steroids, while others go into remission spontaneously after a few weeks. In the cases reported by Dr. George 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 diffuse arthralgias, periarthritis, and an E.S.R. of 70 mm in 1 h. Past history was unremarkable except once in 1970 when "very scanty L.E. cells" were reported. The W.R. became positive on one occasion in 1970, but this was considered to be a false positive reaction. A.N.A. were either absent or present in very low titre. Tests for rheumatoid factors remained essentially negative. The leucocyte count was normal throughout, with occasional relative lymphocytosis. The complement fixation titer tests were normal at all times. A.M.A. were first detected in 1967, when the titre rose up to 1/256. In 1870-2 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.1,2 The antigen has been characterized as a lipoprotein of the mitochondrial inner membranes, molecular weight 180 000 daltons, found at highest concentration in brown fat3,2 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 characteristics may have a different nomenclature, especially as there are two other mitochondria-related human antibodies—the cardiolipin fluorescent antibody, seen in patients with secondary syphilis3 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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4 Brandt, S., Gut, 1974, 15, 581.
6 Ben-Yoseph, V., Shapiro, E., and Doniach, D., Clinical and Experimental Immunology, 1975, 14, 652.

Reorganization in Yorkshire

Sir,—I refer to the letter from Dr. W. R. M. Cooper (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 committees presided over 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.,

B. HAZELL
Chairman
North Yorkshire Health Authority
York

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 simplex virus. In 1973 only 1 of 5000 patients of no infectious disease was pregnant, though many of these patients had uro-genital 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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J. D. O'RIEL

Canine Smokers

Sir,—The recent furore over a mode of research which entails beagle dogs being forced to inhale smoke for the purpose of searching for 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 leading 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.,

NEVILLE BASSOUS
Parliamentary Officer, National Anti-smoking Society
London W.1

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 because I feel that they make it very hard to treat patients in the