Scandinavian dispatch

The year 1988 was one of jubilees. Although Scandinavia has some spas from the 17th century, notably among them SÄTRA brunn, now owned by the University of Uppsala, there have been no attempts to celebrate a quarter millennium or the like. Rather, some units have celebrated 10, 20, and even 50 years of growth and prosperity. But let us start in the smallest of the countries, Iceland, with a population of only 270 000 and with a total of perhaps 15 rheumatologists.

Iceland

Scandinavian congresses of rheumatology are held every second year, and they are arranged by the five countries in rotation. In 1988 the congress was held in Reykjavik in June and attracted an impressive 385 delegates. As English is the only language understood by all Scandinavians the scientific programme was held in English. Of course most contributions came from the neighbouring countries, but the local flavour was also present—for example, in a plenary presentation by the nestor Jon Thorsteinsson of a fascinating inbred family with a large number of cases of rheumatoid arthritis, systemic lupus erythematosus, and showing an apparent effect of urbanisation. Iceland offers ideal conditions for epidemiological studies, and one such is in progress on systemic lupus erythematosus. A family with spondyloepiphyseal dysplasia is also under investigation.

Finland

Although short in funding, rheumatological research in Finland is of high quality. The school of Otto Wegelius, retired professor and chairman at the fourth department of medicine in Helsinki, is well known for work in amyloidosis and immune suppression by ductus thoracicus drainage. The rheumatological unit is now headed by Claes Friman, working on oxygen free radicals and glycosaminoglycans. Yrjö Kontinen is very active studying cellular immunology in rheumatoid arthritis and Sjögren's syndrome.

The rheumatism hospital at Heinola, a small town two hours by train north of Helsinki, is known for the pioneering surgical treatment of rheumatoid arthritis in the 1960s under Laine and Vainio. Laine's successor, Heikki Isomäki, is also Finland's first professor of rheumatology, funded at the university of nearby Tampere. Early second line

treatment with gold is strongly advocated in Heinola. Long term outcome studies of surgical and conservative treatment are in progress.

Reactive arthritis research is very strong in Finland. Yersinia arthritis was first described there, and in 1988 a breakthrough was the demonstration of yersinia containing complexes with secretory IgA in blood and synovial fluid, as well as cellular localisation of yersinia antigens by the group around Auli Toivanen, new professor of medicine at Turko. The findings support the hypothesis that persisting antigen is important in reactive arthritis.

Fascinating developments are evolving from the 'Mini-Finland' project, a study of a representative selection of 7200 individuals over 30 years. Prevalence of rheumatoid arthritis is 0.8% in this population. Healthy individuals with positive rheumatoid factor have been observed to develop rheumatoid arthritis, though IgA rheumatoid factor did not predict early erosiveness in an eight year study of 150 patients. Rheumatoid arthritis caused a new disability pension in 152 individuals/million in Finland, which is surprisingly high in comparison with Sweden and West Germany, and indicates a particularly severe course.

Norway

The world's northernmost university is Tromsø, situated on the 72nd parallel. The sun does not rise above the horizon there between 20 November and 20 January. Its active rheumatological unit under Professor Gunnar Husby celebrated its first 10 years in July with an impressive three day meeting featuring both guest speakers, among them Ralph C Williams, USA, with whom Husby has had a continuing productive cooperation for more than a decade, and present and former members of the unit. The Tromsø unit has contributed to the epidemiology of ankylosing spondylitis, which at around 1% is twice as prevalent as rheumatoid arthritis there. The prevalence of HLA-B27 is also high—16%. In rheumatoid arthritis DR4 was first found to predict more erosive disease, which has recently been confirmed in an English study. Amyloid disease is Gunnar Husby's prime interest in basic research. He has contributed sequence information on AA fibrils, and in an interesting recent study has shown that human serum AA protein was incorporated into experimentally induced rabbit amyloid after intravenous adminis-

tration, indicating that serum AA is indeed a precursor of secondary amyloidosis of rheumatoid arthritis.

