Four patients received aureomycin intramuscularly (0.56 to 3.6 g. in 4 to 15 days) but pain at the site of injection was so great that the oral route (3.6 to 38.0 g. in 5 to 15 days) was used in subsequent patients. Measured by healing of genital lesions, reduction in size or complete resolution of buboes, or improvement of proctitis judged by proctoscopic examination, results were not impressive. Only three patients showed any definite improvement.

_**S. M. Laird**_


A drug for the mass treatment of yaws in the less developed parts of the tropics should be cheap, chemically stable, safe, easily administered, and effective in a short course of treatment; for these reasons the author commends the 3-week's course of injections of acetarsol and bismuth salicylate of the Sierra Leone Health Service, although effective oral treatment would be preferable. He has prepared a relatively non-toxic and stable tervalent derivative of acetarsol, named "STB", which is 4-oxo-3-acetylamino-phenylarsenoxide. It was tested in 88 cases of yaws in the district of Gueckedou, French Guinea, 73 of these being of the infectious type and fifteen non-infectious (crab yaws); each patient was given by mouth a daily dose of 0.01 to 0.02 g. per kg. body weight for 5 days. Exudative lesions were epithelialized by the fifth day, crevasses and fissures had healed, and the soles of the feet had become painless and non-sensitive in many cases; 3 months after treatment 87 patients out of 88 were cured. Similar results were obtained in 75 cases of yaws in the Belgian Congo; all the patients except one who were clinically cured one month after treatment, and after 5 months 69 were still clinically cured while five had relapsed. The drug caused no untoward effects._

_**J. F. Corson**_


**Reiter's Disease as a Venereal Disease.** (Morbus Reiter—eine Geschlechtskrankheit?) LÖV GREN, O., and MASRELIEZ, N. (1949). _Z. Rheumaforsch.,_ 8, 234.


**MISCELLANEOUS**


During the treatment of syphilitic patients with bismuth salts it was observed that certain of them had goitres and that these decreased in size. A series of patients with goitre were therefore given routine anti-syphilitic treatment. They received from one to three courses of twenty injections, at weekly or twice-weekly intervals, of either bismuth subsalicylate 0.13 g. or bismuth heptadiencarbonate 0.045 g. Of diffuse goitres in ten patients, five were greatly improved, two slightly improved, and three showed no change. Of nodular goitres in six patients, three were much improved and one only slightly, and two showed no change. In general the best results were obtained with patients who had had the longest treatment. Bismuth salts had no effect on thyrotoxicosis.

_**A. C. Crooke**_

**Arsenal Encephalopathy Treated with BAL.** (Encefalopatia arsenical tratada con BAL.) GÓMEZ ORBANEA, J., and RISCO, A. (1949). _Actas dermo-sif._, 40, 783.

The patient, a man of 22, had serum-negative primary syphilis and had received a total of 5.7-0 g. neoarsphenamine and 1.27 g. bismuth metal over a period of about 6 weeks when he developed symptoms and signs typical of severe arsenical encephalopathy. The cerebrospinal fluid gave a positive reaction for globulin and contained 50 cells per c.mm. He was treated with 4 ml. (200 mg.) BAL, every 4 hours for eight doses, and then at longer intervals to a total dose of 2.8 g. He was also given aneurin and magnesium sulphate intravenously on two occasions. Improvement began after the second BAL injection, and complete recovery ensued._

_**James Marshall**_


A study of the effectiveness of penicillin injected in doses of either 100,000 units 8-hourly or 150,000 units 12-hourly in 87 selected cases is discussed in this paper. Alternative methods of avoiding frequent injection are considered, namely, by delaying absorption by giving the penicillin in oil or beeswax, by delaying excretion by the administration of caronamide, and oral administration. It is pointed out that whatever method is used the maintenance of an adequate level in the blood will ensure efficient therapy. However, evidence is accumulating that maintenance of this therapeutic level may not be essential and that the bacteriostatic effect of penicillin persists after its disappearance from the blood.

From the evidence of this small series it appears that the maintenance of a constant level in the blood is unnecessary for the treatment of moderately severe infections, as in cases in which penicillin was not detectable in the blood for 5 hours out of every 8 during treatment the results obtained were indistinguishable from those obtained where a higher blood penicillin level was maintained throughout. The author stresses that 8-hourly doses should only be used in cases of moderate infection until further experimental information is gathered.

_**A. J. Drew**_

**CORRECTION**

_Vol. XXVI, No. 2, p. 105._

The article, "Urethritis, Gonococcal and Non-Specific, Treated by Aureomycin" (1949), _Brit. med. J.,_ 2, 257, was written by R. R. Willcox and G. M. Findlay, and not by R. R. Willcox as stated.
CORRECTION

Br J Vener Dis 1950 26: 156
doi: 10.1136/sti.26.3.156

Updated information and services can be found at:
http://sti.bmj.com/content/26/3/156.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/