which has the support of the Canadian Ministry of National Health and the Canadian Medical Association, is further evidence of the close co-operation of that Dominion with the mother country in the field of rheumatic endeavour. We are indebted to Sir Walter Kinnear, Chairman of the Finance Committee, for the valuable contacts he made during his recent visit to Canada on the Council's behalf and which have had such a favourable result.

Australia and New Zealand.—The Council is indebted to Dr. C. B. Heald who, like Sir Walter Kinnear, devoted some part of his visit to these Dominions to the interests of the Empire Rheumatism Council. It is due to his kindly interest that headway was made in the matter of encouraging the Australian and New Zealand Medical Authorities to become affiliated with us. An application from the Royal Australasian College of Physicians for affiliation of a Council to be nominated by them as an autonomous Branch of the Empire Rheumatism Council is brought much nearer. It has been a privilege recently to welcome to this country Dr. C. G. McDonald, Vice-President and late Honorary Secretary of that College. Dr. McDonald's interest in the extension of co-ordination of effort in the field of Rheumatism has made no small contribution to the development of these good relations.

A two-day Meeting is being held in Rotorua, the Spa Centre in New Zealand, on Nov. 18 and 19 next to inaugurate the New Zealand Branch of the Empire Rheumatism Council.

European League Against Rheumatism.—The Council has continued to support financially the work of the European League, for it is essential that we keep abreast with all remedial measures affecting the rheumatic sufferer. Moreover, a recent summary of the work of the Danish League against Rheumatism, linked with this Council through the European League, reveals much beneficial legislative activity in the Scandinavian countries.

As in 1946-7, many of our members have been invited to attend the International Congress on Rheumatic Diseases to be held in America in the Spring of 1949. Papers have been submitted by several members of the Council towards the Congress Agenda.

Administration.—In accordance with usual practice it is recommended for your approval that the key administrative Committees, viz. Executive Committee, Finance Committee, and the Scientific Advisory Committee, be re-elected for 1949. The Committees here referred to give generously of their time and service in a voluntary capacity, and the Council is fortunate to count among its members men who are well-versed and highly placed in the respective spheres in which they labour so diligently in our interests.

Realizing to the full extent to which the rheumatic diseases affect the conduct of our daily lives and national affairs, the Scientific Advisory Committee during the year reorganized its constitution on an extended basis, and there has emerged as the result a strong and competent Research Sub-Committee and an Education Sub-Committee, both of which have been functioning regularly during the latter half of the year. These Committees now have a greater opportunity of considering the many problems of research, investigation, and treatment which are constantly being submitted to the Council from many channels.

The Future.—It is not within my power of discernment to estimate what the year 1949 holds in store for us. Suffice it to say that from the Members of the Empire Rheumatism Council there is an abundance of talent ready to come to grips with all rheumatism problems with which they may be confronted. There is also available I am sure, a spirit amongst our many honorary members and interested persons which can be relied upon to assist in providing the necessary finances for the continuation and expansion of our work. Rheumatism research is a costly business, and we continue to rely as heretofore upon the generosity of public philanthropy to assure that our labours for the benefit of all rheumatic sufferers over the past twelve years shall not be cast away. Remaining un-nationalized and free from control, the Council looks confidently for the necessary voluntary financial support to continue, and, if sufficient funds are available, to expand its present activities. The Report of the Finance Committee tells how wisely our income has been expended and how urgent is the call for greater help.

HORDER

HEBERDEN SOCIETY

A General Meeting of the Society was held on Dec. 3, 1948, at 11 Chandos Street, London.

Dr. Heald (Royal Free Hospital) contributed the first paper entitled "Setting-up the Disabled". This dealt with the invalidity due particularly to rheumatism: it outlined weaknesses in existing procedures, the general problems facing society, and suggestions for dealing with them. (This paper is to be published in full elsewhere.)

Dr. Jacques Forestier, the Honorary Corresponding Member from Aix-les-Bains, talked on "Comparative Indications and Results with Gold and Copper Therapy" (published in full at p. 132 of this issue).

Dr. Brandon Lush (introduced by Dr. Ernest Fletcher, Royal Free Hospital) outlined some basic principles

in the treatment of flexion deformity of the knee. The causes of this deformity in rheumatoid arthritis, he said, were, first, that this is the position of most comfort; secondly, in acute cases muscle spasm immobilizes the joint in this position; thirdly, with muscle wasting the extensor muscles are affected more rapidly and more completely than the flexors; fourthly, with an effusion this is the position of greatest capacity. These four factors in any particular case are of varying importance. Prevention consists of full explanation to the patient, the use of back splints in the position of optimum function (5° of flexion) and complete daily movements together with the maintenance of muscle function. He did not think that muscle spasm was important, nor its treatment by prostigmine. The treatment of established deformity is either arthrodesis in 5° of flexion for the severe case,

or plaster rest in acute stages and correction of the flexion deformity by the following controlled technique under pentothal anaesthesia: with the leg extended between two tables and covered with stockinet a plaster back slab is applied and a sling passed over the top of the knee and attached below it to an extension apparatus (motor-car jack). A controlled extension of the knee is then carried out by turning the handle of the jack with the operator's hands on the knee. Plastering is then completed and the patient returned to bed for forty-eight hours, following which bivalving is done and physiotherapy started. In discussion, the dangers of dislocation were mentioned.

