

# ANNALS OF THE RHEUMATIC DISEASES

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## NEW YORK RHEUMATISM ASSOCIATION

**October Meeting.**—A Clinical Conference was held at the University Hospital, New York, on Wednesday, Oct. 19, 1949, under the chairmanship of James Tarsy. The programme consisted of the following papers:

Arrest of Rheumatoid Arthritis with Gold Salts: Orthopaedic Rehabilitation (Harry Bartfeld); An Unusual Case of Acute Arthritis with Skin Manifestations (Edward F. Hartung); A Case Illustrating the Management of Osteo-arthritis with Orthopaedic Supportive Measures (Harry Weiner); Two Cases Illustrating Corrective Measures in Rheumatoid Arthritis: (a) Treatment of Flexion Deformity of the Knee, (b) Treatment of Deformity of the Hands (Robert Preston).

**January Meeting.**—A joint meeting of the New York Rheumatism Association and the New York Academy of Medicine was held on January 5, 1950. Dr. Philip S. Hench, Head of the Department of Rheumatic Diseases, Mayo Clinic, and Professor of Medicine, University of Minnesota (Mayo Foundation), spoke on the "Endocrine Relationships to Rheumatoid Arthritis".

Twenty-one cases of rheumatoid arthritis were treated with Compound E and adrenocorticotrophic hormone. Good results were obtained in all cases, but symptoms promptly returned when treatment was stopped. The dosage of Compound E was 100 mg. a day. When Compound E acetate was used, the initial dose was 300 mg. to start, then 100 mg. a day. Smaller doses (25-75 mg. a day) were ineffective. Sixteen patients were given short-term treatments of 8-66 days. Five patients received treatment for 4-9 months. Improvement was noted in articular and muscular function. Increased appetite, gain in weight, and euphoria were also noted. Laboratory evidence of improvement was evidenced by a drop in the erythrocyte sedimentation rate, and normalization of the blood proteins and blood count.

There were no definite signs of toxicity to Compound E or Compound E acetate. However, overdosage caused transient oedema, usually pretibial. Rounded facial contour, mild acne, hirsutism, and amenorrhoea were noted. Euphoria was later replaced by depression. The erythrocyte sedimentation rate slowly rose after an initial marked fall. Transient glycosuria and an altered glucose-tolerance curve were observed, but in no case was diabetes produced.

On a schedule of 100 mg. Compound E acetate a day, no changes were noted in the plasma bicarbonate, potassium, chloride, or sodium. On 200 mg. a day, an increase in plasma bicarbonate and a decrease in potassium and chloride were noted, no change in plasma sodium.

In rheumatic fever, Compound E and adrenocorticotrophic hormone were used with good results. In cases of rheumatic carditis, there was a prompt drop of

the erythrocyte sedimentation rate, change of the P-R interval to normal, and a drop in temperature and pulse rate. When treatment was given for five weeks and then discontinued, symptoms returned. A second course of treatment relieved the symptoms, which did not return after treatment was stopped the second time.

Initial work indicates that interrupted therapy may be better than continuous administration of the drugs. Compound F and not Compound E may be the true anti-rheumatic factor. When adrenocorticotrophic hormone is administered, Compound F and not Compound E can be recovered from the urine.

Experience with the use of oestrogen and testosterone is limited. However, they are of value in controlling the side effects of Compound E.

## **EMPIRE RHEUMATISM COUNCIL**

The Lord Webb-Johnson has been elected a Vice-President, and Vice-Chairman of Council in place of Sir Walter Kinnear, who has retired on grounds of health.