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)


Parenchymatous neurosyphilis is generally considered to be rare, but the author records that eighteen cases of general paralysis of the insane (G.P.I.) were admitted to the St. Pancras Observation Ward, University College Hospital, London, during the 18-month period April, 1957, to September, 1958. No previous treatment had been given in twelve of these cases. In addition, there were admitted during the same period one case of juvenile G.P.I. and two cases of dementing illnesses in which the Kahn reaction was positive in the blood serum but the blood Wassermann reaction and the cerebrospinal-fluid findings were negative. The patients in these two cases had recently received intensive treatment with antibiotics for respiratory infections; one of them subsequently died from syphilitic aortitis.

The case histories of twelve untreated and two recently treated patients are briefly summarized to show the considerable variations in the presenting features and also to emphasize that clinical examination without serological tests is insufficient to exclude syphilis.

The author considers that neurosyphilis is probably more common than is generally now thought to be the case, since only those patients who do not reach general or mental hospitals or are not effectively treated are likely to be seen in an observation ward. He stresses the importance of routine serological tests and of a careful follow-up even when treatment appears to be successful.

A. J. King


From the University Venereal Disease Clinic, Vienna, the author reports the results of a survey of the children born to 1,450 syphilitic mothers during the decade 1945–1954. The latter were divided into four groups:

1. 233 who had never been treated;
2. 316 who had received antisypphilitic treatment only before the beginning of pregnancy;
3. 245 who received such treatment for the first time during pregnancy;
4. 612 who were treated both before and during pregnancy.

In the untreated group the incidence of congenital syphilis was high, ranging according to the stage of the infection in the mother from 20 to 70 per cent. To mothers treated with arsenic and bismuth only a small number of syphilitic infants were born, but among infants of mothers treated with penicillin either before or during pregnancy no case of congenital syphilis was found. Details are also given of the numbers of stillbirths and neonatal deaths and progress of surviving children (many of the last-named being followed up for several years) in relation to the treatment of the mother.

G. W. Csonka


In 1954–55 a comprehensive medical investigation was undertaken of all individuals aged 65 and 70 years resident on the Danish island of Bornholm, a total of 882 out of 974 subjects whose names appeared on the parish registers being examined. In addition to routine clinical examination, serological tests for syphilis were carried out, and it is the results of these tests and the information gained from clinical examination of those giving positive reactions which are discussed in the present paper.

The standard serum tests for syphilis (S.T.S.) and the T.P.I. tests were carried out on samples of blood taken from 367 women (87 per cent. of 422) and from 515 men (93 per cent. of 522). A positive response to the S.T.S. was obtained in fourteen cases and to the T.P.I. tests in sixteen, but only in five were the results of both tests positive. From the serological and clinical findings it was estimated that seventeen of these subjects had been infected with syphilis. The sex distribution of positive reactions to the T.P.I. test was about equal in the two age groups, but the number of positive reactions to the S.T.S. test was higher in women of 65 than in the men. Although this was not statistically significant, it would appear that biologic false positive reactions were more common in females than males.
In an attempt to determine the prognosis in these cases of syphilitic infection, the probable incidence of the disease in the population at the age of 25 was calculated. A comparison of this figure with the known number of registered syphilitic subjects showed that the result of the S.T.S. "irrespective of the strength, gives incorrect information concerning the incidence of syphilis in the population and that positive S.T.S. reactions should be verified by T.P.I. tests".  

Benjamin Schwartz


SYPHILIS (Therapy)


The authors, contrasting the dramatic effects of penicillin on primary and secondary syphilis, and even on general paralysis, with the very insufficient response of visceral syphilis, draw attention to a technique of treatment with intravenous injections of chlortetracycline, either alone or associated with corticosteroids, which they have found beneficial in the latter type of case. They have used this technique in treating 21 patients, comprising eleven cases of tabes with severe pains, five of syphilitic aortitis, four of late cutaneous syphilis, and one of syphilitic meningitis. All but one of the patients had previously received specific treatment, especially with penicillin. Each patient was given three or four courses of 30 daily injections of 0-1 g. chlortetracycline in a year, with an interval of 2 months between each series of injections. During the first two or three courses prednisone was given in doses of 0-2 g. daily for at least 15 days. (In some cases of tabes not included in this series, three courses of injections of hemi-succinate of hydrocortisone in doses of 25 mg. daily for 20 days were given alone, with good results.)

