serum C3 level was 83%. All 4 patients who failed to fulfill the A.R.A. criteria but had a positive ANF and raised DNA binding capacity were found to have clinically unsuspected abnormalities on investigation.

It is concluded that respiratory function tests and the EEG and retinal fluorescein angiography are valuable laboratory aids in assessing the extent of disease involvement in SLE. These tests, taken together with serological markers, may help to detect a more benign group of SLE patients. In the 20 patients studied no clear disease patterns of lupus were shown.

Penicillamine Nephropathy. D. R. Swinson, E. B. D. Hamilton, and F. E. Dische (Department of Rheumatology and Pathology, King’s College Hospital, London) Penicillamine produces benefit in rheumatoid arthritis and is being increasingly used for this condition. A proportion of patients develop side effects including proteinuria. In a series of 106 patients so far treated, nine patients have developed proteinuria. Four developed proteinuria in excess of 6 g/day, one with the nephrotic syndrome, and these patients were biopsied. Duration of treatment was 5 months in one patient and 9–13 months in the other eight. Creatinine clearance values were normal. The proteinuria has taken up 10 months to disappear in two of the patients. By light microscopy, the glomeruli showed minimal capillary thickening and a slight mesangial matrix increase, or were indistinguishable from normal. Immunofluorescent examination showed granular deposits of IgG and C3 component of complement in the glomerular capillary walls in all four cases but failed to show the presence of Clq, in contrast to the presence of this component in four out of six patients with idiopathic membranous glomerular nephropathy and one patient with SLE membranous glomerular nephropathy. Electron microscopy showed subepithelial electron dense deposits and fusion of epithelial foot cell processes. The findings, therefore, are similar to those of early idiopathic and SLE membranous glomerulonephritis except for the relative absence of Clq and C4. The lesions are presumed to be due to immune complex localization (Germuth and Rodriguez, 1973) and the absence of Clq may indicate that complement activation by the classical sequence has declined in the interval between the end of treatment with penicillamine and biopsy.

Reference

Antibody-Mediated Leucocyte Cytotoxicity to Chang Human Liver Cells in Rheumatoid Arthritis and Other Diseases. G. S. Panayi (Guy’s Arthritis Research Unit and Department of Medicine, Guy’s Hospital, London) To be published in full in the Annals.

Notes

Robecchi Prize, 1975

The Robecchi Prize for 1975, founded to commemorate the late Professor Alessandro Robecchi, an outstanding rheumatologist, has this year been awarded equally to a group of research workers at the Westminster Hospital led by Dr. D. A. Brewerton and Dr. D. C. O. James, and to a group in Los Angeles represented by Dr. R. Bluestone. The prize is for the original and simultaneous discovery of the association of the histocompatibility antigen HLA-27 and ankylosing spondylitis and the subsequent discoveries which have flowed from this. The value of the prize is 150000 lire.

Royal Microscopical Society International Symposia and Exhibition (Micro ’76)

The symposia and exhibition will be held from 13–17 September 1976 at the Wembley Conference Centre, Wembley, London, and will include a one-day Symposium on ‘Microscopy in Arthritis’. The emphasis in this Symposium will be placed both on the technology of microscopy and upon the nature of the pathological problems studied.

Further information may be obtained from the Secretary, Royal Microscopical Society, 37/38 St. Clements, Oxford OX4 1AJ, or from Professor D. L. Gardner, Institute of Pathology, The Queen’s University of Belfast, Grosvenor Road, Belfast BT12 6BA.