

Annals of the Rheumatic Diseases

A journal of clinical rheumatology and connective tissue research

This journal was founded by the Empire Rheumatism Council, now the Arthritis and Rheumatism Council for Research in Great Britain and the Commonwealth, and is also supported by the British Society for Rheumatology

Advice to contributors

Communications This journal exists to publish work on all aspects of rheumatology and disorders of connective tissue. Laboratory as well as clinical studies are welcome. In addition brief communications, for example reports of single cases, will be printed if of exceptional interest.

Papers, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be addressed to The Editor, Professor H. L. F. Currey, London Hospital Medical College, London E1 2AD. Each author must sign the covering letter as evidence of consent to publication.

Two copies should be supplied, one a typed top copy. Authors requiring acknowledgement of papers submitted should enclose a stamped addressed postcard or, if overseas, an international reply paid coupon.

Articles must be typewritten on one side of the paper only, in double spacing with ample margins. Only recognised abbreviations should be used.

Tables should be presented on separate sheets apart from the text.

SI units The units in which the work was done will appear first with the other units, i.e. SI or traditional units, appearing after in parentheses. With regard to tables and figures, a conversion factor should be given as a footnote.

References In accordance with the Vancouver agreement references, which must be typed double spaced, are cited by the numerical system.

A paper (or book) cited in the text is referred to there by a superscript number. In the list of references the papers (or books) appear in the numerical order in which they are first cited in the text, not in alphabetical order by authors' names. For convenience in preparing the typescript the reference number may be typed between parentheses on the line, not superscript. The titles of journals are abbreviated in accordance with the style of *Index Medicus*. In the typescript they should either be abbreviated in that style or given in full. Three examples follow:

¹ Green A B, Brown C D, Grey E F. A new method of measuring the blood glucose. *Ann Rheum Dis* 1980; **64**: 27-9.

² Green A B, Brown C D. *Textbook of medicine*. London: Silver Books, 1980.

³ Grey E F. Diseases of the pancreas. In: Green A B, Brown C D, eds. *Textbook of medicine*. London: Silver Books, 1980: 349-62.

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Illustrations These should be marked on the back with the author's name, numbered, and the top edge indicated. Separate illustrations should be separately numbered. Only illustrations appearing together in the same block

should bear the same number and separate lettering 1a, 1b, 1c, etc. Such letters, together with arrows or other symbols, must be inserted by the author on the illustration (not on superimposed paper). Photographs should be on glossy paper. Radiographs should be submitted as prints suitable for reproduction. Line drawings should be in black ink on white paper or card and have lettering large enough to be clear when reduced on the page. Legends to illustrations should be typed in double spacing on a separate sheet and those for photomicrographs should include magnification.

Tables Each table should be on a separate sheet, have a heading, and contain no vertical rules.

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connective tissue research

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Table 10 Frequency of antibodies to nRNP, Sm, Ro(SSA), and La(SSB): ELISA compared with immunodiffusion (pptn)

Patient group	Anti-nRNP		Anti-Sm		Anti-Ro		Anti-La	
	pptn	ELISA %	pptn	ELISA %	pptn	ELISA %	pptn	ELISA %
SLE, n=52	25	48	7	33	25	50	15	17
RA, n=47	0	2	0	23	2	28		0
Polymyositis, n=11	0	0	2	18	9	27	9	9
PSS, n=23	9	22	0	69	4	52	0	0
Normal controls, n=20	0	0	0	0	0	0	0	0

PSS = scleroderma patients.

and anti-Sm ($p < 0.005$), while there was a negative association between anti-La and anti-nRNP ($p < 0.05$). Not previously recognised was the strong linkage between anti-Ro and anti-Sm ($p < 0.001$) both in SLE and also in patients with other connective tissue diseases (Table 10).

The use of this sensitive assay therefore has a limited role as a diagnostic tool. It demonstrates, however, that there is a relationship between the immune responses to these antigens and shows that the production of anti-Ro and anti-Sm is closely linked, a feature which had not been recognised previously.

Cellular protein and RNA antigens in autoimmune disease. R. M. Bernstein, C. C. Bunn, G. R. V. Hughes, A. M. Francoeur, M. B. Mathews. Rheumatology Unit, Royal Postgraduate Medical School, Hammersmith Hospital, London W12, and Cold Spring Harbour Laboratory, NY, USA.

Antibodies directed at cellular antigens are common in systemic autoimmune disease. We have surveyed the prevalence of 22 autoantibodies in sera from 1223 patients and controls by counterimmunoelectrophoresis and immunofluorescence, then pro-

ceeding to a biochemical analysis of the associated antigens using protein A facilitated immunoprecipitation from radiolabelled cell extracts. The data emphasise the clinical specificity of the antibodies and the very restricted number of cellular components that elicit an immune response. The antigens are mainly proteins, often present in complexes with additional protein or nucleic acid molecules. Molecular weights estimated by SDS-PAGE include Ro (55 000), La (47 000), Jo-1 (50 000), SL (32 000), PCNA (35 000), RNP (often 63 000), and PL-7 (78 000).

In myositis the majority of antibodies studied were directed at transfer RNA related antigens, including aminoacyl-tRNA synthetases. In experiments using a cell extract capable of joining radiolabelled amino acids to their cognate tRNAs, the commonest specificity, anti-Jo-1, inhibited charging with histidine,¹ while PL-7 antibody inhibited charging with threonine. Further antigens in this series are under study. Molecular characterisation of the cellular antigens may yield clues to the aetiology of both the disease and the concomitant, specific autoimmune response.

¹ Mathews M B, Bernstein R M. *Nature* 1983; **304**: 177.

Notes

Physical medicine and rehabilitation

The 9th Congress of Physical Medicine and Rehabilitation will be held on 13-18 May 1984 in Jerusalem, Israel. Details from J. Chaco, MD, PO Box 983, Jerusalem 91009, Israel.

European congress

The Seventh Congress of the European Society of Ophthalmology will be held on 21-25 May 1984 at Helsinki,

Finland. The provisional programme is now available. Details from the Secretariat, Seventh European Ophthalmology Congress, c/o Holland Organising Centre, 16 Lange Voorhout, 2514 EE The Hague, Holland.

Osteoporosis

A Consensus Development Conference on Osteoporosis will be held at the National Institutes of Health (NIH), Bethesda, Maryland, USA, on 2-4 April 1984. It will consider the causes, prevention, and treatment of osteoporosis. Details from Mr Peter Murphy, Prospect Associates, Suite 401, 2115 East Jefferson Street, Rockville, Maryland 20852, USA.

1st WORLD CONFERENCE ON INFLAMMATION ANTIRHEUMATICS, ANALGESICS, IMMUNOMODULATORS

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Peptides, Small proteins, Calcitonin.

Round Tables and Satellite Symposia on special topics are also planned.

SUBMISSION OF PAPERS: Please, submit abstracts in English not exceeding 250 words, no later than February 10, 1984.

Five Poster Sessions are also planned.

Abstracts should be mailed to one of the three addresses as listed below:

Prof. Aldo Bertelli
Istituto di Farmacologia
Via Roma, 55
56100 Pisa (Italy)

Prof. J.C. Houck
Virginia Mason Research Center
1000 Seneca Street
Seattle, Washington 98101 (USA)

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OFFICIAL LANGUAGE: English

The Proceedings will be published by Bioscience Ediprint (Geneva).

EXHIBITION SECTION: space will be available for exhibition to be organized by the pharmaceutical industry.

Correspondence should be addressed to the Scientific Secretariat of the Congress:

A. Bertelli, Istituto di Farmacologia, Via Roma 55, 56100 Pisa (Italy)

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