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BOOK REVIEWS


There can be little doubt that the complement fixation test for gonorrhoea (G.C.F.T.) has proved its value and has come to stay. For these reasons the London County Council has issued the above-named publication, and it is to be hoped that this will stimulate a greater demand for the test and consequently that more pathologists will make themselves acquainted with its technique and interpretation. In this country a few investigators during the last twenty years have endeavoured to elaborate a reliable technique—with more or less success; and Price, during the last few years, has succeeded in making the test highly sensitive and specific—though it has been in common use in the V.D. clinic at St. Thomas’s Hospital for more than ten years.

Commencing with a brief historical survey, going back as far as 1906, the author shows that there is a general consensus of opinion that a positive result is remarkably specific, whilst on the other hand the interpretation of a negative reaction has proved difficult; many workers, too, have noted the persistence of a positive result for varying periods after apparent cure.

Many different methods of making antigens have been tried, from the simple suspension of organisms to highly complicated extracts. The author’s experiments seem to show that the most sensitive antigen is obtained by dissolving gonococci in alkali and then precipitating with acid. The whole technique both of preparing the various reagents and of setting up the test proper is given in detail, so that the test may be carried out by any competent pathologist in a properly equipped laboratory.

The clinical application of the test is reviewed at some length—it being pointed out that the reaction does not signify the presence or absence of gonococci, but of their specific antibodies; the production of these latter is to some extent proportional to the amount of toxin absorbed, which, it is suggested, accounts for the reaction being negative in early cases and where there is good drainage, and positive when there is a "closed" focus, as in vesiculitis or arthritis. In something like 0.1 per cent. of cases the reaction is negative, even when the conditions of a "closed" focus exist—indicating that the tissues have failed to respond to the toxin; however, in these rare cases the gonococcus can nearly always be isolated with comparative ease.

As regards the time when a positive result may be expected, the author finds the reaction positive in 27 per cent. of untreated cases by the end of the first week, 46 per cent. by the end of the second and 100 per cent. by the end of the fourth week. The spread of the infection
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must also be taken into account; where this has reached the posterior urethra and especially its adnexa in the male, and the cervix and/or uterine appendages in the female, the reaction is almost uniformly positive.

Vaccines tend to produce a positive reaction, or to increase the strength of an already positive one—but their effect wears off in about six weeks after their injection is suspended.

It is in the interpretation of results that many people find a difficulty, though few will disagree that a positive reaction means gonorrhœa—present or in the immediate past; on the other hand, a negative one is not so easily evaluated. If gonococci are demonstrable it means that (1) the case is an early one, probably of less than three weeks' duration, or (2) that the infection is limited and superficial, or (3) that treatment has been efficient, or (4) that the patient's tissues have not reacted to the organism.

When no gonococci can be found it means either that the infection is non-gonorrhœal or that the patient is cured. In this connection it cannot be too strongly urged that a single negative reaction is not proof but only presumptive evidence of cure, and must be interpreted in the same way as a single negative film or culture, though its value alone, in the author's opinion, greatly exceeds either of these. It seems quite certain that a negative reaction following a positive one means that the infection is dying out, and a further negative, say a month later, should clinch the matter if clinical examination is also negative. In other words, two or more negative reactions following apparent cure constitute probably the best possible "test of cure."

A certain amount of work has been done on the question of cross-fixation (leading to false positive reactions) with the antibodies of other Gram-negative cocci, such as M. catarrhalis and meningococcus; no doubt this does occur occasionally, but is not likely to cause confusion except in rare cases, and may be obviated by a quantitative test, using the antigens made from both suspected organisms.

In an appendix are given the details of the technique by "dropping," a method which saves much time and labour when large numbers of specimens have to be dealt with. Fifty-two references form a representative, but by no means complete, review of the literature.

T. E. O.


For half a century clinicians in the tropics have known, and not seldom reported, an inguinal adenitis and peri-adenitis, accompanied by fever, occurring in men, and not obviously connected with a genital lesion nor plainly the consequences of illicit coitus. This adenitis they usually termed "non-veneræal bubo." Godding, a surgeon in the Royal Navy, described in 1896 cases of this adenitis on the East Coast of Africa and named it "Climatic Bubo." He noted in some of the cases a penile superficial "abrasive" lesion and suggested this lesion to be the portal of entry of the infection, but did not suggest any association of the disease with coitus. Since then the term climatic bubo has been commonly used to designate this inguinal