Abstracts

This section of the Journal is published in collaboration with Ophthalmic Literature, published by the British Medical Association. The abstracts are divided into the following sections:

Syphilis (Clinical, Therapy, Serology, Biological False Positive Phenomenon, Pathology, Experimental, Reiter's Disease and Allied Conditions, Antibiotics and Chemotherapy, Public Health and Social Aspects, Miscellaneous.

Each subsection of abstracts includes titles of articles that have been noted but not abstracted.

Syphilis (Clinical)


In this brief and informative paper the authors express their belief in the relevance of speech discrimination tests as a scientific evaluation which correlates well with the patient's subjective assessment of his hearing. They maintain that reports of hearing levels in advanced Menière's disease or congenital syphilitic labyrinthitis are meaningless without some record of speech discrimination ability, as pure tone levels do not of themselves indicate useful hearing. This is demonstrated by illustrations of audiograms in patients with congenital syphilitic labyrinthitis, showing minimal fluctuations in pure tone levels after treatment and yet an excellent improvement in speech discrimination; in these cases the speech audiograms correlate well with the subjective impressions of improved hearing.

J. R. W. Harris

Syphilis (Therapy)


Syphilis (Serology)


This study was based on 4,871 specimens of spinal fluid tested during 1971. An automated FTA technique was used, and the tests were read by incident illumination instead of the usual transmitted light by darkground illumination. The AFTA test was reactive on 74 of 4,732 specimens, eleven of these were borderline results, and a further forty were only weakly (1+) reactive. The Kolmer WR gave 46 positive results on 4,579 specimens.

62 of the spinal fluids came from 58 patients diagnosed clinically as having neurosyphilis. The Kolmer WR was positive on 42 of these and the AFTA test was reactive on 42 of 52 specimens tested; most of these were weak reactions, one was borderline and 25 were 1+. The authors consider that the AFTA test is one of the most specific and sensitive tests for the detection of antitreponemal antibodies and that the use of incident illumination in the test greatly facilitates the interpretation of specimens giving only weak fluorescence. The interpretation of the reactive AFTA tests on specimens from patients not diagnosed as having neurosyphilis is not discussed.

A. E. Wilkinson

[Reprinted from Abstracts on Hygiene, by permission of the Editor.]
Limitations of the Specificity of the TPI test

Among TPI tests on 22,000 sera, seven were found in which the TPI test was repeatedly reactive, but a FTA test carried out at a dilution of 1 in 20 was negative. None of these seven patients had any clinical evidence or history of syphilis and none had been given treatment while under observation. In three the Kolmer WR, or VDRL, or both, were also reactive. In five of the patients the positivity of the TPI test declined with the passage of time, in three it became doubtful, and in two negative. The patients were suffering from a variety of conditions and there was no common factor to explain the results. The TPI test has a deservedly high reputation for specificity, but the author suggests that it may very rarely be found positive in the absence of syphilis and stresses the advisability of performing an additional treponemal test, such as the FTA, for confirmatory purposes.

A. E. Wilkinson

[Reprinted from Abstracts on Hygiene, by permission of the Editor.]

Comparative Study of the Fluorescent Treponemal Antibody Test (FTA) and FTA-absorbed Test in Man and Animals at Various Stages of Syphilis


IgM FTA Test for Syphilis in the Newborn


Syphilis (BFP phenomenon)

Occurrence of Antinuclear Factors and Immunoglobulins bound to the Dermo-epidermal Junction in Patients with Chronic Biological False Positive Reactions for Syphilis


68 patients with chronic biological false positive (CBFP) reactions for syphilis were screened for immunoglobulins bound to the dermo-epidermal junction and for serum antinuclear factors. The series included nine patients with definite and eleven patients with probable systemic lupus erythematosus (SLE). 23 patients were found to have bound immunoglobulins, and 35 antinuclear factors in their sera. Both aberrations were more common in the cases of SLE, but the presence of bound immunoglobulins in the uninvolved skin seemed to be more specific for SLE. The IgM class of immunoglobulins was most frequently found both in the dermoepidermal junction and in tests for antinuclear factors. Circulating autoantibodies occurred more frequently in the patient group with bound immunoglobulins than in the group lacking this phenomenon. None of the patients with a false positive reaction only in a complement-fixation test with lipoidal antigen had immunoglobulins bound to the basal membrane area.

