"A Lupus-Like Syndrome in a Patient With Deficiency of the Sixth Component of Complement"[2] in which family studies were not reported.

In view of our studies, C6 deficiency should be listed as an inherited complement deficiency associated with lupus.

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Sixty-fourth Annual Meeting of the British Association of Dermatologists

To the Editor:

I am a third-year dermatology resident and recently had the opportunity to attend the Sixty-fourth Annual Meeting of the British Association of Dermatologists as an American Academy of Dermatology traveling fellow. The meeting was held at the Queen's University in Belfast this year, in itself an intriguing proposal; however, I found the experience an extremely positive one.

Although on a smaller scale than the Annual Meeting of the American Academy of Dermatology, the conference included presentations from a wide range of topics of current interest as well as a poster session, and it concluded with an excellent clinical meeting at the Royal Victoria Hospital.

Many of the conferees opted, as I did, to stay in the Queen's Elms Halls of Residence situated in the very lovely neighborhood adjacent to the campus. This, together with the evening entertainment at the Parliment Building and City Hall, provided an opportunity for camaraderie, unfortunately difficult to achieve at our annual meeting.

Although many of the high points of the meeting are summarized in the July 1984 supplement to the *British Journal of Dermatology*, it is not possible for this to convey the unique atmosphere presented at the conference itself, and I would strongly encourage others to consider the annual British Association of Dermatologists' meeting when selecting conferences to attend.

I would like to extend my appreciation to the American Academy of Dermatology and to my British hosts in making possible this memorable experience. Thank you very much.

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Simultaneous alopecia areata in two siblings

To the Editor:

Familial occurrence of alopecia areata is not uncommon, probably representing 10% to 20% of the cases. The onset of this disease simultaneously in two siblings is, however, rare.[1] The present paper presents the simultaneous occurrence of alopecia areata in two siblings after an emotional stress.

Case report. Two sisters 4½ and 9 years old consulted our outpatient clinic because of a sudden loss of hair in round patches on the scalp. This hair loss occurred 6 days after their mother left for an overseas vacation. There was no relevant medical history or family history.

Examination revealed bald patches located in the same area of the scalp. Epilation at the periphery of the patches showed the characteristic "exclamation mark hairs." Laboratory tests (red blood count, white blood count, erythrocyte sedimentation rate, and serum C_3 and serum C_4 levels) were all within normal limits. Antibodies against herpesvirus, adenovirus, respiratory syncytial (RS) virus, Epstein-Barr (EB) virus, and influenza virus were negative. The hair started to regrow 2 weeks after the initial appearance of alopecia areata in both sisters.

Comment. Although Celsus described and named alopecia areata some twenty centuries ago, its cause is still unknown. Genetic, infectious, endocrine, autoimmune, and psychologic factors have been thought to play a role in pathogenesis.

The simultaneous appearance of alopecia areata in two siblings is a rare opportunity to investigate a possible joint etiology. Stankler[1] reported the synchronous occurrence of alopecia areata in two siblings and attributed it to an infective cause. The present report decribes the simultaneous occurrence of alopecia areata in two siblings and suggests emotional and genetic factors as possible causes. Of course, these two factors might very well operate through the immune system, a possibility that cannot be excluded from the available evidence.

The fact that the children were in good health, that the routine laboratory tests were all within normal limits, that the search for antiviral antibodies gave