ABSTRACTS

This section of the Journal is published in collaboration with the two abstracting Journals, Abstracts of World Medicine and Ophthalmic Literature, published by the British Medical Association. The abstracts are divided into the following sections: Syphilis, (General, Pathology, Therapy); Gonorrhoea (General, Pathology, Therapy); Chemotherapy; Other Venereal Disease Conditions; Public Health; Miscellaneous. After each subsection of abstracts follows a list of articles that have been noted but not abstracted. All subsections will not necessarily be represented in each issue.

SYPHILIS (General)

Electrocardiographic Changes in Secondary Syphilis.

At the U.S. Public Health Service Medical Centre the authors carried out an electrocardiographic study of 29 patients with "darkfield-positive, sero-positive secondary syphilis... who showed no evidence of past or present heart disease based on history and physical examination", the findings being compared with those in 29 normal, non-syphilitic subjects of comparable age and social status. Each patient was examined electrocardiographically before and after treatment with 750,000 units procaine benzyl penicillin in oil with 2 per cent. aluminium monostearate daily for 5 days; eight of the control subjects received the same course. Augmented unipolar extremity leads, unipolar chest leads, and standard limb leads were recorded in all cases.

Electrocardiographic abnormalities were noted in eleven of the 29 patients with syphilis before treatment, and were chiefly in the T waves and RS-T segments, with a prolonged P-R interval (0-24 sec.) in one case, returning to normal (0-18 sec.) after treatment. The T wave was considered abnormal in Leads I and II when inverted or diphasic, or when upright but less than 1 mm. in amplitude; and in the unipolar chest and extremity Leads when upright but less than 2 mm. in amplitude. The RS-T segment was considered abnormal in standard limb Leads when displaced upwards or downwards more than 2 mm., but such changes were not considered abnormal if they occurred as an isolated finding in the unipolar chest Leads. In seven of the eleven cases these abnormalities had disappeared after treatment, and in two they were less marked. None of the five patients who had Herxheimer reactions showed electrocardiographic changes either before or after treatment. In the control group, T-wave abnormalities were found in one electrocardiogram in two cases; none of the eight control subjects given penicillin showed any abnormality.

William A. R. Thomson

The Public Health Aspects of Late Latent Syphilis.

In an address on the public health aspects of late latent syphilis, given at the Stanford University School of Medicine, San Francisco, in October, 1951, the author pointed out that the incidence of primary and secondary syphilis had fallen consistently since the introduction of penicillin. There was, however, no corresponding fall in the number of cases of late syphilis and of congenital syphilis reported to the U.S. Public Health Service, and he considered that public health efforts should now be directed to preventing progression in cases which had already reached the late stage and to detecting cases in which the use of penicillin had merely suppressed the early lesions.

Hitherto late syphilis had been diagnosed by mass serological tests, but these tests were known to produce a large number of false-positive results. Nelson's treponemal immobilization test was the most successful to date, but unfortunately it was unsuitable for general use because of technical difficulties. Standard serum tests and clinical examination must therefore still be relied on, bearing in mind that treatment of the late stage was never an emergency and that it was probably better to delay treatment in the hope that the diagnosis would not be confirmed.

Penicillin acted primarily by preventing reproduction of the organism; in latent syphilis there was no evidence that the organism was reproducing. It was too early yet to say whether penicillin was ineffective in latent syphilis, but certain figures indicated that Wassermann fastness—that is, serum tests strongly positive one year after the start of treatment—was more common after administration of penicillin than after administration of arsenic and bismuth. Further observations would probably determine how effective penicillin was, and until then its indiscriminate use "on suspicion of syphilis" should be discontinued. The author concluded by emphasizing that public health activities should be confined to the symptomatic phases of the disease.

[Venereologists in Britain will probably not agree that "a few chronic pessimists still use arsenic and bismuth".]

Benjamin Schwartz

Second Infection in Treated and Untreated Congenital Syphilis.