The patients with tabes had not experienced benefit from their previous treatment with penicillin, but claimed appreciable improvement after chlortetracycline. In particular, patients with symptoms of labyrinthitis gained relief which was maintained. Similarly, the headache of syphilitic meningitis was alleviated. In the cases of cardiovascular disease the authors noted relief of the aniginal pain and even reduced pulsation in an aneurism. In two cases of cutaneous syphilis which had responded partially to penicillin the cure was completed; in two other cases chlortetracycline was given only to consolidate the cure obtained with penicillin. The use of corticosteroids in combination with the antibiotic is advocated mainly for the prevention of Herxheimer reactions, but it also appears to relieve the painful crises of tabes dorsalis.

[The number of observations made is insufficient to permit any strong claims to be made in favour of this technique, but the results are interesting and deserve further testing in appropriate cases.]  

Robert Lees


Syphilitic Disease and Its Two Therapeutic Phases. (La maladie syphilitique et ses deux phases thérapeutiques.) DUREL, P. (1960). Proph. sanit. morale, 32, 91, 7 figs. 17 refs.


SYPHILIS (SeroLOGY)


From the Skin Clinic of the University of Hamburg the authors report the result of various tests for syphilis carried out on 683 patients over a period of 3½ years from 1955 to 1958. Sera from all these patients were examined in two laboratories, three complement-fixation tests, the cardiolipin Wassermann reaction (W.R.), the standard W.R., the Pallida reaction, two flocculation tests, the Meinicke clarification test, the citochol reaction, and the treponemal immobilization (T.P.I.) test being performed. The T.P.I. test was repeated a second time on the same specimen of serum.

The diagnosis of syphilis was established in 294 cases. These consisted of thirty cases of primary, 43 of secondary, 147 of latent, and 24 of congenital syphilis, 26 of neurosyphilis, and 24 with other tertiary manifestations. In 24 the diagnosis remained in doubt. The results obtained with the various tests are described in detail. Over the whole series the T.P.I. test was shown to be the most valuable single test, though it is pointed out that it has little or no place in the diagnosis of primary syphilis. The Pallida reaction was also shown to be a very sensitive test. Of the tests using lipoidal antigens, the cardiolipin W.R. and the Meinicke clarification test were the most sensitive.
The authors suggest that a general serological picture is desirable in the majority of cases and recommend that a variety of serological tests should be performed, including those employing treponemal antigens as well as those using the classical lipoidal antigens.

[This is an important paper, especially with regard to the findings with the T.P.I. test. It confirms the reports of American and British workers about the behaviour of the treponemal immobilizing antibody in the various stages of syphilitic infection in the majority of cases.]

R. D. Catterall


The Pallida reaction and four serological tests using lipoidal antigens were performed, together with the T.P.I. test, on 364 specimens of serum from patients in whom, on clinical grounds, there was reasonable certainty that the diagnosis of syphilis could be excluded.

In 276 cases all six tests gave negative results and in 88 the results varied. In 29 cases (7.9 per cent.) the result of the T.P.I. test fluctuated between positive, doubtful, and negative and in twenty cases the serum was toxic to the T.P.I. reaction. The possible explanations of these reactions are discussed. With one positive and six doubtful results the T.P.I. test was non-specific in 1.9 per cent. of cases. The Pallida reaction showed very high specificity, only one serum giving a positive and one a doubtful result, a non-specificity of 0.5 per cent. The original Wassermann reaction gave three non-specific positive results (0.8 per cent.) and the Wassermann reaction with cardiolipin antigen gave seven positive and two doubtful results (2.5 per cent.).

