been sensitization a in patients the usually have number of injections less than apparent fall. Similar injections in penicillin. The incidence to 216 and 0-4 per cent. patients "probable" of reactions were included, the figures are 4-8 and 0-6 per cent. respectively.

(2) The incidence of reactions was directly related to the number of injections and also to the dosage of penicillin. The incidence of reactions was low after single injections but increased with the number of injections up to nine, after which there was an apparent fall. Similar trends were noted as regards dosage, there being no reactions with a dosage of less than one mega unit and a marked fall after twenty injections had been given.

(3) The incidence was also noted to increase with the duration of therapy (and therefore with the number of injections) and to be related to previous penicillin administration.

(4) In a venereal diseases clinic the reactions also tend to relate to diagnosis. Patients with syphilis who receive many injections of penicillin have more reactions than gonorrhoea patients who usually have but one injection. Similarly, there is an apparent relationship with age, for gonorrhoea patients who have only one injection (and therefore experience few reactions) are young, whereas many of the older patients have many injections (and therefore a greater incidence of reactions) for late and latent syphilis, which is relatively less common in the young.

(5) Particularly prone to sensitivity were patients with leg ulceration, with their greater opportunity for sensitization from topical application of penicillin.

(6) One might have expected an increased incidence of reactions with the years, but this has not been the case in this series, if only the "probable" reactions are considered.

(7) Similarly, there has been no significant difference in the incidence of "probable" reactions between penicillin-in-oil-beeswax, procaine penicillin with aluminium monostearate, benzathine penicillin (Penidural), and benzathine penicillin. Certainly no evidence has so far been forthcoming of unusually prolonged or delayed reactions after the use of long-acting penicillins.

(8) One fatality was noted in the series. This was due to bronchopneumonia complicating dermatitis after penicillin-in-oil-beeswax. No unequivocal cases of anaphylactoid reaction were observed.

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REFERENCES

ANNOUNCEMENT

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The notes and photographic material referring to 100 of the cases presented at the Congress are to be published in book form as an extra supplement to Acta Dermato-Venereologica, not included in the ordinary subscription rate. Prof. Marion B. Sulzberger, M.D., and Prof. Sven Hellerström, M.D., have consented to write forewords to the book, which is expected to be ready in January, 1958.

The edition will be limited and copies should be ordered now from:

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