jejuni
on
Gram-stained
preceding
the
was
finding
that
at
the
(1979),
describe
TO
quadruplicate)
He
last
had
rectal
intercourse
and
filtered
used
for
anaerobically
were
taken
at
Treponema!
period
(hours)
before
inoculation
A
(days)
B
(mm)
Centrifugation/
filtration
(Millipore)
A
(days)
B
(mm)
Centrifugation/
filtration
(Nucleopore)
A
(days)
B
(mm)
Centrifugation/
filtration
(Millipore
and
Nucleopore)
A
(days)
B
(mm)
0
7.5
ND
9.5
ND
7.7
ND
8.7
ND
9.5
ND
24
11.5
(2/4)
3.5
(2/4)
9.5
8.8
13
9.8
11.7
14
11
14.5
48
16
(3/4)
3
(3/4)
14.7
6.5
14.7
6.7
13.7
10.8
13.7
12

A = time period (days) between intradermal inoculation of T. pallidum into rabbit and first appearance of syphilitic lesion. The smaller the value, the more readily the T. pallidum has grown in vivo and, by implication, the better its survival in vitro. The number in parenthesis represents the fraction of inoculation sites that developed syphilitic lesions; a value of <= 4/4 means that some inoculations were unsuccessful; the absence of a value means all four inoculations were successful, the value reported being the mean of four lesions.

B = the mean size of four lesions, except where fewer lesions developed (in parenthesis), measured 33 days after inoculation as the diameter of induration. ND = not done.

10^7/ml, centrifuged at 55×g for five minutes, and filtered through a prefiter (Millipore AP2002500) or a 0.8-μm polycarbonate membrane (Nucleopore) or both. The final filtrate was examined microscopically and appeared to contain no host cells. All T. pallidum samples for testing were diluted into prereduced maintenance medium (1/20), incubated anaerobically at 34°C, and examined microscopically over a 48-hour period to determine the percentage motility of the treponema suspension. Samples (0.5 ml) were taken at 0, 24, and 48 hours and diluted 1/1 with 20% glycerol in physiological saline. These were stored at −70°C until the completion of the experiment and then inoculated (in quadruplicate) into the shaved backs of rabbits (0.1 ml/site). A different rabbit was used for samples taken at 0, 24, and 48 hours. Rabbits were examined daily for up to one month and the first day of appearance of an indurated lesion was recorded.

No difference in motility retention was detected in any sample over the 48-hour period. However, other variables measured (that is, number of inoculation sites developing into syphilitic lesions, latent period of infection, and size of syphilitic lesions) all showed that the centrifuged and filtered extracts were in no way inferior to the crude untreated extract (Table). In fact, the extracts centrifuged and filtered through a Nucleopore filter, 0.8-μm with or without a Millipore prefiter, were apparently superior to the crude extract with respect to virulence. Latent periods of infection were shorter and lesion sizes larger. In conclusion, centrifugation and filtration of the crude rabbit testicular syphilitic extract appears to enhance the retention of virulence of T. pallidum in vitro, presumably by the removal of testicular debris that is deleterious to treponemal survival.

We wish to thank Ian McLean for his technical assistance.

Yours faithfully,
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References

TO THE EDITOR, British Journal of Venereal Diseases

Campylobacter jejuni in a male homosexual

Sir,
Following the recent letter by Simmons and Tabaqchali (1979), we should like to describe the isolation of Campylobacter jejuni from a male homosexual.
A 36-year-old man presented in July 1978 at the Seaman’s Dispensary, Liverpool, having noticed pus around the faeces for the preceding three weeks but no diarrhoea. He last had rectal intercourse in January of that year. The only significant clinical finding was slight congestion of the rectal mucosa.

Neisseria gonorrhoeae was neither seen on Gram-stained rectal smear nor isolated from rectal culture. However, C. jejuni was isolated on selective medium from the faeces using a similar technique to that described by Simmons and Tabaqchali (1979). Further smears and culture for N. gonorrhoeae four days later gave negative results.

In view of the clinical signs the patient was treated with oral erythromycin 250 mg six hourly for one week. After that time the patient was seen again, and he informed us that the faeces had returned to normal. On proctoscopy there was marked improvement of the rectal congestion. Faecal specimens at this time, and all subsequent specimens, failed to yield C. jejuni. After a further week the rectal mucosa was healthy.

This case further emphasises the need to examine specimens of faeces for enteric pathogens from any patient presenting with abnormal bowel symptoms.

Yours faithfully,
P. B. Carey

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Reference
Campylobacter jejuni in a male homosexual.

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