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 (Clinical, Therapy, Serology, Pathology, Experimental), Gonorrhoea, Non-Gonococcal Urethritis and Allied Conditions, Chemotherapy, Public Health and Social Aspects, 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 (Clinical)

Prognosis of Cardiovascular Syphilis. GRIMBLE, A. Guy's Hosp. Rep., 104, 239. 2 figs, 41 refs.

After a comprehensive review of the literature on cardiovascular syphilis, especially of reports concerning prognosis and the value of specific therapy, a study is presented of 164 cases (143 males and 21 females) seen at Guy's Hospital, London, between 1925 and 1944. Of the 164 patients, 92 were given organic arsenicals intravenously while 72 did not receive antisyphilitic treatment. None was given antibiotics.

The cause of death in almost all instances was cardiac or pulmonary disease; twelve patients died from ruptured aneurysm. Post-mortem examination was carried out in 36 of the 164 cases. In retrospect it was found extremely difficult to grade the size of the heart or the degree of cardiac failure, but it is of interest that pain in the chest occurred in just over one-half of the 145 patients in whom the duration of symptoms could be accurately ascertained. The average age of the patients in this series was 54 years (31 to 71), those with aneurysm in both treated and untreated groups being on the average 4 years older than those with valvular disease. The mean expectation of life was 2 to 4 years, with a maximum of 12 years; this is in close agreement with the findings of other workers. Treatment with organic arsenicals increased the expectation of life after the onset of symptoms from 32 to 51 months; this also is in line with the findings of others. The results of specific therapy were best "in the younger patients, more strikingly in those with valvular disorder, than those with aneurysm". G. L. M. McElligott


In 32 out of 85 patients with cerebrospinal syphilis pathological changes were found in the fundus. Primary atrophy of the optic nerve was observed in four of nine patients with tabes dorsalis. Practical blindness developed in 3 years. Blindness with simple optic atrophy was found in one out of four patients with taboparalysis. One case of simple atrophy, due to opticochiasmal arachnoiditis, was observed in the meningo-vascular form of syphilis. Another case of early stage of papillodema was healed by antisyphilitic treatment. Oedema in the nasal sectors of the disc with paracentral scotoma was observed in a patient with asymptomatic neurosyphilis. One case of simple atrophy of the disc, seven cases of partial atrophy, and four cases of slight papillodema were observed in the group of 52 patients with progressive paralysis. No personal points of view are expressed. M. Klima


Among 219 patients with latent syphilis eighty had fundus changes previously described. The disc is of normal colour, not elevated, but the margins are somewhat blurred, especially on the nasal side. There is a peripapillary oedema and sheathing of some of the vessels on and near the disk. The authors believe that these fundus changes have a diagnostic importance. F. C. Blodi


The author discusses and classifies the causes and mechanism of miosis. Three groups are distinguishable:

(a) damage in the sympathetic pathways to the dilator pupillae muscle;

(b) damage to the supra-nuclear inhibition pathways to the Edinger-Westphal nucleus;

(c) parasympathetic spasm.

It is shown that the Argyll Robertson and related syndromes belong to the final category. P. Jameson Evans


The Tuskegee study of untreated acquired syphilis, which was started in 1932 amongst male negroes with a uniformly low standard of living in a rural area of Alabama, is, and presumably will remain, unique. The present article surveys the status of the study after 20
years and reviews the difficulties encountered in endeavours to follow the original patients' progress from diagnosis to necropsy. A remarkable degree of success has been achieved, and only 10 per cent. of the syphilitic individuals and 9 per cent. of the non-syphilitic control subjects have been lost to observation. Of the original 408 syphilitic individuals, 51 per cent. are living and 39 per cent. are dead. Of 192 non-syphilitic controls, 65 per cent. are living and 26 per cent. are dead. One of the features so far made obvious is the higher mortality rate amongst the syphilitic men in all age groups, though the difference in mortality rates decreases in the elderly, where the effect of diseases of old age makes itself noticeable.

