

for RF positivity. In most instances, the RF titers were low, ranging from 1:80 to 1:160 in the latex fixation test (positive > 1:40) or 1:32 to 1:256 in the SSCA test (positive > 1:8).

We regard these findings as preliminary. Larger numbers of patients and confirmation by other investigators definitely are needed before this apparent association can be accepted. We hope others will examine sera from gouty patients for RF activity. This welcome and somewhat unanticipated exchange may stimulate such studies.

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#### Zinc Sulfate and Penicillamine

##### *To the Editor:*

Whitehouse *et al.* warn that zinc sulfate and penicillamine should not be tried together in patients with rheumatoid arthritis (1). They are entirely correct. Besides possibly causing greater toxicity, as these authors caution, zinc in modest (5 mg) supplements may render oral penicillamine less effective against rheumatoid synovitis (2).

In my paper, "Oral Zinc Sulphate in Rheumatoid Arthritis" (3), I reasoned that the beneficial effects of penicillamine might be mediated through the profound effect of this agent on the metabolism of zinc. My question, which remains open, was whether an apparently less toxic agent (zinc sulfate) may be as beneficial as a more toxic agent (penicillamine). I did not suggest that the two should be used together. Nevertheless, a few physicians have so interpreted the paper and have tried zinc and penicillamine concurrently. The warning of Whitehouse *et al.* is thus both timely and appropriate.

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#### Ruptured Popliteal Cyst and Thrombophlebitis

##### *To the Editor:*

A ruptured popliteal (Baker's) cyst clinically resembles calf thrombophlebitis (1-3). We would like to briefly report a patient who was found to have both an arthrogram-proved ruptured popliteal cyst and phlebogram-proved thrombophlebitis simultaneously in the same leg.

This 69-year-old man was hospitalized complaining of pain, swelling, and tenderness of his right calf of 6 days' duration. He had history of recurrent effusions in his right knee, and there was radiological evidence of osteoarthritis of that knee. He denied any history of pain or swelling of other joints.

The right calf was swollen and tender, and Homan's sign was positive. The diagnosis of thrombophlebitis was made and later confirmed by a positive right leg phlebogram. He developed hemarthrosis in his right knee a day after the start of heparin therapy for thrombophlebitis. An underlying ruptured popliteal cyst on the right side was suspected, and it was confirmed by an arthrogram.