Dr. Duncan Shiers (introduced by Dr. Copeman, West London Hospital) dealt with chorionic gonadotrophin from pregnant mare's serum in the treatment of rheumatoid arthritis. He said that of the three secretions of pregnancy, oestrogen, progesterone, and chorionic gonadotrophin, the two former have been tried without success in the treatment of rheumatoid arthritis. The author, investigating the third, has used "pregnyl" (luteinizing) and "gestyl" (follicle-stimulating and luteinizing hormone prepared by Organon Laboratories). Two hundred units on the average were given daily by intramuscular injection without other drugs. Diminution of pain and stiffness was noticed after the fourth injection, together with a sense of improved well-being. The injections were continued for two to three weeks (about 5,000 units) and then on alternate days. Seven case histories were given illustrating the marked improvement, which was sustained for a period of months following discharge. Four of the seven cases had had natural pregnancy remissions. No complications were noted other than some alteration of menstrual cycle.

Dr. Kathleen Lawther (introduced by Dr. Ray, British Red Cross Clinic) talked about the use of procaine and lactic acid injections in degenerative joint disease of the hip. She summarized the results of treatment in sixty-four cases. There was marked relief of pain in a proportion of these, but very few showed greater range of movement. There were similar results in a small series using 2 per cent. procaine alone.

Dr. G. Watkinson (introduced by Professor Tonbridge, Leeds) talked on massive salicylate therapy in rheumatic fever in young adults; the effects of small and large dosage on clinical manifestation, carditis, and sedimentation rate were discussed. (This paper appears at p. 120 of this issue.)

A Clinical Meeting of the Heberden Society was held at the Rheumatology Department of the Royal Free Hospital on Jan. 7, 1949.

After an introduction from the outgoing President, Mr. S. L. Higgs, Dr. W. S. C. Copeman occupied the Presidential chair. He paid a warm tribute to Mr. Higgs for the excellent conduct of the Society's business during the previous year, which had seen a remarkable increase in numbers, activities, and influence.

Dr. Ernest Fletcher introduced three clinical

cases. The first was a man with Reiter's syndrome; the second one with pulmonary tuberculosis and multiple joint involvement of a rheumatoid nature, together with gross destruction of the right humerus. Opinions were divided as to whether this latter joint was rheumatoid or tuberculous. The third case was a man with unusually large cystic nodules or bursae over both olecranon bones.

Dr. J. S. Lawrence, of Walkden, Lancashire, introduced by Dr. J. H. Kellgren, Manchester, gave a short paper on "Differential Plasma Viscosity" in various diseases. By means of a salting-out procedure, viscosities of various protein fractions were measured in an Ostwald's viscosimeter at various times during the patient's illness. After correction for the viscosity of the salt solution, these figures were expressed numerically and the various fractions (fibrinogen, gamma-globulin, alpha- and beta-globulin, and albumin) were shown to have viscosities characteristic of the stage of the illness and running parallel with the expected quantitative changes in those fractions.

After discussion of several of the specimens and microscopic slides shown by Dr. Lush, Dr. Bryan, and Dr. Buchan, the meeting adjourned.

At a meeting of the Heberden Society on Friday, March 4, 1949, at 11 Chandos Street, London, W.1, with Dr. W. S. C. Copeman in the Chair, a discussion was held on the question, "Is Electrotherapy Empirical?" There were fifty-one members and guests.

The opener, Mr. C. W. Marshall, speaking as an interested layman, contrasted German and English practice in the use of ultra-violet light as an example of the antiquated and empirical use of physical methods in England. He was critical of the numerous eponymic "currents", and said that all electricity used could be described in terms of linear and exponential functions. Although English school textbooks on electricity were good, the less said about English medical electricity textbooks the better: at best they were picturesque.

Dr. P. Bauwens, replying, said that while in part he agreed with Mr. Marshall's criticisms, many of these were not justified. We did know a good deal about the action of direct and high- and low-frequency alternating currents: he saw no reason why "galvanic stimulation" should not be used by the doctor in the same way as "galvanized iron" is by the engineer. Equipment was in many places crude, due to lack of money, but it did its job. Measurements of the current were usually adequate, but some needed the co-operation of electrical engineers, for example, the measurement of tissue temperature in a high-frequency field. He thought Mr. Marshall failed to appreciate the complexity of biological phenomena: heating a brick was one thing; heating a living leg might produce its therapeutic effects psychologically or by vasodilation, or even possibly by direct heating.

After some discussion by Dr. Cooksey and Dr. Shiels, Dr. Tegner summed up: the meeting will have been of value if out of it there comes a closer co-operation between experts in the physical field and those working on human beings.