Since the inception of the study, some of the syphilitic group have received antisyphilitic treatment. Moreover, it was expected that a high proportion of the men might have been given antibiotics for non-specific complaints. This, however, was not borne out by investigation, only 27.5 per cent. of the syphilitic and 32.6 per cent. of the non-syphilitic group having received penicillin in varying amounts. Suggested explanations for these low figures are put forward. The survivors of the syphilitic group are now 70 per cent. untreated, 22.5 per cent. inadequately treated, and 7.5 per cent. adequately treated.

The report is intended to provide a basis for the more detailed results of the 20-year study to be presented subsequently. Leslie Watt


Study of General Paresis with Special Reference to the Reasons for the Admission of These Patients to Hospital. [In English.] FROSCHAU, H., and YTREHUS, A. (1956). Acta psychiat. scand., 31, 35. 4 figs, 21 refs.


SYPHILIS (Therapy)


At the University Dermatological and Venereological Clinic, Vienna, 294 pregnant women who had been treated for syphilis before conception were studied. In 45 cases penicillin was the primary therapeutic agent, and in the remaining 249 arsenic and bismuth only had been used. Of the latter group, 143 patients were considered to have had insufficient treatment—that is, less than 2 courses of combined metallotherapy in the early stages or less than 5 courses in the later ones. Whereas none of the mothers who had been treated with penicillin gave birth to infected infants, twelve of those treated with arsenic and bismuth did so, two of whom had been regarded as adequately treated. All those mothers who were sero-negative at the time of labour gave birth to healthy infants.

G. W. Csonka


The author, writing from the Institute of Social Hygiene, University of Leipzig, contends that at the present time special attention should be given to the prophylaxis of congenital syphilis, since this form of the disease must be regarded as one of the potential after-effects of the large number of infections incurred during and immediately after the war. In East Germany all the necessary measures, such as routine blood-testing of all pregnant women and the prophylactic treatment of those with evidence of syphilis can be legally enforced, and ration cards for the additional foods allowed during pregnancy are issued only to women who attend antenatal clinics.

Out of 43,540 pregnant women whose blood was tested during the period 1950-4, 1,107 (2.54 per cent.) were found to be infected with syphilis, but on account of the measures taken only 25 of the children borne by these women had signs of congenital syphilis. In the author's opinion the principal reasons why cases of congenital syphilis still occur in spite of these measures are: non-attendance of pregnant mothers at antenatal clinics, errors in interpretation of the results of the blood tests, and false results of these tests arising from errors of technique in their performance. The number of new cases of congenital syphilis, however, is decreasing steadily; for example, eleven such cases were seen in 1950, but only one in 1954.

A. Fessler


A total of 66 infants with clinical signs of congenital syphilis were admitted to the Children's Clinic of the University of Leipzig during the period 1949-53. Of
the mothers of these children, 18 per cent. were known to have syphilis but had received insufficient treatment during pregnancy, 14 per cent. received no treatment although they were known to be infected, and the remainder were not treated, either because no blood test had been carried out or because the results of such tests had been wrongly interpreted or had been incorrect as a result of faulty technique. An analysis of the case histories of 1,334 syphilitic mothers, 200 of whom had received no treatment either before or during pregnancy, showed that the best results are to be expected with treatment given during the second trimester of pregnancy. Altogether 269 of the children of these women were syphilitic, 198 of these being borne by untreated mothers. In contrast, all the 420 women who had been treated during pregnancy gave birth to healthy children who remained healthy while under observation for periods up to 4 years. The remaining 714 women had been treated before, but not during pregnancy.

It is suggested that every woman who has once been infected with syphilis should be given a “prophylactic course” of penicillin (12 mega units) during each subsequent pregnancy, irrespective of the amount of treatment she has already received, of the results of blood tests (32 syphilitic children in the above series were born of sero-negative mothers), and of the condition of her previous children. In addition, it is recommended that the children of syphilitic mothers who have not been treated adequately during pregnancy should be given a “preventive” course of penicillin (600,000 units per kg. body weight). The author admits, however, that these recommendations are subject to modification when the results of the treatment of syphilis with penicillin are more fully known.

