test for syphilis either in a negative or a positive sense. It is probable, however, that a combination of these two tests could be used, without any other aids, as a rapid means of excluding syphilis, because the false negatives of each would be revealed by the other. Excluding the separation and inactivation of the sera, 144 specimens can be examined from beginning to end by one person in one-half to three-quarters of an hour. It has been stated that the antigen keeps well. This opinion is based on a comparison of the results with those of the Wassermann and Kahn reactions with antigens of different age, and on the results of a series of twenty-two picked sera which gave exactly the same results with a three months’ old and a two days’ old antigen.

Summary
(1) A modification of the Laughlen reaction using buffered saline is described.
(2) The method of preparation and use of the antigen is detailed.
(3) A comparison of the modified Laughlen, Wassermann and Kahn reactions on 2,104 sera is tabulated.
(4) The advantages of the use of this test as a sensitive screen are discussed.

REFERENCES

CORRESPONDENCE
GONOCOCCAL FIXATION TEST

Sir,—In Dr. Harkness’s article entitled ‘Drug Resistance in Gonorrhoea’, I note he makes the following statement ‘... indeed a positive reaction (G.C.F.T.) is useless as a test of cure’: I presume that what he means is that if, during a test of cure, the G.C.F.T. is found to be positive, it is of no significance.
If this be true, it limits the value of this test considerably, and therefore it behaves Dr. Harkness to produce concrete evidence in support of his contention.
If, on the other hand, his contention is merely a pious hope based on intuition, and useful as a means of disregarding, Nelson-wise, an inconveniently positive G.C.F.T., it seems a pity that he should ever have given voice, in no uncertain way, to such an opinion. It can but lead astray the unwary and do much harm in making confusion worse confounded in the minds of the many for whom some are striving to evolve a reasonable test of cure for gonorrhoea.
London, W.1
I. N. ORPWOOD PRICE

Sir,—In his letter which appears above, Dr. I. N. Orpwood Price paraphrases a statement of mine on the gonococcal fixation test (G.C.F.T.) that if, during a test for cure, the G.C.F.T. is found to be positive, it is of no significance. He goes on to challenge me to produce concrete evidence in support of this contention. Here it is.
For many years this test has been carried out on all my patients suffering from venereal diseases, and during the last seven years Dr. Price himself has performed them on the majority of my private patients and on a small number attending me at hospital. My experience, therefore, extends over a number of years and if I were asked to discard one test, clinical or pathological, used in any stage of the disease, I should have no hesitation in saying that it would be the complement fixation test.
It is generally agreed that the complement fixation reaction for gonorrhoea registers the presence or absence of specific antibodies, but does not signify the presence or absence of gonococci in the tissues. It is interesting to note that in 1935 Dr. Price was maintaining that a positive test, provided no vaccine had been administered, was always indicative of the presence of living gonococci in the tissues, but that in 1938 he was not so dogmatic and considered that it was almost always the case.
This test, depending as it does on circulating antibodies, has become even more meaningless since the advent of sulphonamide therapy, which effects a rapid cure in a large majority of cases. Chemotherapy (in adequate dosage) prescribed early in the disease usually cures the infection before the blood becomes positive and the blood remains negative throughout the period of observation; but in the cases in which treatment is delayed for a week or longer it often becomes positive, and the longer the delay the more likely is it to remain positive after a cure has been effected. The clinician’s only difficulties are in the small percentage of failures which are invariably occasioned by drug resistance, associated very rarely with closed foci of infection. In my experience negative results are always obtained when the resistance is ‘partial’ and often (and this may be