The fact that patients adequately treated for early acquired syphilis are liable to re-infection is now widely accepted, and there is evidence to support the view that superinfection may occur in certain cases. With congenital syphilis, however, re-infection is thought to be

At the Presbyterian Hospital and Vanderbilt Clinic, New York, the authors carried out Nelson's treponemal immobilization (TPI) test on a series of 170 patients with syphilis who were regarded as serological "problem cases". In 96 cases the serological tests for syphilis gave a positive reaction which was thought to be non-specific in origin. Of these 96 patients, fifty were classed as temporary false-positive reactors, the serum reactions being negative in a few months and the patients, many of whom had had infections known to induce non-specific serum reactions, showing no clinical evidence of syphilis; the TPI test gave negative results in all these patients. A further 46 patients were thought to be persistent false-positive reactors in whom the serological reactions remained positive, though there was no other evidence to support the diagnosis of syphilis; many had been given antisyphilitic treatment without any effect on the serum reactions, and some had been under observation for as long as 30 years; the TPI test gave negative results in these cases. Both TPI and serological tests gave positive reactions in three cases of yaws.

The authors conclude that the TPI test is specific for the treponemal group of diseases but that a positive finding is not in itself an indication that treatment is necessary. The adequacy, by accepted criteria, of previous treatment, the stage of the disease when it was given, and the trend of the serological reactions must also be considered when deciding whether further treatment is desirable.

A. E. Wilkinson


In forty of the 48 states of the U.S.A. the performance of blood tests for syphilis is required by law in all candidates for marriage and in all pregnant women. The Armed Services also require these tests in all personnel on entrance and discharge, in many industries pre-employment tests are demanded, and such blood tests are also customary on admission to most good hospitals. Thus many millions of American citizens have undergone these tests and very considerable data are available.

The authors, who work at Johns Hopkins Hospital [and whose experience in the subject is almost unique], point out that although in the United States many types of tests are employed all of them depend on basically identical physiochemical and immunological phenomena, and that all of them are, strictly speaking, non-specific. The antigens used do not derive from *Treponema pallidum* but from tissue extracts of animals that are usually not even susceptible to infection with the treponeme. The so-called antibody (reagin) detected in syphilitic sera by
these antigens is little understood from the immuno-
chemical standpoint and has been shown to be present
not only in the sera of many uninfected animals but also
in minute quantities in serum of all normal human beings.
The number of false-positive test results is therefore
likely to be great. In the U.S. Army alone no less than
75,000 men known to have been sero-negative on entry
to the service and who had no record of infection or of
antisyphilitic treatment were found on discharge to be
sero-positive. It was not possible to follow this entire
group, but sample surveys of significant numbers in-
dicated that less than one-half were likely to have had
syphilis and that more than one-half had biologically
false positive reactions. These false reactions are of two
types and have been termed (for want of better names)
"acute" and "chronic". The acute type is associated
with various infections such as malaria, infectious mono-
nucleosis, and pneumonia, and may persist for weeks or
even up to 6 months; the chronic type has been asso-
ciated with leprosy and lupus erythematosus, and may
persist for months, years, or for a lifetime as far as is
known.

To meet this unsatisfactory state of affairs the authors
suggest the use of the treponemal immobilization test.
This test depends upon the presence of a specific antibody
quite distinct from reagin, and the authors expect that
in a modified form it will one day supersede the present
widely used serological tests. While emphasizing the
importance of distinguishing between syphilis and the
biologically false positive reaction they suggest that
"chronic" false reactions are often a manifestation of
serious underlying disease, sometimes of the group of
collagen diseases.

G. L. M. McElligott

Studies on Interstitial Keratitis associated with Congenital
Acta ophthal., Kbh., Suppl. 38. 5 figs, 16 tables, bibl.

Our present knowledge of parenchymatous syphilitic
keratitis in congenital syphilis is discussed on the basis of
an extensive study of the literature. The object of the
present work has been to elucidate the late prognosis of
interstitial keratitis. The investigations comprise a
follow-up of 128 cases of interstitial keratitis on an
average 8 years after the active phase of the disease.
The cases have been collected from 1,100 fresh cases of
interstitial keratitis in congenital syphilis occurring
within the 28-year period 1922 to 1950. The incidence
of congenital syphilis seems to have remained unchanged
throughout this period in spite of modern treatment.
The keratitis developed between the age of 4 and 12
in more than half of the cases, and about 90 per cent.
of the patients were 22 years old or less. There was no
sex difference. Most of the patients presented other
symptoms characteristic of congenital syphilis (information
on lesions of the internal ear is lacking). The
serological Wassermann blood test was positive in 48
out of 109 patients. The cerebrospinal fluid showed a
positive Wassermann test in two out of forty cases. The
question of family conditions and social status is dis-
cussed. Bilateral involvement of the eyes was present
in most cases (81.3 per cent.) the second eye having
become affected from a few months to 5 years after the
first. In the majority, bilateral involvement was seen
within one year of onset of the disease in the first eye.
Our present anti-syphilitic methods of treatment did not
seem to have any effect on the outbreak, course, and
recurrence of the disease. Recurrence was found in
12.5 per cent. of cases.