Author's Summary

Syphilis (Experimental)

In vitro Phagocytosis of Avirulent T. pallidum by Rabbit Macrophages


Suspensions of motile treponemes of the Nichols non-pathogenic strain were exposed to the action of macrophages obtained from the peritoneum of rabbits; tissue culture medium 199 with 15 per cent. rabbit serum was used as the suspending fluid. After incubation for 1 hour at 37°C, the average count of free treponemes fell from 15-3 x 10⁴ per ml. in the untreated suspension to 8-6 x 10⁴ per ml. in suspensions incubated with macrophages. Electron micrographic studies of thin sections of the latter macrophages showed the presence of segments of treponemes lying within phagocyct vacuoles; in some instances treponemes were seen with broken membranes and loss of structural clarity, indicating their disintegration. Treponemes were not seen within lymphocytes or polymorphonuclear leucocytes.

In other tests, the decarboxylation of the first carbon atom of radioactive glucose by macrophages was measured. This metabolic activity was increased by 68-3 and 40-9 per cent. when the macrophages were incubated with motile or non-motile treponemes. This increase is thought to represent changes that take place during infection of the organisms.

A. E. Wilkinson

Enumeration of T. pallidum using an Electronic Counter


Separation of Treponema pallidum from Tissue Substances by Continuous-Flow Zonal Centrifugation


Gonorrhoea

Rectal Culture as a Test of Cure of Gonorrhoea in the Female


Rectal cultures were used routinely as an additional test of cure of gonorrhoea in 908 female patients treated with antibiotics in 1969 at seven clinics from representative areas throughout the U.S.A.

799 patients had pretreatment cultures from both the cervix and the rectum, with a positive result in 94-6 and 60-3 per cent. respectively. The rectum was infected alone in 5-4 per cent. of cases. Cure was evaluated by taking cultures from both sites within 5 to 14 days after therapy.

If the cervix had been the only site used to assess results, 67 cases (7-4 per cent.) would have been regarded as therapeutic failures. By testing the rectum, the number was increased by 29 cases to a 10-6 per cent. failure rate, a statistically significant rise (P < 0·001). This included four cases in which the rectal tests were negative before treatment.

Also, of the initial 42 cases (5-4 per cent.) in which the rectum was the only infected site, three were found to have failed to respond to therapy,
the gonococcus still being isolated from the rectum alone, the cervix remaining uninfected.

The failure rate was not found to be significantly different for the two sites of infection. A. G. Lawrence


26 cases of rectal gonorrhoea were diagnosed by culture on ThayerMartin selective medium from 79 known homosexuals, of whom 34 were symptomless. Eleven cases of pharyngeal gonorrhoea were also found, eight of which were symptomless. In addition, N. subflava were grown from three pharyngeal specimens and N. meningitidis from five, but none was associated with symptoms. Fluorescent antibody was used to distinguish the N. gonorrhoeae. Two patients had associated rectal and pharyngeal gonorrhoea. Ten cases of urethral gonorrhoea were found, of which four had concurrent pharyngeal gonorrhoea. Three patients had coincidental rectal and urethral gonorrhoea. Seven of the eleven patients with gonococcal pharyngitis were cured with either 4-8 m.u. penicillin G procaine intramuscularly or with 3 g. tetracycline by mouth.
A. G. Lawrence

Gonorrhoea and Asymptomatic Pyuria DAWAR, S., and HELLESTEIN, S. (1972) J. Pediat., 81, 357

These case reports from Kansas of the culture of Neisseria gonorrhoeae from two adolescent boys who had asymptomatic pyuria emphasize the lack of communication between the medical specialties. The authors state that “milking” of the penile urethra is not part of the usual examination and appear to be surprised that dysuria was not in these instances a prominent symptom. They say that a review of the literature reveals scant data on asymptomatic pyuria in male patients with gonorrhoea; although one cannot agree with this statement, the article does reflect the increasing interest in gonorrhoea amongst adolescents which has been shown by various American pediatric journals during the last 6 months.
J. W. R. Harris


