BRITISH JOURNAL OF VENEREAL DISEASES

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 gonorrhoea—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-gonorrhoeal 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-veneretal 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

68
BOOK REVIEWS

lymphogranulomatose disease (evanescent) penile specific filterable granuloma Trousseau's (1865) account of the chronic suppurative adenitis occurring in young Creoles in the islands of Réunion and Maurice.

In 1913 Durand, Nicolas, and Favre, of Lyon, gave clinical descriptions of these cases; the adenitis, peri-adenitis, fever, and the (usually evanescent) penile primary lesion. Their cases were males and the infection had occurred in France. They were apparently unaware of "non-venereal," or "climatic," bubo; and they termed this "new" disease lymphogranulomatose inguinale subainné (lymphogranuloma inguinale). This new disease was soon recognised in every country in Europe and America. In Paris it seemed to be common enough. In Britain, however, it appeared not to exist. The "climatic bubo" in seafarers who had contracted it in the tropics was well known—as a tropical venereal disease. Not till 1933 was the first case of lymphogranuloma inguinale acquired in this country reported; then Stannus and Marshall Findlay reported a case, a male, whose infection had been acquired in London. Their diagnosis rested not alone on clinical grounds, but on the positive confirmation of anti-reaction test and animal inoculation, and they showed its identity with climatic bubo.

During the few preceding years research had cleared the obscurity of the etiology of these affections. Climatic bubo of the tropics and lymphogranuloma inguinale of temperate climes present the same clinical manifestations, the same histological picture, contain the same specific filterable ultra-microscopic virus, are acquired by contagion in copula, and are one and the same disease. Dr. Stannus makes the cogent plea that both names be now discarded, and poradenitis used instead.

Poradenitis had been thought to be a disease especially of males—although unmistakably a venereal disease! It does, however, occur in women. The lymph drainage from vagina and cervix uteri is perirectal rather than inguinal, and the poradenitis of women escapes notice because it is usually a peri-rectal adenitis; and evidence has recently been adduced that somewhat rare conditions found in women and described under various names—esthiomène; chronic elephantiasis and ulceration of vulva; lupus vulvæ; inflammatory stricture of rectum—are due to infection with the virus of poradenitis. The chapters dealing with these curious affections form a valuable part of this book, in which Dr. Stannus has rendered to medicine the signal service of collecting together all the evidence available up to date upon a very interesting disease. The book, indeed, is a critical digest of the very considerable literature already deposited—there are over 900 references—and is yet more valuable than, and far more than, a chronological pigeonholing of careful abstracts of the literature, for reference by those whose interest in the disease may be roused; for to the author's scholarship is added the critical acumen gained by his first-hand knowledge of the disease in tropical and temperate climates and of the recent research work on its etiology. He is to be congratulated on the book which is to-day indispensable for the serious student of venereology in this country.

H. W. H.