At the follow-up the visual acuity was found to be
excellent in 30.6 per cent., good in 37.9 per cent., fair in
22.6 per cent., poor in 5.6 per cent., counting finger in
2.4 per cent., and blind in 0.8 per cent. Examination by
slit lamp showed deep blood vessels of the corneal
parenchyma in 84.2 per cent. The author supposes these
vessels to be of a permanent character, in either an open
or an obliterated phase. Changes of the fundus due to
congenital syphilis were found in 24 eyes.

E. Godtfredsen

Interstitial Keratitis and Chorio-Retinitis. Oksala, A.

The question of the extent to which uveitis complicates
interstitial syphilitic keratitis is briefly reviewed from
the literature. The introduction of ACTH and cortisone
in the treatment of interstitial keratitis has improved the
chances of a better and more comprehensive study of the
interior of the eye owing to the rapid clearing of the
corneal tissue. The case is reported of a boy aged 10
with congenital syphilis who developed interstitial
keratitis which responded favourably to cortisone in
spite of several relapses. During the third relapse and
ensuing cortisone treatment a retinal periphlebitis was
observed, and some months later a black choroido-retinal
patch three-fourths of the optic disk in size, appeared in
the upper nasal quadrant. Oksala suggests the possi-
bility of interstitial keratitis constituting part of a
panophthalmitis, where the affected inner layers of the
eye have previously escaped notice. E. Godtfredsen

A Rare Course of Deep Corneal Inflammation probably
of Congenital Syphilitic Origin. (Keratitis Linearis
Listy, Brno, 7, 286.

In a woman aged 35, deep infiltration developed in the
lower limbal parts of the cornea, progressing towards
the upper limbus over the centre of the cornea. In
the course of the progression, lasting 7 months, a sharp
linear demarcation delimited the infiltration from the
still untouched part of the cornea. At the same time,
clearing of the infiltration progressed in the same
direction. Apart from several keratic precipitates no
reaction of the iris was observed. No vascularization
of deep corneal layers occurred. The Wassermann
reaction was negative, but it was positive in the patient's
father and sister, in whom typical congenital syphilitic
deep keratitis had occurred 3 years previously. The
author is therefore sure that congenital syphilis was also
the cause of the keratitis in this patient. Clinically the
signs were identical with keratitis linearis migrans,
described so far only in two patients by Fuchs (1926).
The term profunda should be added to Fuchs's denomination to express the relation with syphilitic parenchymatous keratitis.  

M. Klima


Maroc med., 31, 195.

In the author's experience, the ocular complications of heredo-syphilis are less frequent in Natives of Morocco than in Europeans, although syphilis is more frequent in the Native peoples. No explanation of this anomaly can be given.  

S. Valion


Minerva medicoleg., Torino, 72, 73.

Pulmonary Syphilis. (Un caso di manifestazione luetica polmonare.) GOBBI, A. (1952).  

Minerva med., Torino, 2, 1007.  

2 figs, 4 refs.


4 figs, 4 refs.


Med. ill., Lond., 7, 36.  

16 figs.

Dental Agenesis and Oligodontia in the Clinical Picture of Congenital Syphilis as seen at the Present Time. (Le agenesie dentali e le oligodondite nel quadro della sifilide congenita dell'epoca attuale.) TEMPESTINI, O. (1952).  


43 refs.


Note Psichit., Pesaro, 78, 427.  

27 refs.


Arch. Derm. Syph., Chicago, 66, 547.  

2 figs, 18 refs.


27 refs.


5 figs, 21 refs.

Concerning Congenital Syphilis. (Sobre sifilis congenita.) CASTRO, F. E. (1953).  

Portugal méd., 37, 19.


Aust. J. Derm., 1, 249.  

15 refs.