Two freshly isolated and two standard strains of gonococci were studied. These were grown on either GC agar base plus IsoVitalex supplement or in a modified Frantz liquid medium supplemented with 0.4 per cent. yeast extract, and maintained in colonial types 1 and 2 by selective subculture. Electron microscopic studies included thin sectioning and negative staining and freeze-etching and freeze-cleavage procedures.

Thin sections showed that the cell wall consists of an outer three-layered membrane 75 to 80 Å in thickness which follows an undulating course on the outside of the cell, and a single dense inner lamina 60 Å in thickness. Freeze-etched preparations showed that the outer surface of the gonococcal cell has a wrinkled appearance with a pebbled texture made up of subunits 75 to 85 Å in diameter. Pits or holes are present on these raised areas and are also seen in negatively stained preparations. They do not appear to be arranged geometrically and are seen on cells of all four colonial types; they appear to extend at least partially through the cell wall outer membrane. Pili, varying in numbers on different cells, radiate from the surface of the organism, or are closely applied to it. They are found only on gonococci of colonial Types 1 and 2, which have been shown to be virulent, but not on cells of Types 3 and 4, which have lost their virulence.

These appearances are illustrated by excellent electron micrographs.
A. E. Wilkinson

[Reprinted from Abstracts on Hygiene, by permission of the Editor.]

Gonorrhoea GRIMBLE, A. S. (1972) Practitioner, 209, 614


Screening for Gonococcal Arthritis AHO, K., and SIEVERS, K. (1972) Scand. J. Rheum., 1, 84

Gonococcal Ophthalmia O'BRIEN and O'CONNELL (1972) J. Irish med. Ass., 65, 370

Nongonococcal urethritis and allied conditions


The authors from Assiut University, Egypt, report the results of genital tests for Chlamydia in the cases of 41 non-pregnant women of poor socioeconomic status attending because of gynaecological conditions; the women came from a population with a high incidence of trachoma but that disease was not active in any at the time of examination. 24 of the women had various cervical and vaginal lesions; isolates were obtained from genital material from four. Six were mothers of babies suffering from TRIC ophthalmia neonatorum; isolates were obtained from three. Eleven had no gynaecological lesions; isolates were obtained from three.

Material was obtained for testing by means of an Ayre's spatula; it was smeared on slides and examined microscopically for inclusion bodies. Other scrapings were cultured in hens' eggs. Eight of the ten isolates were obtained at first pass. One isolate was obtained from a patient suffering from epidermoid carcinoma of the cervix; the authors comment...
that they are investigating cervical epithelial changes in women with genital infection by TRIC agent. They also comment that, because isolates were obtained from three of eleven cases in which there was no evidence of genital disease, it is possible that TRIC agent is a commensal in the genital tract.[No details are given of any investigation for inflammatory changes by means of an operating microscope, or by smears, or of any tests for bacteria, trichomonads, herpes virus, *Candida*, or syphilitic infection; presumably such investigations were not carried out and the changes described were those seen by the naked eye. Nevertheless, the finding of *Chlamydia* in cervical material from ten of 41 women is of interest. If culture in irradiated McCoy cells had been used (Gordon and others (1969) *J. infect. Dis.*, 120, 451; Darougar and others (1971) in Trachoma and Related Disorders, ed. R. L. Nichols, p. 445. Excerpta Medica, Amsterdam; Darougar and others (1971) *Brit. J. Ophthalm.,* 55, 591), no doubt the incidence of chlamydial infection would have been higher.]

