AAPP excretion in as much as they showed a number of features of "malignant rheumatoid arthritis" as described by de Séze (1965). There was no correlation, however, between the abnormally raised AAPP excretion and the rheumatoid factor titre or the erythrocyte sedimentation rate. After a 3-year clinical follow-up these same six patients had shown an unrelenting course of their disease, without notable remission, on conventional treatments such as aspirin to tolerance, low dose steroids (<10 mg. prednisone/day), and/or gold salts.

This test may thus provide a biochemical basis for the clinical diagnosis of "malignant rheumatoid arthritis" and may turn out to be of prognostic value.

Discussion.—Dr. J. H. Glyn (London): Is it possible to state either from your work, or from previous published work, whether the administration of steroids in large doses will alter the excretion of mucopolysaccharides? It seems possible that some of the therapeutic effects of steroids in connective tissue pathology could be exerted on the ground substance.

Dr. Bitter: I am afraid I cannot answer this question, as we investigated all patients (except five with SLE) before any steroid treatment was given.

Dr. A. St. J. Dixon (Bath): The trouble with excretion studies is that they reflect both the rate of production of the material you are studying and the rate of renal excretion. I am wondering whether it might not be a renal factor which is at fault, particularly in the lupus case. Have you any data on the clearance of this material?

Dr. Bitter: Concerning the effect of renal disease on the rate of excretion of acid mucopolysaccharides, the data in the literature are scanty and contradictory. In amyloid renal disease, however, investigators agree that the excretion of these substances tends to be diminished. None of this series of patients with RA had clinically detectable renal disease, nor did those with various connective tissue diseases, nor did four out of the ten with SLE. Thus the data presented would not tend to suggest that the raised AAPP excretion found in a few patients was necessarily an expression of renal disease. Serum levels were not determined.

Dr. W. Carson Dick (Glasgow): First, have you had the opportunity of studying any of the rarer mucopolysaccharidoses; and secondly, have you examined the relationship between your method, older standard methods, and other indices of connective tissue metabolism, for example hydroxyproline excretion rates?

Dr. Bitter: Yes. In fact the method had been first worked out to correlate the haematological findings in gargoylism with the urinary excretion of AAPP (Muir, Mittwoch, and Bitter, 1963), and to assess the latter as a diagnostic parameter in Morquio's disease (Bitter, Mittwoch, Muir, and Scott, 1966).

Hydroxyproline determinations were carried out in the (non-dialysed) urine of the patients and controls presented in this communication. However the reproducibility and predictability of this parameter does by no means approach that of the excretion rate of AAPP and Dr. Barbara Ansell kindly suggested that the former should not be included in the present communication.
Chronic fluoride intoxication.

T Vischer

doi: 10.1136/ard.28.6.677-a

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