Gazz. sanit., Milano, 23, 546.  

1 fig.


7 figs, 9 refs.


Amer. J. Ophthal., 36, 261.  

1 fig, 5 refs.


Dtsch. med. Wschr., 77, 1407.  

2 figs.


5 figs, 4 refs.

SYPHILIS (Pathology)


Amer. J. Syph., 36, 468.  

5 figs, 3 refs.

It is well known that Kahn's universal serological reaction, which is a flocculation reaction with lipid antigen based on different sodium-chloride concentrations and different periods of incubation, gives similar but distinctive patterns in syphilis and yaws.

In this study the authors investigated the characteristics of the pattern in pinta. At the University of Michigan Hospital specimens of blood from fifteen Mexican patients suffering from pinta were examined. It was shown that the serological pattern in pinta was identical with that in syphilis, but differed in some respects from that in yaws.  

Neville Mascall


9 refs.

The introduction of cardiolipin antigen has brought about modifications in the serological diagnosis of
syphilis. The Venereal Disease Research Laboratory (V.D.R.L.) of the U.S. Public Health Service, Camp Stewart, Georgia, has developed a slide microfoculation test. During 10 months, 194 sero-positive syphilitic patients were re-examined at intervals of 1 to 4 weeks for a period of up to 9 months in some cases. The sera were tested by two different laboratories and the results agreed closely in the detection of syphilis. False positive reactions were obtained after vaccination for smallpox, in respiratory infections of viral aetiology, and in acute gonorrhoeal urethritis, as well as in a few other cases. It is comparatively easy to read the V.D.R.L. slide test, but close attention to details of technique is necessary.

E. Neumark


At the Venereal Disease Research Laboratory of the U.S. Public Health Service, the authors studied the development of sero-reactivity in 33 patients with primary syphilis. The patients' sero-reactions were negative when they were first seen, but in each case either the dark-field examination of lesions was positive or there was a history of exposure to a known source of infection, and the serum reactions became positive within 120 days. Treatment was withheld (with the patients' consent) until two successive positive reactions had been obtained in each of the following tests: the Kolmer complement-fixation test with beef-heart and with the cardiolipin antigens, the Mazzini test, the standard Kahn test, and the V.D.R.L. slide flocculation test with two cardiolipin antigens, one at the standard level of reactivity and one above that level.

For purposes of comparison the day on which any of the battery of tests gave a second successive positive reaction was designed "O day". All patients had last been tested not more than 8 days before O day. In four patients all tests gave positive reactions on O day, and in twelve all reactions were positive a week later; in the remaining seventeen the development of sero-reactivity to the various tests was more gradual.

The Mazzini test was found to be the most sensitive, the reaction being positive in 79 per cent. of the patients on O day compared with 42 per cent. with the Kolmer test with cardiolipin, 33 per cent. with the standard Kahn test, 30 per cent. with the V.D.R.L. test with high-reactivity antigen, 21 per cent. with the Kolmer test with beef-heart, and 18 per cent. with the standard V.D.R.L. test. By the end of the third week after O day all tests gave positive reactions in all but two cases in which sero-reactivity to the Kolmer test with beef-heart took a further 2 weeks to develop. It was noted that there was marked individual variation in the order in which sero-reactivity to the various tests developed; in seven patients the apparently less sensitive Kolmer and Kahn tests were the first to give positive reactions and in one patient both Kolmer tests gave positive reactions 3 weeks before the more sensitive Mazzini test. A. E. Wilkinson


Red Cells as Antigen Bearers in the Complement-Fixation Test with Active Syphilitic Serum. (Le emazie quale supporto di antigeni nella prova di fissazione del complemento a siero attivo per la lue.) Tosti, A. (1952). Minerva derm., Torino, 27, 133.


Two-Tone Flocculation Micro-Reaction in the Diagnosis of Syphilis. Two Years of Experience and Clinical Control. (Microreacción de floculación bicolorizada para el diagnóstico de la sífilis. Dos años de experiencia y control clínico.) Negri, T., and Dodero, O. D. (1952). Prensa med. argent. 39, 2461. 7 figs, 19 refs.


