thrombosis. It is surely in younger subjects, where the confounding presence of other risk factors is less likely, that the signifi-
cance of the finding of APA is likely to be revealed. In a UK survey of results of screening for APA, 109 subjects with
detectable APA have been registered in an unselected cohort. An outstanding feature is the cohort of young women (n = 18, mean age 32 years) with thrombotic cerebrovascular
events. Muir, Alwan, and Squire will no doubt be aware of the large, multicentre, case-control study performed by
the Antiphospholipid Antibodies in Stroke Study Group (APASS); the authors concluded that the results "provide the strongest evidence to date that antiphos-
pholipid antibodies are an independent risk factor for stroke." Although accepting that there have been few, rigorously designed,
epidemiological studies, Kittner and Gorleich have concluded that the stroke risk associated with antiphospholipid anti-
bodies may be substantial, especially in young adults. Evidence is also accumulating for an extremely high recurrence rate of thromboses in APA-positive subjects, the work of Rosove and Brewer,19 quoted by Muir, Alwan, and Squire, being in agreement with this. To reiterate I believe that the work of Alwan and Squire of validated laboratory methods, where persist-
tence of the abnormality is demonstrated, and when consideration is given to the clinical situation, especially the presence of other evidence of primary antiphospholipid
syndrome, such as history of recurrent miscarriage or thrombocytopenia and the absence of other risk factors, may be of clinical significance.

This is no doubt that, as I stated, prospective studies are required. Against the background of current knowledge, however, clinicians are likely to prescribe aspirin or warfarin in APA-positive subjects with occlusive cerebrovascular events in an attempt to reduce the perceived risk of further thrombosis. I agree, and stated, that the use of immunosuppressive therapy is generally inappopriate.

The rather nihilistic approach to this area adopted by Muir, Alwan, and Squire will not, I fear, help in the further understanding
of the significance of APA in thrombotic disease.