*Eric Dunlop*

**Early Abortion and Mycoplasma Infection**


The present study compares the incidence of positive *Mycoplasma* cultures from the cervix and products of conception after 81 induced and 106 spontaneous abortions. *Mycoplasma*, mostly T-strains, was isolated from the cervix of 28 per cent. of patients with induced abortion and 37 per cent. with spontaneous abortion. In 5 per cent. cultures were positive in the products of conception with induced abortion and in 31 per cent. in spontaneous abortion. The organisms were sometimes present in the interior of the tissues of conception. The high incidence of positive cultures for T-strain *Mycoplasma* from the products of spontaneous abortion suggests an association between infection and abortion and if an aetiological link can be proven a considerable number of spontaneous abortions might be prevented. An alternative explanation is that *Mycoplasma* from the endocervix may have infected the membranes and foetus after its death but even so this is of importance since the organisms have already been shown to be pathogenic causing intrauterine infection and salpingitis. *W. Csonka*

**Isolation of Corynebacteria from Non-Specific Urethritis**


32 patients with NSU, fifteen with prostatitis, nine with idiopathic epididymitis, and 25 with urogenital conditions not considered infectious were examined bacteriologically by culturing urethral washings obtained from the bulbous urethra through a catheter. *Corynebacteria* were isolated in fifteen patients with NSU (47 per cent.), two from chronic prostatitis, none from epididymitis, and one from the 25 miscellaneous urogenital conditions. Similar *Corynebacteria* had been previously isolated in England from NSU patients by inoculation of embryonated eggs. In the present study a modified blood agar was found to be suitable for primary isolation. It is believed that these *Corynebacteria*, which are rarely found in normal individuals even in those of a promiscuous nature, may have a role to play in NSU.

*G. W. Csonka*

**Genital Yeast Infections**


Genital yeast infection was studied in 533 women seen in a department of venereology. Yeasts were recovered in culture from 138 patients (26 per cent of the total). *Candida albicans* accounted for 112 (81 per cent.) of the isolates and *Torulopsis glabrata* for 22 (16 per cent.); other yeasts were uncommon. There was no evidence that the presence of yeasts was related to age. 32 per cent. of the women who were taking an oral contraceptive harboured yeasts, compared with 18 per cent. of those who were not.

The symptoms and signs of the women with yeast infections were compared with those with vaginal trichomoniasis and those with no evidence of genital infection. It seems that a clinical diagnosis of vaginal mycosis cannot be made with accuracy and that positive identification of yeasts is necessary; for this, cultural methods are the most satisfactory.

Finally, the sexual infectivity of vaginal mycosis was assessed. Five out of 48 men who were sexual contacts of women with vaginal yeast infection were found to have mycotic balanoposthitis. *Authors' summary*

**Trichomoniasis**


**Human Diseases associated with Mycoplasmas. With an Appendix on Simple Culture Techniques**

Harwick et al. (1972) *Calif. Med.*, 116, 1

**In vitro Studies on the Isolation of Genital Mycoplasms from Blood**

Yhu-Hsiung Lee et al. (1972) *Appl. Microbiol.*, 23, 824

**Reiter's disease and allied conditions**


A case is reported of a young man who developed dysuria with sterile urine containing pus, stomatitis, and polyarthritis which affected especially the knees. He was treated with aspirin, immobilization of the affected limbs in plaster of Paris, and intra-articular injection of hydrocortisone acetate. He improved and was asymptomatic for over a year when the polyarthritis recurred. The right knee was again injected with hydrocortisone acetate but continued to be swollen though painless. Some time later he noticed a fullness at the back of the knee joint and 3 days afterwards while at work he stumbled and immediately developed severe pain in the calf which became progressively tender and swollen. On examination there was a cyst in the popliteal fossa which could be shown to communicate with the knee joint. It was excised and was found to be lined with synovial tissue. [This is the second reported case of rupture of a joint in Reiter's disease which also involved a knee joint.]

