CORRESPONDENCE

REITER'S SYNDROME TREATED WITH CHLORAMPHENICOL

To the Editor of the *British Journal of Venereal Diseases*.

SIR, Dr. D. Wheatley, in his report of a case of Reiter's syndrome treated with chloramphenicol (*British Journal of Venereal Diseases*, **29**, 162), can be interpreted as implying that Dr. J. W. Czekalowski and myself (Czekalowski and Horne, 1951) believe that a spirochaete may be the cause of Reiter's syndrome. This is not correct. We reported that we had found morphologically similar spirochaetes on dark-ground examination of the urine in three patients with abacterial cystitis, and had cultured a leptospira from one of them. The syndrome of abacterial cystitis was clearly defined in the paper and the case histories were fully recorded. None of the patients had Reiter's syndrome. Incidentally, neither does Dr. A. H. Harkness believe that "abacterial pyuria" is "an identical illness" to Reiter's syndrome: he states that "it is possible that the same infective agent is responsible for abacterial urethritis, abacterial pyuria, and Reiter's syndrome" (Harkness, 1950).

My reason for pointing this out is not only to correct factual errors. In the same number of the *Journal* the editorial on "non-specific" genital infections draws attention to the problems associated with this group of diseases, and points a few morals. Everyone will agree that "the key to knowledge is the discovery of the causative organism on which all depends", but, if headway is to be made, confusion at the clinical level with regard to the different syndromes must be avoided. Whilst they may ultimately be found to be aetiologically connected, it is important in the meantime to recognize, and to take advantage of, the fact that these "non-specific" genital infections present different symptom complexes.

Other examples of this confusion abound. For example, Dr. R. R. Willcox implies that the cases of "abacterial pyuria" described by Coutts and Vargas-Zalazar (1946), in which spirochaetes were found, and the cases of abacterial cystitis described by Dr.Czekalowski and myself are identical with "non-gonococcal urethritis". These cases did not have urethritis, and all of them responded to arsenic. Confusion is undoubtedly aggravated by the indiscriminate use of the term "abacterial pyuria", which simply means urine containing pus which is abacterial (i.e. in which no organisms can be found by routine laboratory staining and culture techniques, including those for the diagnosis of tuberculosis).

It was partly because I have been so impressed by the universality of this confusion that I recently published a review of "abacterial cystitis" (Horne, 1953), in which I drew attention to the inadequacy of the term "abacterial pyuria". This term tends to be used so indiscriminately that I recommend that it should be discarded as a name for any syndrome.

Yours faithfully,

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To the Editor of the *British Journal of Venereal Diseases*.

SIR, Dr. Horne must forgive me if my enthusiasm on encountering in general practice a case which is probably commonplace to him has resulted in technical inaccuracies.

My purpose in briefly reviewing the aetiology of Reiter's syndrome and abacterial pyuria, which indeed I classed together as of common origin, was to embrace all the possible causal organisms in relation to the proposed treatment. I would not dispute that the various manifestations of abacterial pyuria present definite clear-cut syndromes, but from the point of view of chemotherapy, I believe it is justifiable, on the evidence available, to postulate a common infective agent or agents. I would point out that I was only considering treatment from the chemotherapeutic point of view. In this context, one would not consider divorcing say, bacterial cystitis from pyelitis of the same cause; or scarlet fever from streptococcal tonsillitis, although other considerations might make the distinctions imperative.

I would defend the use of the term, abacterial pyuria; it admirably describes the principal feature of this group of conditions. Indeed, in the present state of knowledge, an attempt to be more specific may only lead to greater confusion. Presumably if Dr. Horne rigidly interprets