Symposium on Collagen Diseases*

Remark of the Moderator on the "Symposium on Collagen Diseases"

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About twenty years have flown since Klemperer proposed a common denomination of collagen disease to a group of diseases in which the common denominator is changes in the intercellular substances of the connective tissue. Many new findings concerning connective tissue have been accumulated since then but pathogenesis of the collagen disease still remains mostly obscure. Symposia on collagen diseases have been taken up in the foreign countries and even in this country several times from various viewpoints. But chief aim of this symposium was directed to the clinical aspects of the collagen disease and the disease was observed and discussed from the standpoint of internal medicine in which a patient is treated always as a whole suffering organism and individual organ changes are understood as a local manifestation of whole body affection.

Now Dr. Komiya confirmed that L. E. phenomenon is considerably pathognomonic to systemic lupus erythematosus. Serum reactions of rheumatoid factor proved sometimes positive in other collagen diseases such as systemic L. E., systemic scleroderma, and polyarteritis nodosa. But marked flocculation is mostly characteristic to rheumatoid arthritis. Drs. Katsu and Homma concluded that rheumatic fever is a self-limited disease and can be differentiated clinically from bacterial endocarditis or other collagen diseases. High incidence of pulmonary and intestinal fibrosis confirmed by X-ray or biopsy in scleroderma seems as characteristic as induration of the skin. Summarizing the order of occurrence and frequen-

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cy of the symptoms and signs, each collagen disease shows characteristic feature but individual cases show transition of one collagen disease into another and there are cases to which one definite nomination of a known collagen disease can not be given. Comparing the clinical symptoms and histological findings of collagen diseases minutely in over 160 cases Dr. Shibata claimed that angitis must be the common denominator of the so-called collagen disease. Clinical and laboratory studies by Professor Yano and also by myself revealed that even the most common collagen disease with marked joint affection, namely rheumatoid arthritis has lesions of the internal organs such as heart, lung, kidney, and liver. Plasma protein patterns, homologous antibodies against human tonsil, stomatic mucosa, elastine, synovial membrane, skin, liver, kidney etc, metabolic disorder of anti-rheumatic drugs such as salicylate and phenylbutazone as shown by Nishimura's reaction, symptomatic relief by steroids, and so on, also show that the common denomination of collagen disease is not only histologically useful but also clinically necessary to designate the group of diseases.

Autopsy record of the Department of Pathology of the University of Tokyo revealed that collagen disease is increasing in Japan since ten years ago. Without a proper knowledge of collagen disease daily praxis of a physician will be misleading. So that the speakers and the moderator of the symposium wish that this symposium would be of any advantage to the audience to perceive the present state of the studies on collagen disease and to find a clue to further investigations.