- 7 Morton RS (ed): *Gonorrhoea*. London: WB Saunders Co Ltd, 1977.
- 8 Hook EW, Handsfield HH. Gonococcal infections in the adult. In: Holmes KK, Mardh P-A, Sparling PF, *et al*, eds. *Sexually Transmitted Diseases*, 2nd ed, New York: McGraw-Hill 1990.
- 9 Robertson DHH, McMillan A, Young H. Gonorrhoea: clinical features and treatment. In: *Clinical Practice in Sexually Transmissible Diseases* 2nd ed, 1989, Edinburgh: Churchill Livingstone.
- 10 Oates JK, Csonka GW. Gonorrhoea. In *Sexually Transmitted Diseases*. London: Bailliere Tindall, 1990.
- 11 Lodin A. Has the incubation period of gonorrhoea undergone a change? *Acta Derm Venereol* 1955;35:457-62.
- 12 Schofield CBS. Some factors affecting the incubation period and duration of symptoms of urethritis in men. *Br J Venereal Dis* 1982;58:184-7.
- 13 Harrison WO, Hooper RR, Wiesner PJ, Campbell AF, Kamey WW, Reynolds GH, *et al*. A trial of minocycline given after exposure to prevent gonorrhoea. *N Engl J Med* 1979;300:1074-8.
- 14 Noble RC, Miller BR. Auxotypes and antimicrobial susceptibilities of *Neisseria gonorrhoeae* in black and white patients. *Br J Venereal Dis* 1980;56:26-30.
- 15 Sherrard J, Band B, Barlow D, Warren C, Gransden WR, Phillips I. Serovars and auxotypes of *N Gonorrhoeae*—demography and clinical features. 1993 MSSVD Spring Meeting, Zurich, Abst Book.
- 16 Potterat JJ, Rothenberg RB, Woodhouse DE, Muth JB, Pratts CI, Fogle JS. Gonorrhea as a social disease. *Sex Transm Dis* 1985;12:25-32.
- 17 Barnes RC, Holmes KK. Epidemiology of gonorrhea: current perspectives. *Epidemiol Rev* 1984;6:1-26.
- 18 Daker White G, Barlow D. Heterosexual gonorrhoea at St Thomas' Hospital—patient characteristics and implications for targeted sexually transmitted disease and HIV prevention strategies. *Int J STD AIDS* (in press).
- 19 Low N, Lolokwu B, Daker White G, Barlow G, Pozniak A. Gonorrhoea in London: the hidden epidemic. 1996 MSSVD Spring Meeting, Edinburgh. Abst book S111-2.
- 20 McEvoy BF, Le Furgy WG. A 13-year longitudinal analysis of risk factors and clinical visitation patterns of patients with repeated gonorrhea. *Sex Transm Dis* 1988;15:40-4.
- 21 British Cooperative Clinical Group. 1960 Gonorrhoea Study. *Br J Venereal Dis* 1962;38:1-7.
- 22 Sherrard J, Barlow D. Men with repeated episodes of gonorrhoea 1990-1992. *Int J STD AIDS* 1996;7:281-3.
- 23 Laga M, Manoka A, Kivula M, Malele B, Tuliza M, Nzila N, *et al*. Non ulcerative sexually transmitted diseases as risk factors for HIV-1 transmission in females: results from a cohort. *AIDS* 1993;7:95-102.
- 24 Otten M, Peterman T, Zaidi A, Ransom R, Richert C, Wroten J, *et al*. High HIV seroconversion rates for Miami STD clinic patients. VII International Conference on AIDS 1992: Abst PoC 4304, p295.
- 25 Schachter J. Chlamydial infections. *N Engl J Med* 1978;298:428-33.
- 26 Vaughan-Jackson JD, Dunlop EM, Darougar S, Trehan JD, Taylor-Robinson D. Urethritis due to *Chlamydia trachomatis*. *Br J Venereal Dis* 1977;53:180-3.

A cobblestone

A 29 year old Afro-Caribbean man presented with a four month history of episodic, painful swelling of the prepuce occurring during penile erection. He was employed as a male stripper and his stage act culminated in a display of his erect phallus. Immediately before a performance he would produce an erection by masturbation and ligate the base of the penis with a rubber band to prevent detumescence. The first episode of preputial swelling occurred after his show unexpectedly over-ran by several minutes, delaying release of the ligature.

He described the swelling as resembling a tense, fluid-filled ring around the base of the glans penis; the swelling subsided after removal of the ligature allowed detumescence, leaving small linear fissures in the foreskin. Since this initial episode, he had suffered from

intermittent preputial swelling not only at work but also after sexual intercourse with his female partner.

On examination the only abnormal physical finding was a slightly tight prepuce. There was no evidence of lichen sclerosus of the penis and routine investigations excluded sexually transmitted infections.

The patient's history was consistent with recurrent paraphimosis and we informed him that circumcision was advisable, particularly as he wished to continue working as a stripper. In men who are predisposed to paraphimosis, delayed penile detumescence as described in this case may precipitate the problem. Paraphimosis may, therefore, be added to the list of occupational health hazards.

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