HEBERDEN SOCIETY

Lecture.—Dr. P. S. Hench of the Mayo Clinic, Rochester, Minnesota, lectured to the Department of Rheumatic Diseases of the West London Hospital on October 5, on "Cortisone and ACTH in Rheumatic Diseases". Dr. W. S. C. Copeman was in the chair, and members of the Heberden Society attended. Dr. Hench also showed a film illustrating the effects of these hormones on cases of rheumatoid arthritis treated at the Mayo Clinic.

Clinical Meeting.—The Heberden Society held a meeting on Saturday, October 21, 1950, at the Canadian Red Cross Memorial Hospital, Taplow, with Dr. E. G. L. Bywaters as host, and the President, Dr. W. S. C. Copeman, in the chair.

The following cases were presented:

Case 1. Rheumatic Carditis (presented by Dr. G. T. Thomas). The management of rheumatic fever and carditis and the follow-up regimen were described. P.D., female, aged 12, had had two attacks of rheumatic fever (February and July, 1950). She showed pyrexia, raised blood sedimentation rate, loss of weight, anaemia, and erythema marginatum as evidence of an active rheumatic state. She also had nodules and mitral and basal diastolic murmurs.

Case 2. Still’s Disease with Unusual Deformities and Healed Iridocyclitis (presented by Dr. E. G. L. Bywaters). P.H., female, aged 13, showed first symptoms at age 15 months. At age 21 months she was admitted to the Royal National Orthopaedic Hospital with involvement of knees, ankles, and elbows. She was in hospital for 8 years. On discharge she could walk and attended the local school. In February, 1950, she was admitted to the Canadian Red Cross Memorial Hospital with exacerbation of arthritis in one hip which has now settled to its former level. She shows inactive lesions of old iridocyclitis and band keratinitis, cervical joint involvement, receding chin, "wandering" fibulae (due to discrepancy in times of closure of fibula and tibial epiphyses), and deformities of toes and fingers (due to premature closure of metatarsal and metacarpal epiphyses).

Case 3. Still’s Disease (presented by Dr. Margaret Whitby). M.W., female, aged 7½ years, was first affected 2½ years ago at age 5, with pyrexia and limb pains followed by painful joint swellings and subsequent deformities. She was transferred from Hull to the Canadian Red Cross Memorial Hospital in January, 1950. Her deformities were treated by manipulation and plastering, and she received physiotherapy daily. In July, 1950, she was found to have an almost complete collapse of the eighth dorsal vertebra and shortly afterwards an abnormality of the oesophagus at about the same level: this association was discussed.

Case 4. Disseminated Lupus Erythematosus (presented by Dr. A. St J. Dixon). B.W., male, aged 16, had been affected for two years. He was now being maintained in clinical remission by a dose of 10 mg. ACTH daily, supplemented by ephedrine 2 gr. daily. A chart was shown indicating that omission of the ephedrine resulted in partial relapse. In the past a spontaneous relapse, including transient arthritis and a transient basal diastolic murmur had followed six weeks after the finding of a streptococcal sore throat, thus closely mimicking acute rheumatic fever.
HEBERDEN SOCIETY

Cases 5 and 6. Temporal Arthritis (presented by Dr. M. Saxty Good). Since the condition was first described by Hutchinson in 1890 and recognized as a clinical entity by Horton and McGrath in 1932, over 100 cases have been described in the literature; the condition has recently become more generally recognized and is found to be more common than was previously thought.

Two cases were demonstrated and four others briefly described. These illustrated the protean nature of the presenting symptoms and signs, and the difficulties of an early diagnosis. Treatment was discussed, and histological sections shown. In five of the cases relief had been obtained by biopsy.

Case 7. Hyperparathyroidism and Chronic Renal Lesion (presented by Dr. E. G. L. Bywaters). H.D., female, aged 66, was first affected in 1942 with weakness and giddiness. In February, 1950, she fell and hurt her right hip, and took to her bed. She was sent into an orthopaedic hospital, where investigation revealed softening of the innominate bone with cystic bone changes, and calcification of ulnar cartilage. At operation on July 5, 1950 (Mr. Marnham) both left parathyroid glands were found to be adenomatous and were removed (one was 4 cm. in diameter and weighed 12 g.). Both right parathyroids were larger than normal but were left in situ. Transient uraemia occurred post-operatively. There was no tetany.

At present the patient has iron resistant anaemia (unexplained), and some difficulty in walking (due to 1½-in. shortening of the right hip).