SYPHILIS (Therapy)


During the period 1948–50 the authors observed 1,002 pregnant women who had been treated for early or late latent syphilis at the Social Hygiene Clinic of the Detroit Department of Health. Various schedules of treatment were employed, but no appreciable difference in effectiveness was noted and therefore no separate analysis based on the type of treatment was made. Those women who were responding satisfactorily to penicillin therapy before pregnancy were intentionally not re-treated during pregnancy as long as they remained sero-negative.
Of the total series four mothers were lost to observation and five gave birth to twins, so that there were 1,003 infants in all. Of these, 921 (91·5 per cent.) were normal full-term infants, a figure which compares favourably with that of 87·6 per cent. reported in 4,902 non-syphilitic pregnancies. In the authors' series five living infants were diagnosed as syphilitic, and four stillbirths and one neonatal death were attributed to syphilis. The one neonatal death and infection of four of the living infants were due to relapses or re-infections in women who had defaulted in attending for treatment during the latter part of pregnancy.

It was considered that persistent sero-positive cases, particularly of late syphilis with low titre, needed no further treatment, but it was thought advisable to re-treat a sero-positive woman if there had been an unsatisfactory response to previous therapy. A positive reaction in blood from the cord was not considered to be diagnostic of congenital syphilis in the infant, especially when the mother had received adequate treatment. Vaccination for smallpox of newborn infants was not found to be a common cause of false positive serological reactions. It is concluded that adequate penicillin therapy given during pregnancy is nearly 100 per cent. effective in the prevention or cure of congenital syphilis. The best results are obtained when treatment is given early in pregnancy, but it is never too late.

Neville Mascall

Treatment of Syphilis during Pregnancy with Penicillin.

(II trattamento penicillinico della sifilide in gravidanza.)


In this article from Turin University the author points out that the minimum concentration of penicillin in the blood which is effective in the treatment of syphilis during pregnancy is 0·05 units per ml. blood. After determining the blood concentration of penicillin given in various forms, the author advocates the use of crystalline procaine penicillin in oil with 2 per cent. aluminium monostearate. A single intramuscular injection of this preparation containing 1,200,000 units of the antibiotic was followed by the presence of penicillin in the urine up to one week later.

The author emphasizes that penicillin with aluminium monostearate was better tolerated, there being fewer allergic reactions and almost complete absence of Herxheimer reaction. By giving four injections of 1,200,000 units twice weekly, a total of 4,800,000 units, it was possible to demonstrate therapeutically active concentrations of penicillin in the blood up to 30 days after the first injection. Such concentrations could not be demonstrated when penicillin without the addition of aluminium monostearate was given. Patrick Steptoe

Therapy of Early Syphilis with Artificial Fever in combination with Mapharsan, Bismuth, and Penicillin.


Under the Veneréal Disease Control Program of the Chicago Board of Health, 171 patients suffering from early syphilis were treated with a combination of artificial fever, arsenic, bismuth, and penicillin, the course being compressed into 30 hours. Of the 163 patients who completed the treatment, fourteen were suffering from sero-negative primary syphilis, 21 from sero-positive primary syphilis, and 128 from secondary syphilis. Treatment consisted in:

1. A session of "physically induced" fever, a rectal temperature of 106°F. (41·1°C.) being maintained for 6 hours;
2. A series of twelve intramuscular injections of 400,000 units of the sodium salt of crystalline benzyl penicillin given at intervals of 2 hours during the 22 hours preceding fever, and a further series of six injections of 800,000 units at intervals of one hour during the course of the fever session, the total dosage thus being 9,600,000 units;
3. "Mapharsan" (oxophenarsine) in three equal doses given intravenously at the beginning of the 1st, 3rd, and 5th hours of the fever, the dose being 1·76 mg./kg. body weight;
4. Bismuth (2 ml. of 10 per cent. suspension of salicylate in oil) given intramuscularly 18 hours before the fever session.

The results of this treatment were computed as a cumulative percentage 12 to 15 months after its completion, the proportion of failures among the 22 untraced patients being assumed to be the same as among those who remained under observation. Success is claimed in 87·1 per cent. of the total of 163 cases and in 87·7 per cent. of the 128 cases of secondary syphilis. Comparison of these results with those obtained in an earlier series of cases in which the same procedure was adopted but the dosage of penicillin was restricted to 2,400,000 units showed that increase in the dose of penicillin led to no significant improvement. Moreover, comparison with the results obtained from treatment with penicillin alone in various forms and dosage schedules showed the combined method to have no significant advantage. The authors conclude, therefore, that the method of combining fever and chemotherapy in the treatment of syphilis is now obsolete.