*G. W. Csonka*
Reiter's Disease  
MORTON, R. S.  
(1972)  Practitioner, 208, 631

Psoriatic Arthritis and Reiter's Syndrome  
ENGLEMAN, E. P.  
(1972)  Postgrad. Med., 51, 79

Aortic Insufficiency in Five Patients with Reiter's Syndrome  
PAULUS et al. (1972)  Amer. J. Med., 53, 464

Lymphoblast Transformation by Bedsonian Antigens  
(A. P. F. AMOR, Fiessinger-Leroy-Reiter)  
(1972)  Rev. Rhum., 39, 671

Antibiotics and chemotherapy  
Prospective Study of Ampicillin Rash. Report of a Collaborative Study Group  
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J. STEVENSON, M.B., F.R.C.P., Consultant Physician  
(1973)  Brit. med. J., 1, 7

A multicentre prospective study of 933 patients being treated with ampicillin showed a rash incidence of 7-3 per cent. The rash was commonest in women and patients suffering from viral infections. Most rashes were maculopapular and were not associated with features of true penicillin allergy. We conclude that the development of a maculopapular rash during or after treatment with ampicillin is not in itself a contraindication to future treatment with the penicillins.

Authors' summary

Comparative Study of the Effects of Carbenicillin, Ampicillin, and Benzylpenicillin upon Strains of Neisseria gonorrhoeae in vitro  

200 freshly isolated strains of N. gonorrhoeae were tested in vitro against carbenicillin, ampicillin, and benzylpenicillin. The antibiotics were incorporated into the medium, and when no visible growth occurred the concentration of the antibiotic used was considered to be efficient. Concentrations of 0.01 μg/ml inhibited equal number of strains with all three penicillin preparations. With higher concentrations the number of susceptible strains was approximately the same with penicillin G and carbenicillin and greater with ampicillin. 0.125 μg/ml penicillin G inhibited 74-5 per cent., ampicillin 87 per cent., and carbenicillin 71 per cent. With less susceptible strains 0.5 μg/ml penicillin G inhibited sixteen strains, ampicillin two strains, and carbenicillin 25 strains. The highest MIC of ampicillin was 1 μg/ml. and of carbenicillin and penicillin G 2 μg/ml. Clinical reports from the literature confirm that penicillin G and ampicillin are about equally effective in gonorrhoea. The present study suggests that all three penicillins showed similar effects against gonococci though with some strains ampicillin was superior to penicillin G but never the reverse.

[Carbenicillin should not be used in gonorrhoea but should be reserved for Proteus and Pseudomonas aeruginosa infections].  
G. W. Csonka

Chemotherapy of Gonorrhoea: a Review of Current Status  

Phagocytosis: A Rapid Index of Hetcillin Effectiveness in Gonococcal Infections  

Antibacterial Activity of the Combination Ampicillin-Kanamycin against Gram-negative Bacteria  
KLASTERSKY et al. (1972)  Path. et Biol., 20, 443

Public health and social aspects  
Factors affecting Contact Tracing of Gonorrhoea  
HAMMAR, H., and LJUNGBERG, L. (1972)  Acta derm.-venereol. (Stockh.), 52, 233

A retrospective study of (A) a group of gonorrhoea patients discovered in Upsala during part of 1969 is compared with a prospective study of (B) a second group of such patients from the same population discovered during part of 1970, for the purpose of assessing the value of an intensified programme of contact tracing interviews. There were 80 and 40 per cent. increases in female and male cases between Studies A and B.

The probability that the source of infection had been found was estimated using a statistical technique. The intensified interviewing of females during the follow-up period resulted in an increase in the number of partners named, but the probability that the source had been traced was unchanged at 61 per cent. for Study A and 60 per cent. for Study B. Intensified male interviews, however, resulted in a statistically significant improvement of probability from 42 per cent. for Study A to 64 per cent. for Study B.

Many names and addresses were found to be false and the result of the study was a disappointment. The
following target groups are suggested as most suitable for extended interviewing. The patients who name each other. The male patients who name only one partner. Male patients who attend the clinic with only slight symptoms and request a ‘routine’ examination.