In contrast, the flocculation tests employed were distinctly less specific, the Meinicke clarification reaction giving 7.7 per cent. and the citochol reaction 1.7 per cent. of non-specific results. R. D. Catterall


The authors give details of their technique for the treponemal immobilization (T.P.I.) test and discuss at great length problems associated with various aspects of the preparations for the test, the reagents used, and the actual test technique itself. The results of T.P.I. tests performed on 658 sera, of which 294 were from patients with syphilis and 364 from patients without evidence of syphilis, are discussed. Constant results were obtained in 616 cases, but in 42 (6.4 per cent.) the reproducibility was unsatisfactory. The possible causes of failure of reproducibility are considered under the headings of biological errors and technical errors.

The authors are of the opinion that as the clear understanding and avoidance of all the possible sources of error in this technically very difficult test are not yet possible a critical evaluation of the results obtained is of the greatest importance.

R. D. Catterall


From the Institut Alfred-Fournier, Paris, the authors report their results with a serological test for the detection of antibodies to syphilitic infection which was devised by Tani and others (Jap. J. med. Sci. Biol., 1955, 8, 303). In this test a suspension of Treponema pallidum is mixed with the test serum and injected into the peritoneal cavity of a guinea-pig; 4 and 7 hours later samples are withdrawn and the treponemes counted. In controls and with serum negative for syphilis the number of organisms remains constant, but in the syphilitic sera the organisms disappear in 4 hours, their disappearance being confirmed by the second reading at 7 hours.

In a survey of 106 sera the test was found to give the same results as the treponemal immobilization (T.P.I.) test, and could be used to distinguish sera giving false positive Wassermann reactions (W.R.). It was of particular value, however, in cases in which, for various reasons, the results of the T.P.I. test were unsatisfactory. For instance, four such sera from confirmed cases of syphilis gave a positive W.R. and also a positive result in the guinea-pig test, and four which gave a negative W.R. were also negative by the guinea-pig test. The authors conclude that the test has the same specificity as the T.P.I. test, but is of lower sensitivity. Its chief advantage is that a fresh or stored suspension of treponemes in physiological saline can be used, thus avoiding the technical difficulty of keeping these organisms motile in special survival medium. The test does, however, require large numbers of treponemes and is not convenient for testing big batches of sera.

Janice Taverne


The rapid plasma reagin (R.P.R.) test (Portnoy and others, Publ. Hlth Rep. (Wash.), 1957, 72, 761; Abstr. Wild Med., 1958, 23, 254) was developed as an economical and rapid screening test for syphilis so that reactors could be given immediate treatment. It is used in five centres on the Mexican border of the U.S.A. for the testing of immigrant farm labour, the results of the test being obtained within minutes. In the original technique blood specimens are centrifuged for 4 minutes and three drops of unheated plasma mixed with one drop of the antigen suspension, clumping being observed microscopically. In the present study, however, the test was performed with three drops of serum instead of plasma and the results compared with those of the R.P.R. test with plasma, the V.D.R.L. slide test, and the treponemal complement-fixation (C.F.) test on the same specimens.

Of a first series of 149 specimens, 58 were reactive to the R.P.R. test with serum; of these, 55 were reactive to
the R.P.R. test with plasma, fifty to the V.D.R.L. test, and 53 to the C.F. test. Of the 82 specimens which were non-reactive to the R.P.R. test with serum, 76 were non-reactive to the R.P.R. test with plasma, 77 to the V.D.R.L. test, and 75 to the C.F. test. Of eleven specimens giving weakly reactive results in the R.P.R. test with serum, two were weakly reactive to the R.P.R. test with plasma and two to the V.D.R.L. test, but all eleven were reactive to the C.F. test. Of a further series of 417 specimens, 191 were reactive or weakly reactive to the R.P.R. test with serum; of these, 172 were reactive to the V.D.R.L. test and 72 to the C.F. test. The test also showed excellent reproducibility when 68 specimens were re-tested one week later.

It is concluded that the R.P.R. test with unheated serum is somewhat less reactive than the same test with unheated plasma, and if maximum screening efficiency is the aim the test should be performed with plasma. However, the employment of serum would increase the usefulness of the test for large-scale field operations.  

