

NON-GONOCOCCAL URETHRITIS AND ALLIED CONDITIONS


PUBLIC HEALTH AND SOCIAL ASPECTS

Principles and Methods of Control of Venereal Disease with Special Reference to the Campaign in New Mexico. (Los principios y métodos de control de las enfermedades venéreas con especial referencia a las actividades del programa en nuevomexico.) DJANG, A., KILCREASE, D. T., McBREEN, M., and LELAND, S. J. (1959). Bol. Ofic. sanit. panamer., 46, 32. 2 figs.


MISCELLANEOUS


CORRECTION

In the article by Alice Reyn, Bent Korner, and Michael Weis Bentzon, which appeared in the December issue (Br. J. vener. Dis. (1958), 34, 227):

P. 228, col. 2, para. 3, ll. 5 and 6, for 3 μg. and 1 μg. please read 3 mg. and 1 mg.

Describing a form of primary genital candidiasis which has been observed with increasing frequency in young adults, the authors state that Candida albicans is found in some 20 to 30 per cent. of healthy persons. A description is given of recent methods of isolation and identification of this fungus, which is usually considered to be “an organism of opportunity”, that is, it profits by biological disturbance of the tissues, as in endocrine dysfunction or after treatment with antibiotics.

In the condition now described vulvo-vaginal infection is usually the first part of an epidemiological cycle. Thus in certain conditions, and especially after antibiotic therapy, the drug-resistant strains of Candida tend to flourish as the drug sensitive micro-organisms are killed off. Also, a natural increase in the virulence of the fungus may occur, so that from being formerly mainly saprophytic it now becomes pathogenic; this change is very commonly observed in the female genital tract. The authors then describe typical clinical cases of balanitis, eczema genitalis, and vulvitis, in all of which itching was a prominent symptom. Suspicion was aroused by a history of a similar condition in the sexual consort or of previous treatment with antibiotics, given either locally or parenterally. Microscopical examination and culture of the exudate confirmed the diagnosis in these cases.

The treatment advised for males is application of an ointment containing nystatin, for females the use of vaginal pessaries of nystatin combined with oral treatment with this drug. The authors stress that it is important to treat both partners simultaneously, to avoid so-called “ping-pong” reinfection, and to observe the patients for at least a week for signs of recurrence or reinfection.

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