make to palaeo-ontology because modern pathology is ‘based on cellular and subcellular rather than gross appearances’. However, they themselves use an illustration of urate crystals in the chapter on gout (urate crystals are particularly difficult to preserve in modern pathological specimens, unless special precautions are taken, let alone persisting in long buried samples). They also use the scanning electron microscope method first developed by the reviewer to illustrate osteoclastic activity in vitro as an illustration. It would have been more convincing if they had used a palaeopathological example of osteoclastic activity, of which cases have been described. While they may be correct in saying that modern pathology does not often look at the ‘bare bones’ appearance of modern cases, all pathologists use the macroscopical appearances as their first means of describing a specimen, including osteoarthritis pathologists. Indeed, most of us also link these naked eye appearances to clinical radiographs and radiographs we ourselves take of our specimens in order better to understand the pathology. I am saddened to see that the authors are of the opinion that the ordinary pathologist has so little to offer. Other colleagues in archaeology and the criminal justice system (who also find old bones) clearly do not believe this, and regularly consult with their medical colleagues.

Drs Rogers and Waldron believe palaeopathological diagnosis to be an end, rather than a means to an end; clinical, radiological, and histopathological diagnosis are the means to the end of treating the patient. However, pathology at any level is often an imprecise science, if we are honest with ourselves. Sometimes it is better to describe what we see and give a differential diagnosis. Sometimes it is even possible to be deductive, as one other palaeopathologist colleague has been, working out—from a knowledge of normal joint anatomy and physiology, including mechanics—the ways in which a particular process may have arisen in the bones of an ancient population and, in fact, reaching conclusions that enable recognition of what may be, in heavy manual labour rural workers of olden times, an occupational joint disease rarely seen in modern day man.

Having said my piece above, I would now wish to discuss the many good aspects of this book. After introductory chapters about the definition of joint disease and the palaeopathological classification of disease, the authors provide chapters on the main forms of articular pathology. They also include diffuse idiopathic skeletal hyperostosis and osteomyelitis which, strictly speaking, are bone diseases, but may produce marked changes in the spine and peripheral joints. The descriptions are clear and in line with the general current views of the pathological changes present in these diseases. The final chapter is more philosophical in outlook and it is with this chapter that I had the problems discussed in my first paragraphs.

The book is nicely illustrated with modern and palaeo-logical cases seen as naked eye appearances and in radiographs. It is referenced in the form of ‘further reading’, but this is directed mostly to the previous work of the authors and their colleagues, rather than as a comprehensive view of the literature. The index is sufficient to allow access to the information within the text. As the book is small enough to be read easily and with understanding by the non-medical scientist, the index need only provide a means of quickly finding a point.

There are several other drier books on the appearances of pathology in bones. This one is friendly in its presentation, untechnical in its approach, and will provide a useful starting point for those wishing to look into joint diseases in skeletal remains.

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