A. Fessler

**Terramycin in the Treatment of Early Syphilis.** (La terramicina en el tratamiento de la sífilis precoz.)


The author, working at the Clinic for Social Hygiene and Dermatology, Algeciras, describes the results of treatment with “terramycin” (oxytetracycline) in ten cases of syphilis—six of the primary disease, two secondary, one seroreistant, and one of tertiary syphilis associated with lymphogranuloma venereum. The drug was given to a total dosage of 10 g. by mouth (250 mg. 6-hrly) except in one case of primary syphilis, in which 12 g. was given, and the case of tertiary syphilis with lymphogranuloma venereum, in which a total of 24 g. in three separate courses was administered.

The result of dark-ground examination, which was repeated every 12 hrs., became negative in between 24 and 48 hrs. in six and in 60 hrs. in the remaining one of the seven cases from which treponemes were recovered initially. There were no Herxheimer reactions and the clinical response was good. Serological reactions remained negative in the six cases of primary syphilis during observation for 45 days to 5 months; in the two cases of secondary syphilis they had become negative in 43 days from the start of treatment in one case and in 32 days in the other, and remained negative during 5 months of observation.

[The treponemicidal action of oxytetracycline, which is weaker and possibly less constant than that of penicillin, is again confirmed; but the follow-up period in the series reported is short.]

**Eric Dunlop**


The treatment of syphilitic interstitial keratitis with cortisone and penicillin reduces the period of illness and promptly relieves symptoms. An illustrative case is described in a 10-year-old child who was also given bismuth. The cornea cleared up and within 3 months visual acuity in the right eye improved from hand movements to 6/12 and the left eye from 4/60 to 6/9.

M. A. H. Attiah


**SYPHILIS (Serology)**


The author describes a complement-fixation technique for the diagnosis of syphilis, developed at the Lille Military Hospital, which combines features of the Calmette-Massol and Kolmer methods. The complement dosage is kept fixed at 0·2 and 0·3 ml. of a 1:40 dilution of guinea-pig serum, 0·1 ml. of the serum under test and 0·1 ml. of diluted cardiolipin antigen completing the test mixture. Incubation is for 22 to 23 hrs at 6 to 8° C., followed by 30 to 35 min. at 37° C. Haemolysin is titrated in the presence of 0·2 ml. of 1:40 complement, and a 5 per cent. cell suspension sensitized with 3·5 M.H.D. of haemolysin is used in the test. [Very full details of the technique are given in the original paper.] By cutting down the amount of complement the author claims to have considerably raised the sensitivity of the test.

In tests carried out in parallel with the Meinicke, Kahn, Kolmer, and VDRL tube tests on 1,700 sera sent for routine examination the author’s technique gave isolated positive reactions in nineteen instances. These included six cases of known and six of possible syphilis, four cases in which no clinical history was available, and three cases
in which there was no evidence pointing to syphilis. [The author's assumption that a positive reaction was specific if any one (or more) of the other reactions was also positive is perhaps open to question.]

Sensitivity was assessed by tests on syphilitic sera in parallel with the Meinicke, standard Kahn, VDRL tube, and Kolmer tests, in which the same antigen was used as in the author's test. With the exception of the Meinicke the author's test was considerably more sensitive than the others. In a series of quantitative tests it gave higher titres than either the VDRL tube test or the Kolmer test with cardiolipin.

A. E. Wilkinson


In a study carried out at the University Institute of Hygiene, Halle, sera from 28 patients with proven syphilitic infections, in which such complement-fixation and flocculation reactions as the Meinicke and Citachol reactions were positive, were then tested with cardiolipin and pallida antigens. Some were also tested with spirochaetal agglutination antigen and two by means of the treponemal immobilization test. The results of these cross-tests are presented in a series of tables and details of the techniques used, including absorption tests, are described.

From these studies the author concludes that the pallida reaction, used as a complement-fixation test, and the spirochaetal agglutination reaction demonstrate the same antibodies in serum, but that the cardiolipin reaction—as a special form of the Wassermann reaction—and the pallida reaction show different antibodies. Quantitative differences between the cardiolipin and pallida reactions are therefore to be expected.

