patients suffered severe bacterial or opportunistic infections; serum immunoglobulin levels remained within the normal limits during treatment in all cases.

Our preliminary results suggest that rituximab seems to be a useful therapeutic alternative in patients with active SOJIA in whom previous treatments (including TNFα antagonists and anakinra) have failed. Our experience is that rituximab produces a substantial clinical improvement (remission of the systemic symptoms and moderate European League Against Rheumatism response of the arthritis), although the disease does not enter into remission. Of interest, our experience with rituximab is similar to the French experience with IL-1 receptor antagonist treatment in SOJIA/adult-onset Still's disease.[6] In that study, the benefits with anti-IL-1 therapy seem to be fair in the systemic manifestations but reduced in the articular complaints.

Further studies are needed to determine the place of specific B-cell depletion in the treatment of refractory SOJIA.

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Corrections

The cover caption for the supplement published in December 2008 (volume 67, suppl iii) was inadvertently missed from the contents page. It should have read "Part of 'Augustine Roulin with her infant' by Vincent van Gogh (1889). Mrs Roulin suffered from psoriatic arthropathy. Metropolitan Museum of Art, New York, USA."

The authors JWJ Bijlsma and PMJ Welsing of the editorial "The art of medicine in treating osteoarthritis: I will please" (*Ann Rheum Dis* 2008;**67**:1653–5) regret that a reference to an important work by Dr Franklin G Miller (Department of Bioethics, National Institute of Health) and co-workers was not included on p1654, first paragraph, right column. This part explains findings reported in reference 12 and also text extracted from the following reference: Miller FG, Kaptchuk TJ. The power of context: reconceptualizing the placebo effect. *J R Soc Med* 2008;**101**:222–5. This reference should have been included together with reference 12.

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