R. R. Willeox


This paper reports the results of tests for syphilis on 529 sera exchanged between the Sahlgrenska Sjukhuset, Gothenberg, where the treponemal immobilization (T.P.I.) test was performed, and the Gade Institute, Bergen, where the Reiter protein complement-fixation (R.P.C.F.) test was carried out by the fifth-volume Kolmer technique. Inconclusive results with one or other test were given by 48 sera (9.1 per cent.), probably because of the conditions of transport. Excluding these from consideration, 306 of the remainder came from patients considered to show evidence of syphilis. Of this group, the T.P.I. reaction was positive in 261 and the R.P.C.F. reaction in 253, while both tests gave negative results in 25 cases. A further 175 sera came from patients showing no clinical evidence of syphilis; both tests gave positive results in 36 of these cases, the T.P.I. test alone in 21, and the R.P.C.F. test alone in twelve, while both tests gave negative results in 106 cases. [The sera examined formed a selected group as many were examined because they had given discordant results when examined by standard tests with lipoidal antigens.]

An examination of the results obtained with the syphilitic sera from Bergen showed that there was close agreement between the results given by the two tests on sera from patients with untreated early and late acquired syphilis and with untreated congenital infections. Discrepancies were more marked in tests on sera from patients with untreated latent syphilis or those who had been treated at various stages of the disease.

The authors conclude that the R.P.C.F. test has a sensitivity and specificity comparable to those of the T.P.I. test. The R.P.C.F. reaction becomes positive earlier than the T.P.I. reactions in primary syphilis, but the T.P.I. reaction remains positive longer than that to the R.P.C.F. test in long-standing cases.  

A. E. Wilkinson


One of the many outstanding problems of the treponemal immobilization (T.P.I.) test is the inability of serologists to grow Treponema pallidum on artificial medium. The current practice is to obtain living organisms of the Nichols strain from the testicles of rabbits. Incubation of new rabbits at weekly intervals is usually required. This procedure makes the T.P.I. test expensive, dangerous to technicians, dependant upon a large colony of rabbits, and complicated. Any attempt to simplify it, therefore, is welcome.

It has been known for many years that T. pallidum is not harmed by exposure to cold, and storage at low temperatures has been used for some time. The author, writing from the University Skin Clinic, Würzburg, describes a simple and cheap method of preserving T. pallidum for use in the T.P.I. test. Infected rabbits' testicles are removed with the usual sterile precautions and placed in a specially designed glass tube. This is rapidly cooled to −80°C by means of a carbon dioxide-acetone mixture. A special rack for the tubes which fits into a vacuum-flask container is also described and illustrated, the container being kept in the refrigerator at +4°C. The addition of dry ice very 2 to 3 days and acetone at longer intervals are required to keep the temperature of the specimens at −80° to −64°C. A special rack for the tubes is removed and placed in a water bath at 35°C. The treponemes are then extracted from the testicular tissue in the usual way.

The author has used this technique for storing T. pallidum on fifty separate occasions, the longest period of storage being 12 months. The organisms were virulent in all cases and the specimens contained between 80 and 90 per cent. motile treponemes. However, he found that deep-frozen T. pallidum were not as satisfactory as fresh organisms because in negative tests and in control sera they gave a motility count of 80 per cent. compared with 92 to 100 per cent. with the fresh organisms.

He concludes that the method is useful in providing a reserve of strains of T. pallidum, in reducing the number of rabbits required in the laboratory, and in preventing strains from dying out owing to technical difficulties. The T.P.I. test itself is better carried out with fresh organisms from rabbits' testicles which have been infected from frozen material.  

R. D. Catterall


The authors of this paper from the Clinica Dermofisiopatica of the University of Padua comment on the
ABSTRACTS


New Possibilities of Saving Time and Material in the Preparation of the Basal Medium for the Nelson-Mayer Test


persistence of a positive reaction to the treponemal immobilization (T.P.I.) test in occasional cases of syphilis which are similar in respect of treatment and clinical symptoms to others in which the reaction becomes negative. This may be due to either to persistence of antibody after clinical cure or to persistence of infection, the authors favouring the latter explanation. To investigate this problem the following experiment was devised. Aliquots of the serum under investigation were placed in ten tubes and living Treponema pallidum (Nichols strain), complement, and doubling dilutions of penicillin or of bismuth were added. The mixtures were incubated for 22 hours with penicillin and 6 hours with bismuth and then read as the T.P.I. test. Four groups of sera were studied:

(1) six from patients who had had repeated courses of penicillin and bismuth, and which gave a persistently positive T.P.I. reaction;
(2) five which had been T.P.I. positive in the past, but were negative at the time of testing;
(3) five stored T.P.I.-positive sera from patients whose serum had since become T.P.I. negative;
(4) two normal non-syphilitic sera.