R. D. Catterall


The authors present an analysis of the anticomplementary (AC) Wassermann reactions observed at the University Dermatological Clinic, Geneva, between July, 1947, and December, 1953. During this period 104,071 sera from various sources were examined according to the "classic" technique [no details given] by the same personnel. Among these, 334 AC sera were found, the overall incidence being 0.32 per cent and the incidence in different years varying by 0.18 and 0.47 per cent. As it was not practicable to determine the age and sex of every patient whose serum had been tested, the composition of this population was estimated from a sample survey of 1,000 consecutive sera. Similar sample surveys of the patients tested during the years in which the incidence of AC reactions varied most widely showed no significant difference in age or sex distribution between them.

The 334 AC sera came from 273 patients (22 newborn infants, two older children, and 249 adults). The incidence of AC reactions in newborn infants was especially high (7.1 per cent.), but no opinion is expressed whether this is due to an intrinsic property of such sera or to poor technique in their collection. The incidence in adults over 50 was considerably higher (0.41 per cent.) than in adults below this age (0.14 per cent.). Sex apparently had no effect on the overall incidence, but it was noted that AC reactions were predominantly in sera from males in some years and from females in others. The presence of syphilis had a definite effect, 0.3 per cent. of non-syphilitic sera giving AC reactions compared with 4 per cent. of sera from syphilitics. [The latter figure seems unduly high.]

The number of AC reactions occurring in each batch of sera tested did not appear to be dependent on the particular batches of sheep cells and complements used. Insufficient data were available to evaluate the possible effect of differences in the batch of amboceptor used. Small variations in the temperature at which sera were inactivated did not appear to influence the results.

The incidence of AC reactions among 3,436 specimens of cerebrospinal fluid tested during the period under review was 0.77 per cent.

A. E. Wilkinson


During a venereal disease survey carried out by the World Health Organization in Egypt, sera from 820 lepers and 720 patients with tuberculosis were subjected to the Kolmer Wassermann reaction using cardiolipin antigen (W.R.), the Meinicke test, and the VDRL slide test. The incidence of syphilis in the general population was found to be 2 to 4 per cent., and it was estimated that between 2 and 4 per cent. of all positive or doubtful reactions were probably non-specific in nature.

Among the 820 sera from cases of leprosy, mostly from inmates of a leper colony and some from patients attending out-patient clinics, there were 234 positive reactions; sixteen of these patients had a history of syphilis and a further fifteen were considered to be syphilitic on the grounds that positive reactions were obtained with all or most of the tests used. [This assumption may be open to question.] In 25 per cent. of cases the reactions were thought to be non-specific. These were commonest in the cutaneous and mixed forms of the disease (25 to 50 per cent.) and least frequent in neural leprosy (10 per cent.). The Meinicke test was the most specific of those used, and the VDRL test the least specific, while the WR occupied an intermediate position. Of 521 sera from lepers whose clinical histories were known, 5-4 per cent. of the reactions were anti-complementary, these being more common in males than females. In contrast only 0.9 per cent. of 25,000 sera examined during the general survey gave anti-complementary results.

Sera were tested from 592 patients with pulmonary tuberculosis and from 128 with tuberculosis of bone. There were 75 positive reactions; eight of these patients had a history of syphilis, while a further 29 were considered to be syphilitic on serological grounds. Thus 5
per cent. of the whole group were thought to give non-specific reactions. In contrast to the findings in leprosy, the VDRL test had the highest specificity, followed by the Meinicke test and the WR.

Discrepancies were fewer and less marked between the results of the three tests on the sera from the tuberculous patients than on those from lepers, the pattern of the reactions being more uniform. Quantitative VDRL tests were performed on all sera reactive to the slide test. With one exception sera giving titres greater than 1:4 also gave positive Wassermann and Meinicke reactions. [The serological results are analysed in great detail; they do not lend themselves to presentation in abstract form.]