It is concluded that the efficiency of finding the source of infection is limited to an average of 60 per cent. The highest efficiency, over 80 per cent., was observed in those patients (44 per cent. of the females and 23 per cent. of the males) who were informed by a partner of their risk of infection. W. F. Felton

Screening for Gonorrhoea, Trichomoniasis, Moniliasis, and Syphilis in Pregnancy CASSIE, R., and STEVENSON, A. (1973) J. Obstet. Gynaec. Brit. Coloith, 80, 1,000 unselected antenatal patients were investigated for evidence of gonorrhoea, trichomoniasis, moniliasis, and serological evidence of syphilis. Two cases of gonorrhoea were found—one in the group screened at the initial booking visit and the other on repeat screening after the emergence of suspicious symptoms. The incidence of trichomoniasis was 8-9 per cent. and of moniliasis 22-3 per cent. Trichomonal infection was best detected by routine cytology smears, whereas culture on Sabouraud’s medium proved the more efficient method of diagnosing monilial infection.


Venereology in a Rural Area BELL, H. J. (1972) Practitioner, 209, 645


Managing the Venereal Diseases FLEMING, W. L. (1972) Amer. Fam. Physic., 6, 82

Lesbianism. Comparative Study on Physical and Mental Conditions of Female Homosexuals and Normal Women EISINGER et al. (1972) Nature (Lond.), 238, 106


Studies on Development of a Vaginal Preparation providing both Prophylaxis against Venereal Disease and Other Genital Infections and Contraception. III. Effect of Vaginal Contraceptives and Selected Vaginal Preparations on Candida albicans and Trichomonas vaginalis SINGH, B., CUTLER, J. G., and UTIDJIAN, H. M. D. (1972) Contraception, 5, 401

Miscellaneous


For many years, a moderate to high prevalence of positive reactions to standard tests for syphilis (STS) has been found in sera from the aboriginal inhabitants of the Northern Territory of Australia. In the survey reported here, people living in sixteen areas of the Northern Territory were sampled to determine if the positive STS results were due to treponemal infection and, if so, to what extent this was endemic syphilis, yaws, or venereal syphilis. The results of the Treponema pallidum immobilization test were taken to indicate the presence or absence of treponemal disease in the subject. Clinically, no cases of active treponemal infection were seen, though findings on old infections were difficult to interpret in the older age groups. The prevalence of treponemal infection varied from 3.4 to 58.0 per cent. in the areas tested. No serological evidence of treponemal infection in children under 15 years of age was found in six areas, while in twelve areas it varied from 2.2 to 32.6 per cent. Sera from sixty people who had no clinical signs of treponemal infection gave high-titre CWR and VDRL test results. It was concluded that yaws, endemic syphilis, and probably venereal syphilis are to be found in the aboriginal population.

Authors’ summary


A population study of 190 randomly selected male patients from the University of Florida Virology Clinic revealed a high incidence of herpesvirus type 2 (HSV-2) in urogenital specimens.

None of the patients had a clinical history of genital herpes, but 41/190 (15 per cent.) revealed the presence of HSV-2. Specimens were obtained from urethral swabs, prostatic fluid, and prostatic and testicular biopsies. Prostatic specimens yielded a higher rate of virus isolation. The authors suggest that these studies indicate that males serve as a reservoir of genital herpes. They also concluded that the relationship between HSV-2 and cancer of the male urinogenital tract would warrant further study.

P. Reeve


Herpesvirus type 2 (HSV-2) has been isolated from cervical lesions and shown to be sexually transmitted. Much current interest in this virus originates from seroepidemiological studies showing an association between HSV-2 and squamous cervical carcinoma. Some confirmatory evidence for a causal relationship between former cervical infection with HSV-2 and cervical carcinoma has been found in immunofluorescence studies which revealed HSV-2 antigens in exfoliated anaplastic cells. In apparent contradiction to this finding there has been the failure to find HSV-2 antigens in
exfoliated cells cultured in vitro except in suboptimal conditions of high pH.

