Figure The inter-relation of the individual vulnerability of the family, the quality of the professional services available, and the hostility from the environment on the family unit.

for Nottingham for the early part of this century and to the Census data from 1871 and 1881 indicate that overall little has changed in the major areas of deprivation within the city of Nottingham.

I would accept Dr Waterston's view that there is a need to involve local people within any health promotion scheme. It certainly seemed to be highly successful within the South Bronx area of New York where family health workers were recruited from the local community. We are endeavouring to copy part of this model by means of workers from the local community who will visit and assist those families attending the local health centre and using its facilities, including the toy library and English language classes. This proposal is still at the planning stage.

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Plasma fibronectin concentrations in mucocutaneous lymph node syndrome

Sir,

Recently, we have reported that patients suffering from mucocutaneous lymph node syndrome (MCLS, Kawasaki disease) show a distinct trend in plasma fibronectin concentrations during the course of the disease.¹ In that paper we discussed the possibility that decreased plasma fibronectin concentrations in the early stage of the disease are due to endothelial damage, as the endothelium is the major site of plasma fibronectin synthesis. The underlying pathology of Henoch-Schönlein purpura is known to be vasculitis as well as MCLS. Hence we have attempted to compare these two common vasculitis diseases in a paediatric population with regard to the concentrations of plasma fibronectin.

The study population consisted of 10 children aged between 2 and 8 years suffering from Henoch-Schönlein purpura. Altogether, 49 samples were drawn in days 1-210 of the disease. The method used has been described previously.¹

Plasma fibronectin concentrations in patients suffering from Henoch-Schönlein purpura showed normal to slightly increased values, and there was no apparent trend of changes throughout the course of the disease, unlike the situation in MCLS. Symptoms such as purpura, abdominal pain, or arthralgia were not significantly related to any differences in plasma fibronectin concentrations. Similarly, whether the patient showed proteinuria or haematuria at the time of sampling had no apparent influence on the concentrations of plasma fibronectin.

One supposed reason for the difference between MCLS and Henoch-Schönlein purpura is the difference in intensity of the inflammatory response as well as the endothelial damage between these two diseases. There is also a possibility that the hypothesis that the decreased plasma fibronectin concentrations are at least in part due to the endothelial damage itself is incorrect and that the vascular damage has no influence upon the plasma fibronectin concentrations.

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