In Oslo the rheumatism hospital celebrated its 50th birthday with a large meeting on cells of the rheumatoid synovium organised by Oystein Förre. It covered many aspects of rheumatoid inflammation. Jacob Natvig, back in experimental rheumatology after years as administrative director of Oslo university hospital, reported on T cell clones. Another remarkable jubilee was organised in December 1987 in Bergen, to celebrate the 50th anniversary of Erik Waaler's discovery of the rheumatoid factor. Professor Waaler, now 83, was active during all sessions of the meeting. The proceedings have appeared as supplement to the *Scandinavian Journal of Rheumatology*, edited by its new chief editor, Eimar Munthe of Oslo.

Denmark

The Danish league against rheumatism was founded in 1936, so 1988 was not a particular year to celebrate. The league, however, continues to give major support to research in various fields of experimental and clinical work. The chairman of its research committee is Professor Gunnar Bendixen, who holds a chair of medicine at Rigshospitalet in Copenhagen. Many groups are working with the biological aspects of inflammation—for example, macrophage activation, cytokine production and its pharmacological modification. The significance of antinuclear cell antigens and their relation to Wegener's activity is studied by the group around Allan Wiik, who first published details of this connection.

Detection, occurrence, and relevance of markers of bone and connective tissue metabolism are explored by several groups. Amino terminal collagen III peptide is suggested as marker of aggressive rheumatoid arthritis by the group of Professor Ib Lorenzen at Hvidovre university hospital. Intensive physical training is advocated as remission promoting treatment in some cases of rheumatoid arthritis of moderate severity.

An allied health profession organisation has been inaugurated, and its first president, occupational therapist Annemette Langgård, Graasten, is preparing a Scandinavian congress in Copenhagen in November 1989.

Sweden

At Karolinska sjukhuset in Stockholm Professor Ragnhild Gullberg is working on gastrointestinal dysfunction in rheumatoid arthritis, a longstanding interest of both her and her predecessor, Börje Olhagen. In Gothenburg Professor Anders Bjelle is

active as chairman of EULARs standing committee on education. In Lund Merete Brattström's comprehensive chronic arthritis clinic celebrated its 20th birthday. The clinic is actively involved in patient education research and in a prospective early rheumatoid arthritis study (K Eberhardt). Reactive arthritis is investigated in Linköping (Kihlström) where antigenic differences between arthritogenic and non-arthritogenic yersinia strains have been identified. Experimental models are studied in Gothenburg (A Tarkowski) and Uppsala (L Klareskog and R Holmdahl), in particular with regard to the influence of sex hormones and collagen immunity. Expression of platelet derived growth factor receptor was identified in several inflammatory lesions using a monoclonal antibody. Hyaluronan research, under Professor Torvard Laurent of Uppsala, continues to be productive, and it was the subject of a CIBA foundation symposium in September 1988 in London, chaired by Laurent.

Henrik Sjögren died at the age of 87 in Lund in 1986. Research on Sjögren's syndrome proliferated. Problems with interpreting lip biopsies was the basis of a thesis at Huddinge (G Lindahl). In Malmö a population study of eye and mouth dryness indicated a prevalence of 2.6% of primary Sjögren syndrome (Jacobson-Manthorpe), a truly remarkable figure that needs confirmation. Research in assessment and management of systemic sclerosis is in progress in Lund (A Åkesson). Combined immunosuppression and plasmapheresis has been one project in Lund. An activity index for systemic lupus erythematosus is being developed by an international group with participation from Lund (O Nived, G Sturfelt). Bone and cartilage biology investigated in Dick Heinegård's laboratory. New

Fig. 1 Three generations of rheumatologists at the department of rheumatology in Lund, Sweden.

macromolecules are identified, some of which may become clinically important as markers of disease. One example of this is an enzyme linked immunosorbent assay (ELISA) for cartilage derived proteoglycans, first explored by Tore Saxne.

Shortly after having returned from the Reykjavik congress, where he was hailed as Scandinavian rheumatology's grand old man, responding with a long characteristic speech, Gunnar Edström died at the age of 90. He was the founder of the department in Lund in 1944, and its chief until 1965. He also was

a co-founder of EULAR and its president in the early 1960s. The figure shows Professor Edström in the middle and his successor Kåre Berglund on the right (1964–82). The photo was taken in his former office in December 1987 after Edström had addressed a specialist course organised by the department.

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