

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,
G. O. HORNE

General Infirmary,
Leeds.
November 20, 1953.

REFERENCES

- Coutts, W. E., and Vargas-Zalazar, R. (1946). *Brit. med. J.*, 2, 982.
 Czekalowski, J. W., and Horne, G. O. (1951). *Ibid.*, 2, 879.
 Harkness, A. H. (1950). "Non-Gonococcal Urethritis", p. 96. Livingstone, Edinburgh.
 Horne, G. O. (1953). *Brit. J. Urol.*, 25, 195.
 Willcox, R. R. (1953). "Progress in Venereology", p. 44. Heinemann, London.
 Wheatley, D. (1953). *British Journal of Venereal Diseases*, 29, 162.

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

the term abacterial cystitis he must eliminate from it his own cases in which spirochaetes were found.

Yours faithfully,

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Twickenham,
Middlesex.

DAVID WHEATLEY

December 18, 1953.

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

SIR, The letter from Dr. G. O. Horne has been shown to me. His statement that, in my recently published book, "Progress in Venereology", I imply that the cause of non-specific urethritis is necessarily identical with that of abacterial pyuria, I strongly deny, for the passage concerned bears no such implication. Immediately following is written :

The aetiology of non-specific urethritis is not fully understood.

And the nine pages devoted to topical papers on non-gonococcal urethritis, giving nearly 100 references, have but eight lines to include the mention of spirochaetes and abacterial pyuria as possible causes of non-gonococcal discharges.

Any confusion of thought is clearly on the side of Dr. Horne. In his review of abacterial cystitis, which he has taken the opportunity of quoting, no less than nine of the eleven cases cited had or had had a urethritis. It is thus evident that a spirochaetal cause should be considered as a possibility in *some* cases of non-gonococcal urethritis, which is all that is implied in my book.

I am, Sir,

Yours faithfully,

R. R. WILLCOX

Tideway,
Lonsdale Rd., Barnes,
London, S.W.13.

December 29, 1953.

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

SIR, You have kindly allowed me to read the letters from Drs Horne, Willcox, and Wheatley, and, as my opinion is quoted, have suggested that I may wish to comment.

In my monograph on non-gonococcal urethritis, (Harkness, 1950) I stated that cystoscopy was carried out in two of my cases of *acute* (not subacute) abacterial urethritis, and that in both it revealed an acute generalized cystitis. At a later date (November, 1950), in describing acute abacterial urethritis of venereal origin, I wrote :

In eight of my cases (of acute abacterial urethritis) in which cystoscopy was carried out, an acute generalized cystitis was revealed, and I have come to the conclusion that this is the same disease as that known to the urologists as abacterial pyuria.

Since that date cystoscopy carried out in two further cases has shown the same cystoscopic picture, a picture which my surgical colleagues at the Institute of Urology consider to be identical with that of abacterial pyuria.

Today I am more than ever convinced that acute abacterial urethritis of venereal origin and the urologists' abacterial pyuria are one and the same disease. The infective agent (probably, in my opinion, a virus or the pleuropneumonia-like organism) is uncertain, but both diseases react to the same types of treatment. The urethral discharge sometimes ceases early, before the patient sees a urologist, but the acute symptoms—severe dysuria, frequency, and haematuria—persist.

I have also demonstrated spirochaetes in the urethral discharges and urines in all types of urethritis, but, in my opinion, these are the normal saprophytes of the glans and prepuce and are to be seen only when inadequate cleansing has preceded the taking of specimens.

Yours faithfully,

A. H. HARKNESS

12, Wimpole Street,
London, W.1.
January 19, 1954.

REFERENCES

- Harkness, A. H. (1950). "Non-Gonococcal Urethritis", p. 87. Livingstone, Edinburgh.
—(1950). *Maroc. Méd.*, (No. 306), 29, 1034.