This paper goes some way to resolve this contradiction since it shows that in vivo cervical tumour cells also only reveal HSV-2 antigens when exposed to high pH induced by glandular secretions. Cellular material obtained from 29 patients with cervical carcinoma was examined by immunofluorescent microscopy. When neoplastic cells were obtained by biopsy and frozen immediately no immunofluorescence was seen: in contrast 25/29 (85 per cent.) exfoliated cell specimens exhibited specific fluorescence in the presence of HSV-2 antiserum. Electron microscopy of cells showing immunofluorescence did not show the presence of HSV particles but some cytoplasmic changes associated with the synthesis of HSV antigens were seen. The authors suggest that in vivo under natural conditions the HSV genome is repressed but can be expressed when cells are exposed to suboptimal conditions. It is suggested that the failure to see viral particles or subunits in exfoliated cells might be due to a defect in virus assembly.

Lymphogranuloma Venereum. Clinical, Epidemiological, and Immunological Aspects

Lymphogranuloma inguinale. (Lymphogranuloma venereum (LGV) has been particularly prevalent in Finland and Roumania apart from the better known subtropical and tropical areas of the world. The only important late complication is proctitis which occasionally does not progress but commonly leads to rectal stenosis and is seen in women and passive homosexual men. It can spread to the sigmoid and descending colon, though this is rare. In the author’s experience of over 100 cases of proctitis, he found that if treatment is started within 5 to 6 years from the onset even early stenosis is reversible. LGV is characterized by the development of immunological phenomena as seen by the delayed skin reaction which is positive in practically all cases. An early rise of immunoglobulins, especially IgA, is associated with active infection and can be used to monitor the efficiency of treatment over the longer term. Infection is highest in the early stages, but the infection can still be transmitted later on when chronic genital sores and proctitis predominate. True relapses have been seen years after apparent cure. There is evidence that female prostitutes may become infectious asymptomatic carriers. The degree of infectivity is uncertain but in one series, of 97 healthy men who were exposed to the infection, 38 became infected; of 173 healthy women who had intercourse with infected men, 144 became infected. Immunity is assumed after an attack and a second attack was thought possible only twice amongst 800 cases investigated. There is no evidence that the condition can be congenitally acquired. Long-term sulphonamide treatment or tetacycline is the treatment of choice, and in late cases of rectal stenosis colostomy is still indicated.

G. W. Csonka

Meningococcaemia in a Newborn Infant whose Mother had Meningococcal Vaginitis


This communication discusses a female infant who died at 47½ hours of age following a precipitous and unsterile delivery. By 24 hours the infant was feeding poorly and on developing a pyrexia was transferred to hospital. Treatment was commenced with kanamycin and ampicillin but the infant died within 4 hours.

The post mortem examination disclosed clumps of diplococci in the choroidal plexus and focal haemorrhages in the adrenal glands. Culture of the cerebrospinal fluid and lung yielded sulfadiazine-resistant Group C Neisseria meningitidis. The same organisms were recovered from the mother’s pharynx and lochia.

We assume that the neonate would be protected from such an infection by the transference of natural anti-

body if the mother had had this infection for longer than a few weeks. The authors do mention that the mother had increased vaginal discharge for 2 weeks before delivery and the case yet again emphasizes the value of careful examination of the mother before delivery as a method of protecting the infant from infection and also illustrates the basic principle that all Neisseria found on Gram-stained cervical and vaginal specimens are not necessarily gonococci.]

J. R. W. Harris

Chancroid ALEGRANT, C. D. (1972) Practitioner, 209, 624

Granuloma Inguinale RIBEIRO, J. (1972) Practitioner, 209, 628


Herpesvirus Type 2 in a Prostitute Population DUAÑAS, A., ADAM E., MELNICK, J. L., and RAWLS, W. E. (1972) Amer. J. Epidem., 95, 483


Wart-virus Antibodies and the Prognosis of Wart Disease PYHONEN, S., and PENTTINEN, K. (1972) Lancet, 2, 1330

Immunosuppressive Treatment in Behcet's Disease. Report 3
[In Japanese with English summary]

Complement Titre in Patients with Behcet's Disease [In Japanese with English summary]

Demonstration of Cytomegalovirus in Semen

Cytologic Features of Cervicovaginal Smears from Patients submitted to Oral Contraceptives

Treatment of Urethral Stricture: Transurethral Injection of Triamcinolone

Torsion of the Testis