Preliminary observations on a small group of patients taking sulfinpyrazone for non-tophaceous gout revealed surprising results. L. M. GAINS and L. E. SHULMAN (Baltimore) had given sulfinpyrazone and colchicine to 14 patients with gout for 12 months. The number of acute attacks of gout had been found to be no fewer than when the same patients were given placebo and colchicine for a similar duration. This was despite the fact that the sulfinpyrazone reduced mean serum urate levels from 9.7 mg./100 ml. to 5.9 mg./100 ml. It was stressed, however, that more intensive uricosuric therapy over a longer period of time in a larger group of patients would be necessary before drawing conclusions.

An interesting and unexplained rheumatic complication of jejunocolonic bypass in obese subjects was described by J. W. SHAGRIN and his colleagues (Detroit). A syndrome resembling rheumatoid arthritis had been observed in seven of 31 patients treated by jejunal-colostomy. Five patients had a transient polyarthritis, and two others a persistent polyarthritis with early erosive changes. This complication was not seen following jejunal-ileo shunts. Together with regional enteritis, ulcerative colitis, and Reiter's syndrome this newly described entity might be considered among the enterarthropathies.

Immunology

F. P. QUISMORIO and his colleagues (Los Angeles) drew attention to the production of autoantibodies in burnt patients. Thirty-one patients with burns of from 4% to 46% of body surface had been studied and the presence of anti-epithelial antibodies (pemphigus-like) shown by immunofluorescence in 16 of them. In addition,

staining of the basement layer (as described in bullous pemphigoid) had been found with seven sera. Eleven patients had antinuclear antibodies and 20 had rheumatoid factor. The incidence of antinuclear antibodies and rheumatoid factor was more striking in the older patients. Though there was no clear relation between the presence of autoantibodies and the severity of the burn, burnt tissue was clearly a potent stimulus to autoantibody formation and might provide yet another possible model for the study of acquired autoimmunity.

A mechanism of action for the immunosuppressive drug azathioprine was proposed by J. LEVY and his colleagues (Los Angeles). They had investigated immunoglobulin turnover rates in patients with connective tissue diseases treated with azathioprine (2.5 to 3 mg./kg./day). The synthesis of IgG decreased from 16.8% to 74.1% of the initial synthetic rate in seven out of nine patients; IgM synthesis decreased from 24.5% to 74.2% in eight out of nine patients. The decreased synthesis rates were not reflected by the serum immunoglobulin levels, since decreased immunoglobulin catabolism often accompanied decreased synthesis. Reduced immunoglobulin synthesis may partly explain the therapeutic action of this drug.

Lupus Nephritis

A detailed pathoclinical study of lupus nephritis was reported by N. F. ROTHFIELD, and her co-workers (Hartford, New York, and Buffalo). Serial biopsies and post-mortem material from 52 patients with systemic lupus were examined. The renal lesion was classified into 3 groups: focal proliferative lupus nephritis, in 16 patients; diffuse pro-

liferative lupus nephritis, in 22 patients; and membranous lupus nephritis, in 14 patients. All patients had been treated with sufficient corticosteroid to suppress clinical evidence of active disease. Nevertheless, there was a definite correlation between the disease course and type of renal lesion noted. Focal nephritis was a mild form of renal disease associated with a mild clinical course. Diffuse nephritis, on the other hand, rarely remitted and was characterized by a high incidence of renal failure and a poor prognosis. Membranous nephritis was typically associated with the nephrotic syndrome, with a tendency to progression to renal failure. These observations may confirm the clinical impression that the prognosis of systemic lupus in an individual patient depends more on the natural history of the disease rather than the effect of therapy.

The in-vivo fixation of immunoglobulin in renal cell nuclei of patients with systemic lupus was described by P. K. HENCH, and his colleagues (La Jolla). Specimens of kidney from 50 patients with lupus had been studied by immunofluorescence. The typical glomerular basement membrane deposits were seen in all, and in addition IgG antibody was identified in renal cell nuclei of seven patients, giving staining patterns corresponding to those shown by the circulating antinuclear antibodies in the same patients. The IgG antibody fixation was present both in tubular epithelial and glomerular cells. The significance of the nuclear fixation of antibody in vivo is uncertain, but five of the seven patients had proteinuria indicating that renal nuclei damage may play a part in the pathogenesis of lupus nephritis. Hence the glomerular endothelial basement membrane may not be the only target for the lupus process.

NEW APPLIANCES

Splints for the Rheumatoid Hand

Mr. J. G. P. WILLIAMS, medical director, Farnham Park Rehabilitation Centre, Slough, Bucks., writes: Two useful splints for the rheumatoid hand have been developed in our splint laboratory. They are prepared from Darvic (I.C.I.) polyvinyl chloride sheeting, which is inexpensive and easy to apply, since it can be moulded direct on to the patient.

FIG 1

The first (Fig. 1) is a simple rest splint of the paddle type which is readily remoulded

as the position of the hand improves, thus obviating the need for serial splinting. The second (Fig. 2) is a lively splint which controls metacarpophalangeal ulnar drift, relieving pain and improving function. It is particularly useful when the ulnar deformity is not complicated by pronounced subluxation and also after metacarpophalangeal synovectomy, and is often valuable after excision arthroplasty.

The great advantage of Darvic as compared with other material tested (Flovic, Prenyl, Vitratene, and Plastazote) is the combination of rigidity with thinness and ease of moulding. This quality is of particular value in splints involving small or narrow parts, and no other material which combines these properties to such a satisfactory degree has yet been found.

At present each splint is individually made, but sets of standard templates should soon be available as a result of current work

FIG. 2

sponsored by the British Rheumatism and Arthritis Association.

Further information can be obtained from The Splint Laboratory, Farnham Park Rehabilitation Centre, Farnham Royal, Slough, Bucks.