A. E. Wilkinson


In a study carried out at the Institute of Hygiene and Microbiology, University of Palermo, the author has investigated the production of antibodies in experimental syphilis, using rabbits infected by intratesticular inoculation with the Nichols strain of Treponema pallidum. Samples of serum from the 25 animals were examined by means of complement-fixation tests, using purified treponemal antigen and cardiolipin antigen, and for immobilizing antibody by the treponemal immobilization test of Nelson and Mayer.

At the beginning of the syphilitic orchitis antilipoidal and group antitreponemal antibodies, but not immobilizing antibodies, were usually present. A dissociated response sometimes occurred, in which there was early development of group antitreponemal antibodies but delay in the appearance of antilipoidal and immobilizing antibodies until after the development of orchitis. An early serological response, with the appearance of group antitreponemal antibodies, was noted 24 to 72 hrs after inoculation.

Eric Dunlop


Writing from the Dermatological Clinic, University of Milan, the authors first briefly review the scanty literature dealing with the reproducibility of the treponemal immobilization test. In order to obtain further information they have carried out repeat tests on 74 samples of serum, following the technique employed at the State Serum Institute, Copenhagen, in which the results are read twice, at 18 and at 42 hrs. They confirm that the later reading is often clear-cut when the earlier one has been doubtful.

Of the 74 sera, 25 gave a definitely positive reaction and twenty a definitely negative reaction at the first test, and in all of these an identical result was obtained on repetition. Of 29 initially doubtful reactions, seven were positive, seventeen negative, and five remained doubtful on repetition of the test, further testing giving the same result.

To test the reliability of serial examinations on the same patient, 101 tests were carried out on 42 patients. The only changes observed on repetition of the test were that two initially doubtful reactions became negative. The serum of two patients was found to be "toxic" or treponemical. This, it is stated, could not have been due to previous penicillin therapy since penicillinase was added to every sample of serum tested, but may have been the result of chemical contamination of the syringe or the test tube. A false negative reaction may be due to a deficiency in complement, while a positive result obtained on repeating a test formerly giving a doubtful result may be due to a low immobilizing titre together with a low sensitivity in the first test. On the other hand a relatively hypersensitive test may give a doubtful result which is negative on repetition. The authors state that a certain variation in the sensitivity of the test does occur, as can be seen when serum from the same patient is examined serially over any length of time.

F. Hillman


The preparation of a complement-fixing antigen at the laboratory of the U.S. Public Health Service at the University of North Carolina from treponemes obtained from the testes of rabbits inoculated with the virulent Nichols strain of Treponema pallidum is described. After washing, the treponemes are extracted with acetone and ether and then dried in vacuo. The dried powder is extracted with 0.2 per cent. sodium desoxycholate in citrate-saline. The resulting solution, after further purification by dialysis and centrifugation, constitutes the antigen. [The extraction technique is complicated, and the original paper must be consulted for details.] Enough antigen to test about fifty sera by a micro-Kolmer complement-fixation technique can be obtained from one rabbit. The antigen was found not to be anticomplementary even when used in the undiluted state, but the optimum titre was found to be 1:5. Rabbits treated with cortisone yielded more potent antigens than untreated animals. The antigens were stable for at least 2 months when stored at −20°C.

Absorption and inhibition tests showed that the antibody reacting with the complement-fixing antigen was distinct from reagin, immobilizing antibody, and the treponemal agglutinating antibody which is absorbed by lipoidal antigen, but it had a possible relationship with the non-reagin agglutinating antibody described by McLeod and Stokes (Publ. Hlth Rep. (Wash.), 1955, 70, 379; Abstr. Wild Med., 1955, 18, 461). No fixation was
obtained with an antiseraum prepared against the cultured Reiter treponeme. Desoxycholate extracts of the Reiter organism failed to fix complement in the presence of human or rabbit syphilitic sera, although they did so with the homologous antiserum.