The results (which are presented in two Tables) were quite clear-cut. In the presence of persistently T.P.I.-positive serum, a much larger amount of penicillin or bismuth was necessary to produce treponemal immobilization than was the case in the presence of other sera. Thus 0·002 of a unit of penicillin was unable to immobilize spirochaetes completely in the presence of persistently T.P.I.-positive serum, whereas with all the other sera tested 0·0008 of a unit produced complete immobilization. To exclude the possibility that T.P.I.-positive sera have a penicillin-splitting action a similar experiment was performed with staphylococci, against which the effect of persistently T.P.I.-positive sera was no different from that of the other sera. Hence it is concluded that the protective action of T.P.I.-positive sera against penicillin is specific to the treponeme.

F. Hillman

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SYPHILIS (Pathology)


SYPHILIS (Experimental)


In this paper from the Istituto di Clinica Dermosifilopaticca of the University of Catania, the author surveys the literature on the effects of anti-reactive steroid hormones on the course of syphilis and then describes his own experimental and clinical findings.

Groups of twelve rabbits were inoculated with treponemes of the Nichols strain and treated with prednisone or prednisolone plus penicillin. Dosage schedules and technical details are briefly indicated. In the prednisone-treated rabbits there was a gradual reduction in the size of the syphilita over 20 days and treponemes were found up to the 6th and 8th day, whereas in those treated with prednisone plus penicillin the treponemes disappeared in 6 to 48 hours and the lesions healed in 6 to 10 days. In the two treated groups and an untreated control group the antibody titre varied little, being about 264 units. In the two treated groups treponemal immobilization was 92 to 100 per cent. positive throughout the observation period of one year. Histological examination of the controls showed the usual picture. In the group treated with prednisone only the inflammatory infiltrate was less marked and appeared patchy. In the group given prednisone and penicillin the inflammatory infiltrate was confined to small, mainly perivascular foci and consisted mainly of histiocytes and lymphocytes. Staining with toluidine blue and the periodic-acid–Schiff reaction showed an increased amount of amorphous ground substance, most marked in the prednisone–penicillin group.

In clinical trials, 33 consecutive patients with syphilis were given comparable courses of various corticoids with or without penicillin. Steroid treatment cleared the primary chancre of treponemes in 3 to 4 days and decreased the exudate, repair being complete in 6 to 10 days. Resolution of lymphadenopathy was slow and seronegativity (including a negative treponemal immobilization (T.P.I.) reaction) persisted. In seropositive primary cases the local lesions resolved similarly, but there was no change in the serological reactions and no rise of temperature. Treatment with steroids plus penicillin cleared the primary chancre of treponemes in 48 hours, with healing in 6 to 8 days, lymphadenopathy resolving later. Sero-negative primary cases remained sero-negative; in sero-positive primary and in secondary cases there was a reduction by about 50 per cent. in the titre of the classic reactions, but no change in the T.P.I. reaction. In very long-standing cases the change in titre was not so marked and was quite often absent.

To assess the action of corticosteroids on the Herxheimer reaction the author injected a highly pyrogenic, formol-killed vaccine into patients with various skin diseases, prednisolone, ACTH (corticotrophin), or hydrocortisone being given in addition in certain cases. The vaccination was followed by a pyrexial spike up to 39-5°C. in the controls and all the treated patients except those given prednisolone. Finally, the serum from fifteen patients under treatment with various corticoids was used in a T.P.I. test, and the absence of any significant direct effect of these sera on treponemal immobilization was demonstrated.