A. J. King

Preliminary Evaluation of N,N¹-Dibenzylethlenediamine Dipenicillin G in Acute Gonorrhea in the Male.


The therapeutic efficacy and safety of a new long-acting preparation of penicillin, N,N¹-dibenzylethlenediamine dipenicillin G ("bicillin"), has been investigated. The blood level of N,N¹-dibenzylethlenediamine dipenicillin G was estimated in three groups of unselected adults as follows:

The first group received 1·25 mega units of this preparation on the first day and the same dose on the seventh day. This maintained a mean blood level of 0·031 unit per ml. for the first week, 0·04 unit per ml. for the second week, and 0·036 unit per ml. for the 2-week period.

The second group received double the amount of the drugs, namely, a dose of 2·5 mega units, on the first and
seventh days, which maintained a mean blood level of 0.051 unit per ml. for the first week, 0.121 unit per ml. for the second week, and 0.093 unit per ml. for the 2-week period.

The third group received 2.3 to 2.5 mega units in a single injection, giving a mean blood level of 0.134 unit per ml. for the first week, 0.058 unit per ml. for the second week, 0.097 unit per ml. for the 2-week period, and 0.091 unit per ml. for the 16-day period of observation.

The authors state that other workers have observed assayable concentrations in the blood for as long as 28 days after a single intramuscular injection of 1.25 mega units of this preparation.

Because of the lack of a sufficient number of cases of early syphilis, the preparation was tried in cases of acute gonorrhoea in the male as follows:

One group of 357 patients received a single dose of 300,000 units.

Another group of 546 patients received a single dose of 500,000 units.

A third group of 125 patients received 2.5 mega units in a single injection.

The authors claim that administration of this new preparation in doses of 300,000 to 500,000 units resulted in rapid and permanent subsidence of all symptoms in 97 per cent. of 396 cases in which the outcome was known. [There is no mention of details of tests for cure or observation of these cases beyond 4 days after treatment.]

The toxic effects were slight. Some patients complained of pain and tenderness at the site of injection. Three patients who received 2.5 mega units in one injection, and one patient who received 1.25 mega units repeated in 7 days, developed toxic eruptions of the vascular type, with erythema, oedema, and urticaria, on the tenth day after the initial injection. Pruritus was severe, but there were no systemic disturbances. The toxic effects cleared without sequelae in 2 days.

A. J. King


"Mesantoin" (methoin; 5-ethyl-3-methyl-5-phenylhydantoin), an anticonvulsant drug closely related to "dilantin" (phenytoin sodium), has been found to be of value in the control of grand mal epilepsy and, to a lesser extent, of psychomotor attacks, but its main use has been as an adjuvant to phenytoin sodium and phenobarbitone.

The present authors have studied the effect of methoin in eight patients suffering from convulsions due to neurosyphilis. In all the cases antisypilhtic treatment had previously been given and the cerebrospinal fluid showed no evidence of active disease. It was found that a mean daily dose of 0.25 g. methoin alone controlled the seizures adequately. This is less than the dose usually given for other types of convulsion. Skin rashes developed in seven patients, and in one the drug had to be discontinued because of fever. It is suggested that the high incidence of skin rashes was due to an exceptionally hot and humid summer, no other explanation being found. Improvement in the electroencephalogram closely paralleled the improvement in the patient's clinical condition.

Donald McDonald


In the treatment of early syphilis the authors have tried penicillin by mouth combined with a single 6-hour session of artificially induced fever at 106°F (41.1°C). To each of 134 patients with lesions of primary or secondary syphilis positive on dark-field examination 450,000 units penicillin was given by mouth (nine tablets each of 50,000 units) immediately before the session of fever; this dose was repeated every hour during the fever session and every 2 hours for 16 hours afterwards, a total of 6,750,000 units being given in fifteen doses. The series included 32 cases of sero-negative primary syphilis, forty cases of sero-positive primary syphilis, and 62 cases of secondary syphilis. After an observation period of 24 to 27 months, it was estimated that this treatment had been successful in approximately 82 per cent. of patients with sero-negative primary syphilis, in 70 per cent. of those with sero-positive primary syphilis, and in 52 per cent. of those with secondary syphilis. The results obtained in patients with secondary syphilis after a period of 12 to 15 months were compared with those obtained in an earlier series of 73 patients with secondary syphilis who received 2,400,000 units penicillin parenterally and a single 6-hour session of fever, the total treatment period being 29 hours; the cumulative failure rate in the 2 groups was 49.5 per cent. and 44.3 per cent. respectively.