In tests on 556 human sera from various sources it was found that the treponemal complement-fixing test gave more positive reactions with sera from patients with early syphilis than the treponemal immobilization (TP) test, while the reverse was true in latent and late syphilis. [These results were obtained with rather small numbers of cases.] In experimental syphilis in rabbits, also, complement-fixing antibody appeared before immobilizing antibody. There was 98 per cent. agreement with the results of the TP test on sera from 49 patients whose sera had given presumed non-specific positive serological reactions, suggesting that the complement-fixation test may have a high specificity. It also showed good reproducibility.

A. E. Wilkinson


The effect of the age of the sensitized cell suspension on the serum titre determined by the quantitative White-chapel Wassermann technique has been investigated by the author at Nottingham General Hospital. Three cell suspensions were used: "new", in the preparation of which the sheep-cell-amboceptor mixtures were kept at 37° C. for 30 minutes before use; "old", in the preparation of which the fresh suspensions were kept at room temperature for 5 to 6 hrs before use; and "split", in the preparation of which, after the addition of amboceptor to cells, the mixtures were kept at 4° C. for 5 to 6 hrs and then at 37° C. for 30 min. before use. "New" suspensions were used for the complement titrations.

Quantitative tests were performed in parallel on 400 sera with "new" and "old" cell suspensions. In 138 cases a higher titre was obtained with "new" cells; in 115 of these the difference was only of one tube, which is within the limits of technical variation, but 23 sera (5·75 per cent.) gave titres 4 to 16 times greater with the "new" cells than with the "old". Only 33 sera gave higher titres with "old" cells, and the difference was never greater than one dilution. A comparison of "new" with "split" cell suspensions in parallel tests on 250 sera showed a similar pattern of results, while in simultaneous tests on the same sera with "split" and "old" cell suspensions 57 sera gave higher titres with "split" cells (48 with a one-tube difference and nine with a 2-tube difference), and 48 sera gave higher titres with "old" than with "split" cells (45 with a one-tube difference and three with a 2-tube difference). Higher titres were also obtained with "new" than with "old" cell suspensions in quantitative gonococcal complement-fixation tests. Complement titrations carried out in parallel with "new" and "old" cell suspensions showed that while the titre was not affected, the end-points were not so clear-cut with "old" cells as with "new". Parallel quantitative tests showed that agitation of the suspension during sensitization by bubbling air through it had no effect on the performance of the haemolytic system.

The author concludes that sensitized cell suspensions show an increased susceptibility to lysis after standing, and that to obtain reproducible results in quantitative complement-fixation tests using optimal-proportion techniques it is essential to use a fresh preparation.

A. E. Wilkinson


Antigenic Structure of Pathogenic Strains of Treponema pallidum. (Sobre la estructura antigenica del treponema pallidum patogeno.) Dardanoni, L. (1956). Laboratorio (Granada), 21, 241. 23 refs.


SYPHILIS (Pathology)


GONORRHOEA


There is some support in recent literature for the view that since the introduction of sulphonamides and penicillin in the treatment of venereal disease the gonococcus has become attenuated and the incubation period of gonorrhoea has become longer. The author, working at Karolinska Institutet and Gärnisonsjukhuset, Stockholm, has compared the incubation period of gonorrhoea in 1,120 young males during three different periods:

1. The years 1932 and 1933 when topical treatment was given;
2. The years 1942 and 1943 when sulphonamides were administered as a routine;
3. The one-year period 1954–5 during which penicillin was given.

Up to 1943 the average incubation period was 5 days; in 1954–5 it was 6 days. A scatter diagram shows a uniform peak at 3 days in all the years. Approximately 90 per cent. of the subjects became ill within the first 9 days, whereas formerly the incubation period exceeded 14 days in only 1 per cent. of patients it now exceeded 14 days in 6 to 7 per cent. The interval between the appearance of the first symptoms and the time when advice was sought was 1–8 days in 1932 and 3–9 days in 1954–5. This, in conjunction with the longer incubation period, is taken as evidence of the comparative mildness of the early symptoms and the decreased virulence of the gonococcus. Treatment with sulphonamides and with penicillin has possibly been a causative factor in this attenuation.

