

steroids, while others go into remission spontaneously after a few weeks. In the cases reported by Dr. Guardia and his colleagues there was only one clinical attack and A.M.A. disappeared, remaining absent on follow-up for 18 months. We have observed several cases of this syndrome and a 20-year follow-up is available in one.

The patient is a housewife born in 1909. She was well until 1954, when she presented at a rheumatology clinic with backache. One year later she developed erythema multiforme, pyrexia, arthralgias, and an E.S.R. of 70 mm in 1 hr. Penicillin caused a severe toxic purpura requiring steroids. Since then she has had repeated attacks occurring about three times a year, lasting one to four months, and consisting of arthralgias affecting mainly the hands, wrists, elbows, and knees with effusions and also the shoulders and back, without rheumatoid changes on x-ray. In 1957 and on several subsequent occasions there were pleural effusions. The most recent episode was in August 1974, lasting six weeks. The E.S.R. during attacks ranged between 30 and 95 mm in 1 h and returned to normal during remissions. L.E. cells have been looked for on numerous occasions in the past 20 years but have been persistently absent except once in 1970 when "very scanty L.E. cells" were reported. The W.R. became positive on one occasion in 1957 but this was considered to be a biological false positive reaction. A.N.A. were either absent or detected in trace amounts. Tests for rheumatoid factors remained equally negative. The leucocyte count was normal throughout, with occasional relative lymphopenia. Liver function tests were normal at all times. A.M.A. were first detected in 1964 and remained at low titres until 1969, when the complement fixation titre went up to more than 1/256. In 1970-2 these antibodies were barely detectable but in her last attack the titre rose again to 1/80. Past and family history showed that the patient, an uncle, and two cousins had Dupuytren's contractures and one son suffers from asthma.

Mitochondrial antibodies are best known for their diagnostic significance in primary biliary cirrhosis (P.B.C.) and allied liver disorders.<sup>3,4</sup> The antigen has been characterized as a lipoprotein of the mitochondrial inner membranes, molecular weight 180 000 daltons, found at highest concentration in brown fat<sup>5,7</sup> but also in tissue mitochondria of animal species down to insect flight muscles. Though the immunofluorescent pattern obtained with the pseudo-S.L.E. sera resembles that seen with P.B.C. antibodies, the antigen could be quite distinct in its location within the membranes and its chemical nature and have a different aetiological significance, especially as there are two other mitochondria-related human antibodies—the cardiolipin fluorescent antibody found mainly in active secondary syphilis<sup>8</sup> and an A.M.A. reacting only with rat tissues, of unknown clinical significance and unassociated with either liver disease or collagen disorders.—We are, etc.,

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## Reorganization in Yorkshire

SIR,—I refer to the letter from Dr. W. R. M. Couper (8 February, p. 335) in connexion with the reorganization of the National Health Service in North Yorkshire.

In the first place the North Yorkshire Area Health Authority considered the recommendations from the Department of Health and Social Security in H.R.C.(72)5 and H.R.C.(73)13, along with recommendations which had been received from the joint liaison committee set up by the former authorities to give advice to the area health authority on matters in connexion with reorganization. After taking account of all the factors involved the area health authority unanimously decided to establish its headquarters in York and this was subsequently approved by both the Yorkshire Regional Health Authority and the Department of Health. It was also with the agreement and support of the North Yorkshire County Council, whose headquarters were in Northallerton.

So far as appointments to senior posts in North Yorkshire are concerned, these appointments were made by appointment panels properly constituted and set up in accordance with advice from the Department of Health, incorporating such outside assessors as the Department advised, and candidates were appointed strictly according to merit.—I am, etc.,

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## Genitourinary Medicine

SIR,—With reference to the letters from Dr. A. S. Wigfield (8 February, p. 332) and Dr. W. Fowler (p. 333) in this department in 1974 the major sexually transmitted diseases syphilis and gonorrhoea accounted for 14% of diagnoses. Other genital infections, some of them not sexually transmitted, included non-specific genital infection, trichomoniasis, candidosis, genital warts, and genital herpes and constituted 51% of diagnoses. In 35% of patients no infective disease was present, though many of these patients had urogenital or other abnormalities which required treatment either in the hospital or from their general practitioners.

The title of the department was changed last year following a decision taken within the hospital, without pressure from the Department of Health and Social Security or the Royal College of Physicians. The new title does appear to reflect the work actually done; furthermore, being free from emotional overtones, it is hoped that it facilitates the use of the department's diagnostic facilities by colleagues within the hospital and in general practice and by patients themselves.—I am, etc.,

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SIR,—I was surprised at the responses from Drs. A. S. Wigfield and W. Fowler (8 February, p. 332) to your leading article (11 January, p. 51).

I am a general practitioner and I know that my view is shared by many of my colleagues when I say that I welcome the change in nomenclature from V.D. clinic (or

even "special clinic") to that of genito-urinary medicine. If such departments are developing with a view to treating clinical problems much wider than those customarily regarded as "venereal" in origin, then it is time we recognized the fact and the change is worth supporting.

Certainly the department which serves my practice provides us with a good service over a considerable range of clinical problems, including particularly those very difficult syndromes of recurrent urinary tract infections and/or recurrent vaginal candidosis. These two problems alone are very well worth the attention of a specialist who is specifically interested and I dare say there will be a considerable number of general physicians and gynaecologists who will be very happy to be relieved of the burden by a colleague whose specific interest it is.

There is no question in my mind that a considerable number of patients (particularly those who are no longer in the first flush of youth) do find it easy to attend a department that is not specifically labelled as "venereal" in its interest. If the experience of general practitioners about the country reflects my opinion then I submit that that reason alone is sufficient to give the changed title our support.—I am, etc.,

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## Canine Smokers

SIR,—The recent furore over a mode of research which entails beagle dogs being forced to inhale smoke for long periods in the search to produce a safe cigarette is indicative of the views of the vast majority of ordinary citizens. Notwithstanding that many of the protesters are themselves smokers, they—together with non-smokers—are determined to ensure that scientists should not be allowed to exceed certain fundamental moral obligations to sentient creatures by subjecting them to prolonged suffering in an attempt solely to satisfy craving for whatever satisfaction smoking can offer.

At a time in history when science is leaping ahead in so many fields it becomes necessary to remind those engaged in scientific research that there is a right way and a wrong way to acquire knowledge. In the case of the smoking beagles the ends certainly cannot justify such means, and the methods employed in evaluating such products should be confined to alternative and ethically acceptable techniques.—I am, etc.,

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## Adverse Effects of Publicity

SIR,—I am wondering if it is possible for the B.M.A. to prevent two rather adverse types of publicity which have occurred during recent weeks.

Firstly, we have encountered a lot of problems as a result of the B.B.C. television programme on 3 February about induction of labour. I myself did not see this programme but several of my colleagues have asked me to associate myself with their protest over programmes like these. They make it very hard to treat patients in the