The authors consider both these schedules of treatment to be inadequate by comparison with one in which penicillin alone was given by intramuscular injection to 56 patients with secondary syphilis, each of whom received 4,800,000 units penicillin in oil and beeswax in divided doses of 600,000 units daily for 8 days. In this series the cumulative failure rate was 15.2 per cent.

A. J. King


At the St. Georg General Hospital, Hamburg, 140 patients, most of whom were suffering from early and latent syphilis, were treated in two groups:

(1) 37 patients were given arsenamine and bismuth treatment.
(2) 103 patients had penicillin or penicillin with fever therapy; a proportion of these, however, had had previous treatment.

Quantitative Wassermann tests up to 160 dilutions were routinely performed before treatment and at the end of it, the interval between the tests being 6 weeks in the first group and 10 to 20 days in the second. It is the author's impression that the patients under arsenical treatment showed a somewhat better serological response than the penicillin-treated group. The better results are thought to be partly due to the longer course of arsenic as against penicillin, and the possible action of arsenamine upon the reticulo-endothelial system, which is thought to be responsible for the reagin production.

[The author does not seem to have proved his case, as no serious attempt was made to create identical conditions in the two groups. The observation time was longer in the arsenamine group and the proportion of latent cases was higher in the penicillin group. Also, initial titres were different, and a further variable was the difference in the amounts of the drugs actually given.]

G. W. Csonka


An injection of anterior pituitary hormone and thiamine into the carotid artery for 7 to 175 days showed a favourable effect in four of nine cases of simple optic atrophy caused by tabes. Some improvements were seen in vision, visual field, and colour sense.

Y. Mitsui


GONORRHOEA (General)


GONORRHOEA (Pathology)

OTHER VENEREAL DISEASE CONDITIONS


The observations here reported were made on 1,402 males with chancroid in the United Nations Forces in Korea, the majority of whom were U.S. servicemen. The incidence ratios of chancroid to gonorrhea to syphilis were 14:8:1 in white troops and 21:11:1 in Negro troops, the high relative incidence being attributed to the prevalence of chancroid in the Korean prostitutes. Both white and Negro troops frequented the same group of women and it is thought that this may explain the relatively high rate in the white patients.

It was noted that chancroid was most prone to occur in men with phimosis. The ulcer varied both in size and shape, and 30 per cent. of the patients had multiple sores; buboes developed in 51 per cent. Diagnosis was made by finding the causative organisms in the smears, or by a positive Ito-Reenstierna reaction, or by both methods. The organisms were found in the first smear in 71.1 per cent. of smear-positive cases. Skin tests were performed in 400 of the patients and positive results were obtained in 55 per cent., while 10 per cent. in whom results were initially negative gave positive results on re-testing 2 weeks later.

Most of the cases were treated with streptomycin, and 1·0 g. per day for 5 days was sufficient in all but 7 per cent. Buboes did not respond well and sometimes developed in patients under treatment. Aureomycin, given in doses of 750 mg. twice daily for 3 days, was used in 55 cases. Healing of the sores was complete by the fifth day in 36 cases and by the tenth day in eighteen others; only one patient required a second course. Ten patients were treated with chloramphenicol in the same dosage, and the sores healed in 10 to 14 days in eight cases, but one patient required a second course and one showed no improvement. The oral antibiotics are both considered superior to streptomycin in cases of bubo, but owing to their treponemocidal properties careful clinical and serological follow-up is necessary. In the whole series, 94 cases of mixed infection with chancroid and primary syphilis were encountered, and the sores of these cases clinically resembled chancroid rather than syphilis.

R. W. Willcox


The subject is exhaustively reviewed and particular attention is paid to clinical manifestations and the organisms which have been held to be responsible for the syndrome.

S. J. H. Miller


PUBLIC HEALTH


MISCELLANEOUS