F. HILLMAN


Unlike that of early syphilis, the incidence of gonorrhoea has not been materially reduced since 1951. The emergence of penicillin-resistant gonococci has been suggested to account for this phenomenon, but none of the many investigations so far has produced any convincing evidence.

The authors of the present paper analyse the effect of 3,500 courses of penicillin on 3,186 patients with gonorrhoea treated at the University Venereal Diseases Clinic, Vienna, between 1946 and 1954. There was no evidence of an increase in the number of relapses over these years, 202 cases in the present series being classified as relapses and a further 110 as reinfections.

The treatment schedules for primary infections and relapses varied, but it was thought that 4 injections each of 50,000 units aqueous penicillin at 3-hrly intervals gave the best results in all groups. Nevertheless, 10-8 per cent. of the relapsed cases failed to respond to this therapy (but their further fate is not discussed in detail). Only six cases were fully investigated for evidence of penicillin resistance, but none was found. The reason for the continued persistence of gonorrhoea in spite of effective methods of treatment is thought to lie in the increasing failure to detect the sources of infection. Lately, the proportion of men being infected by unknown partners has risen to over 50 per cent. in the authors’ clinic and they urge that new methods to deal with this side of the problem should be considered.

[At least one case of penicillin-resistant gonorrhoea has recently come to the abstracter’s notice and it is felt that vigilance is definitely called for in order to detect such cases early and thus prevent the dissemination of drug-resistant organisms.]

G. W. CSONKA


Writing from the University of Heidelberg the authors first list the common objections to the routine use of silver nitrate as a prophylaxis against ophthalmia neonatorum; in their view the sulphamides are also ruled out because of the increasing incidence of resistant strains of gonococci, while penicillin appears unsuitable for various reasons. However, a non-irritant substance with a wide antibacterial spectrum, which is stable on storage, diffuses readily, and is free from the disadvantages of antibiotics, was found among the quaternary ammonium compounds. The substance used, “quartamom”, has been successfully employed in a series of 1,875 intraocular operations as an anti-infective agent. Its antibacterial action was tested by a tube method in concentrations of 0-01, 0-05, 0-1, and 0-5 per cent. against Staphylococcus aureus, Escherichia coli, Pseudomonas pyocyanea, and Gonococcus, and also by a disk method with subcultures from the zones of growth inhibition. Concentrations above 0·05 per cent. were 100 per

In a series of 665 newly-born infants no ocular prophylactic treatment was used; suppurating conjunctivitis was seen in 45 per cent. as compared with 20 per cent. seen in infants given Crede's prophylaxis. In the latter group the infection was much milder.
M. H. T. Yuille

NON-GONOCOCCAL URETHRITIS AND ALLIED CONDITIONS


A 39-year-old man had three periods of abacterial urethritis and polyarthritis in nine years. In the two last attacks he had eruptions resembling keratoderma blennorrhagica. In the last period the conjunctiva and lower part of the cornea showed small punctar infiltrations. The secretion of tears was markedly diminished and the clinical picture seemed to be that of keratoconjunctivitis sicca.
G. von Bahr


The authors describe the management of 378 previously untreated cases of non-gonococcal urethritis seen at a British military treatment centre in Japan. The treatment consisted in giving 1 g streptomycin by injection plus 2g. sulphadiazine at once followed by 1 g. every 4 hrs to a total of 32 g. A sodium citrate mixture and abundant fluids were also given. At the end of 3 months seventy patients had relapsed, a relapse rate of 18-5 per cent.; there was no significant difference in the relapse rate between fresh cases and cases occurring after gonorrhoea. Of the seventy cases of relapse, the cause was considered to be indulgence in alcohol in 22, "manual trauma" in thirteen, fresh exposure in three, and unknown in 32. If those due to "known" causes were excluded the relapse rate was only 8-5 per cent. In 75 further cases, divided into three groups each of 25, one group was treated with the regimen described above, one with 5.5 g. oxytetracycline over 5 days, and the third with 8.5 g. aureomycin over 51 days. The failure rates in the three groups were 19, 36, and 25 per cent. respectively. The importance is stressed of the patient's avoiding alcohol and of refraining from "milking the urethra" (which apparently patients often do to ascertain if the discharge has ceased). The cooperation of the patient is thus required, and antibiotics alone are not enough.