<table>
<thead>
<tr>
<th>Chemical Findings</th>
<th>Before</th>
<th>Immediately After</th>
<th>14 Days After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum calcium (mg.)</td>
<td>13</td>
<td>9.1</td>
<td>6.8</td>
</tr>
<tr>
<td>Serum phosphate (mg.)</td>
<td>3.6</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Alkaline phosphatase</td>
<td>53</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Haemoglobin (per cent.)</td>
<td>70</td>
<td>61</td>
<td>61</td>
</tr>
<tr>
<td>Blood urea (mg. per cent.)</td>
<td>57</td>
<td>107</td>
<td>68</td>
</tr>
<tr>
<td>Maximum urine concentration</td>
<td>1,010</td>
<td></td>
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</tbody>
</table>

Case 8. Dermatomyositis or Lupus Erythematosus (presented by Dr. E. G. L. Bywaters). V.B., female, aged 7 years, developed a malar flush in May, 1950. In two weeks this had spread to arms, legs, and buttocks. She was admitted to the Hospital for Sick Children, Great Ormond Street, London, W.C.1 (under Dr. Brain) at the end of June, when the rash had become generalized, scaly, and erythematous, with palpable glands in groins and axillae. Blood culture grew coagulase-positive staphylococcus; white blood cells 5-8,000 per c.mm. She was treated with penicillin, aureomycin, chloramphenicol, and streptomycin. In August, when she was admitted to the Canadian Red Cross Memorial Hospital, oedema of the face and arms was a striking feature. The fundi showed numerous patches of exudate, characteristic of both dermatomyositis and lupus erythematosus, which have not become absorbed. She has just completed an eight-day course of ACTH with minimal response.

Case 9. Sarcoidosis with Renal Involvement, Hypertension, Dilatation of the Aorta, and Aortic Regurgitation (presented by Dr. Madeline Keech). J.S., female, aged 5½ years, was first affected at age 3½ with puffy eyes and anorexia. Two months later she developed acute tonsillitis and was treated with sulphonamide. Two months after that a generalized skin eruption developed which persisted for 8 months, leaving small, pigmented, depressed scars. Skin biopsy showed the histological appearance of sarcoidosis, although at that time it was considered to be compatible with a diagnosis of periarteritis nodosa and was presented as such. Hypertension (165/120), an aortic regurgitant murmur, and cardiac
failure developed, together with albuminuria, hepato-splenomegaly, persistent pyrexia, and severe, recurrent, bilateral irido-cyclitis. She was transferred to the Canadian Red Cross Memorial Hospital in June, 1950. Biopsies of liver, voluntary muscle, and a fresh skin eruption all showed many characteristic nodules of sarcoidosis. Renal function tests show low renal reserve, her present blood pressure varies between 260/140 and 160/115, and pyrexia and recurrent exacerbations of irido-cyclitis persist. During the past two years, five Mantoux tests at a dilution of 1:100 have all been negative.

**LIGUE EUROPÉENNE CONTRE LE RHUMATISME**

A professorship in rheumatology has been established at the University of Louvain, Brussels. Dr. Léon Michotte, vice-secretary-general of the Ligue Européenne contre le Rhumatisme, has been appointed Professor of Rheumatology.

**UNIVERSITY OF PARIS**

**CHAIR OF CLINICAL RHEUMATOLOGY**

A course of lectures and demonstrations in rheumatology is to be held at the Hôpital Cochin, Paris, from January 29 to February 4, 1951, under the direction of Professor F. Coste, from whom the following information has been received.

Le matin auront lieu, de 9 h. 30 à 12 h. 30, les demonstrations pratiques dont deux seront consacrées à la clinique, deux à la lecture commentée de radiographiques, et une aux techniques de laboratoire.

L'après-midi auront lieu, de 14 h. 30 à 17 h. 30, les conférences théoriques dans l'ordre suivant:

- **Le 29 et 30 Janvier** (avec le concours des Drs. F. Layani, J. Forestier, S. de Sèze, et F. Delbarre): "Les facteurs endocriniens en rhumatologie—Cortisone et ACTH."
- **Le 31 Janvier** (avec le concours des Drs. P. Delaunay et J. Durel): "Les facteurs infectieux en rhumatologie."
- **Le 1 Février** (avec le concours du Prof. Merle-d'Aubigné, des Drs. L. Rubens-Duval et P. Galmiche): "Problème concernant les arthroses—les coxarthroses."
- **Le 2 Février** (avec le concours du Prof. agr. S. de Sèze, des Drs. J. Lièvre et A. Lacapère): "Pathologie vertébrale et discale."

Ces conférences seront suivies de la discussion des questions posées par les auditeurs. Les inscriptions (Prix 3,000 fr.) seront reçues à la Faculté de Médecine. Pour tous renseignements, écrire au Dr. P. Galmiche, Hôpital Cochin, 27 rue du Faubourg-St.-Jacques, Paris, XIVe.