these does not correlate closely with ability to sensitize to DNCB nor with depletion of small lymphocytes.

References

The Choroid Plexus in Systemic Lupus Erythematosus.
By C. J. Atkins, J. Kondon, F. Quisimorio, and G. Friou (University of Southern California, Los Angeles).

Autopsy studies were carried out in six patients with systemic lupus erythematosus in whom there were overt clinical features of cerebral disease. When the brains were examined by conventional as well as immunofluorescent techniques, no distinctive changes were noted.

It was then realized that the choroid plexus was a filter and that as in lupus nephritis circulating immune complexes might also be deposited here.

In the two patients studied, gammaglobulin deposits were demonstrated in the choroid plexus using the direct immunofluorescent technique. These deposits were decreased by elution at pH 3.2 and by treatment with DNAase. Electron microscopy in one case revealed dense deposits in the connective tissue of the choroidal villi similar to those described in the glomeruli of lupus nephritis.

The absence of significant perivascular inflammation and gammaglobulin deposition about the nutrient vessels is contrary to the prevalent view that the central nervous system symptomatology in systemic lupus erythematosus is the result of cerebral vasculitis. These observations focus attention on the possible role of the choroid plexus in the pathogenesis of the nervous and mental manifestations of systemic lupus erythematosus.

Discussion
Dr. K. Whaley (Glasgow) Have you noted any correlation between the findings in the choroid plexus and in the kidney, and whether you found free DNA or anti-DNA antibody in the serum of patients with choroid plexus immune complexes?

Dr. Atkins We found anti-DNA in high titre in both patients with choroid plexus complexes. Both kidneys were conventionally stained but in the one examined by immunofluorescence we found both IgG and IgM deposits.

Dr. K. Whaley (Glasgow) Have you examined the subarachnoid granulations which remove the cerebrospinal fluid?

Dr. Atkins No. This obviously must be done.

Dr. K. Whaley (Glasgow) Have you measured the cerebrospinal fluid pressure?

Dr. Atkins No. This finding reveals many further problems.

Book review


In the study of muscle physiology A. V. Hill stands out as one of the giants, and his account of his work in this field is therefore of immense interest, both for its scientific content and as a personal testament to a great scientist. As is only to be expected, the standard of production and presentation in this slim volume is high.

It will probably be of no more than academic interest to the average rheumatologist, but it provides a valuable study in depth for those practitioners whose work involves a therapeutic application of muscle exercise.

J. G. P. Williams

Notes

Report of the British Branch of the Ligue Européenne contre le Rhumatisme

From the Delegate, E. G. L. Bywaters, November 21, 1970

The Heberden Society has represented British rheumatology on the world front since 1927 when the International Ligue was born. Because, however, of the Heberden Society's limited and selective membership, with then only 100 full members entitled to vote, the British Branch of the Ligue was started in 1947 and included all members, full and associate, of the Heberden Society as well as others who joined directly. All that was needed for membership of the British Branch was an application and a fee of one guinea, later 5s. and recently £1. There have been no proposers or seconders, no selection, no criteria, and no exclusions. Up to a week or so ago, out of 238 members, only eight were not full or associate members of the Heberden Society. In the last week a further 33 members have been enrolled.