[If non-gonococcal urethritis is an infectious disease the causes of failure mentioned above must be precipitating rather than actual; relapse can result only if the patient is not in fact cured.] R. R. Wilcox


A discussion of the findings in the urethro-oculo-synovial syndromes.
M. H. T. Yuille


Transmission and serial passage of Trichomonas vaginalis in the anterior chamber of the rabbit is reported.
J. R. Hudson

CHEMOTHERAPY


The author describes some recent studies carried out on albomycin at the Institute for Antibiotic Research (Academy of Medical Sciences), Moscow. Albomycin, a cyclic iron-containing peptide, was first isolated by the author with Brazhnikova in 1951 from cultures of the streptomyces Actinomyces subtropicus. It strongly inhibits the growth of a variety of Gram-negative and Gram-positive organisms, and is particularly effective in vitro and in vivo against staphylococci which have proved resistant to other antibiotics. The pure drug has been shown to be about ten times more potent than penicillin. It forms a reversible complex with serum proteins and is non-toxic in animals and man after subcutaneous, intravenous, and intrathecal injection. It has proved effective in the treatment of pneumonia and, given intrathecally, of pneumococcal meningitis, particularly in
seronegative they were considered to be examples of mistaken diagnosis. There were 342 cases of Type IV (bone and joint lesions or pains) and of these 25.7 per cent. gave a negative reaction; some of these were probably also cases of "burnt-out" disease and some non-yaws cases. Once again the younger age groups showed the highest positive titres, there being with advancing years a steady decline towards a negative reaction. In the large group of some 1,500 cases of latent yaws (Type V) the reagin level was generally low (as in Type IV).

The serological response to treatment with procaine benzylpenicillin and aluminium monostearate (P.A.M.) showed that high titres may decrease rapidly in the first 6 months, but further decreases were slow. Seronegativity at the end of one year was obtained in only 11.4 per cent. of cases, the best response being obtained in cases of Types I, II, and V. Only 0.3 per cent. of the cases showed a slight increase in titre one year after treatment, and in the absence of clinical yaws such an increase is within the limits of technical variation of the test. There was little difference between the serological response to two injections at 3 days' interval of either 1-2 mega units or 600,000 units P.A.M., and that to 1-2 mega units P.A.M. given as a single injection.

[It is impossible to do justice in an abstract to this extensive study, and interested readers are referred to the original.]  
G. W. Csonka


During the 10 years ending October, 1955, 3,866 prostitutes were admitted to the Hospital do Desterro, Lisbon, the annual admission rate varying between 310 and 459. Until 1948 the number of registered prostitutes admitted outnumbered that of the clandestinas. After 1949 there was a marked fall in the number of registered prostitutes as a result of a law passed that year forbidding fresh registrations or the opening of new brothels; at the same time there was a big increase in the number of clandestine prostitutes admitted. The authors detail the venereal infections found in 235 prostitutes during the year ending October, 1955, the routine tests carried out on each patient including serological tests for syphilis, smears and cultures for gonorrhoea, and vaginal smears for Trichomonas vaginalis and Monilia. Early syphilis was found in thirteen cases (5-5 per cent.), latent syphilis in 60 (25-5 per cent.), "gonococcal vulvo-vaginitis" in 82 (34-8 per cent.), trichomonal vaginitis in 93 (39-5 per cent.), monilial vaginitis in 13 (5-5 per cent.), soft sore in five (2-1 per cent.), and genital warts in 28 (11-9 per cent.); 49 prostitutes had two or more of these conditions. Frei and Ito tests were carried out on 163 women, the latter giving a positive result in 55 cases (33.7 per cent.) and the former in fourteen (8.5 per cent.). The social problems are discussed. It is noted that seventy of the women were married and nine were pregnant, while of 167 women questioned, 110 were illiterate.

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