The conclusion reached is that corticoids modify the clinical manifestations of syphilis at all stages, but have no direct effect on the treponeme. This effect is probably due to the anti-inflammatory action of the corticoids and possibly also to their allowing better perfusion of the local lesion by tissue fluid. The inhibitory effect of steroids on the Herxheimer reaction is thought to be due to a direct effect on the thermoregulatory centre. F. Hillman


GONORROEHA


In view of recent evidence of cases of gonorrhoea resistant to penicillin among American troops in Japan the authors, working at the 406th Medical General Laboratory, San Francisco, have carried out further laboratory studies to determine the cause of failure, and in this paper they describe penicillin-resistant cases of the infection taken from a series of 165 cases seen in 4 months during 1957.

Urethral exudates inoculated on various types of agar and broth media were incubated at 37°C. and observed
Incidence of Ophthalmia Neonatorum without Prophylaxis.


The authors studied 5,480 newborn infants who had either distilled water instilled at birth or no treatment at all (3,268 cases); 76 cases showed a purulent, and 243 cases a watery discharge. Gonococci were not cultured from any case, though one smear was suspicious.

W. E. S. BAIN

Susceptibility of Gonococci to Antibiotics and Sulfadiazine.


Some recent reports have indicated a decrease in the sensitivity to penicillin of strain of Neisseria gonorrhoeae isolated from patients, such decrease being in some cases correlated with the failure of treatment of the disease with penicillin.

Working at the Thorndike Memorial Laboratory (Harvard Medical School), Boston, the authors tested in vitro the sensitivity of up to 157 strains of gonococci isolated late in 1958 and early in 1959 from male patients with acute urethritis. The methods and antibacterial agents employed were those used in a previous study (Love and Finland, A.M.A. Arch. intern. Med., 1955, 95, 66; Abstr. Wild Med., 1955, 18, 374), except that several additional antibiotics that have since become available were included, making in all twenty antibiotics and sulfadiazine.

With the exception of penicillin and sulfadiazine, which showed a wide range of concentrations (over 200-fold) all the other agents inhibited all the strains tested within a 2-4-fold range of concentrations. Different antibiotics varied quantitatively in their activity, but there were only minor differences in the susceptibility of the strains to chemically related antibiotics. Penicillin, erythromycin, and the tetracyclines were the most active agents, while polymyxin B and colimycin ("colistin") were the least active. Nearly all the strains were moderately or highly susceptible to sulfadiazine. The most recent strains appeared to be slightly more sensitive to the tetracyclines and erythromycin and slightly less sensitive to streptomycin and chloramphenicol, while to penicillin they were very slightly less sensitive than in the study cited above, but about the same as in a similar study carried out in 1949 except that there was a greater proportion in the less sensitive range (0.04 to 0.2 μg. per ml.) among recent isolates. It was confirmed, however, that strains isolated soon after treatment with penicillin from patients who denied re-exposure (presumed penicillin treatment failures) were among the least susceptible to penicillin.

The authors conclude that the present study provides no evidence of any large decrease in the susceptibility of gonococci to any of the antibiotics in common use in recent years.

A. ACKROYD

Corticosterone in the Treatment of Gonococcal and Non-Gonococcal Urethritis. (Corticosteroidia in treatmantul gonoreei si al uretritelor negonococcice.) LONGHIN, S., TEodosiu, T., and VINTICI, V. (1959). Derm.-Vener. (Bucuresti), 4, 385. 21 refs.

Short courses of corticosterone were used by the authors in the treatment of gonococcic and non-gonococcic diseases of both males and females, in doses of 500 mg., associated with antibiotics and followed by the administration of ACTH (50 mg.). Antibiotics were given for another 3 days after the termination of corticotherapy. Seventeen patients suffering from antibiotic-resistant gonorrhea, four patients displaying non-gonococcic urethritis, and seven female patients suffering from genital diseases of gonococcic nature which had resisted all treatments given to them have been treated by the authors according to this method. The immediate result of the treatment was the subsidence of the clinical inflammatory phenomena and the disappearance of the pathogenic germs as revealed by microscopic examination and by cultures. The results were satisfactory in all cases. The patients were followed up for a period of 4 to 6 months and no relapses were seen to occur.

No accident was recorded by the authors. The method described is a very useful therapeutic means in recurrent cases of chronic gonorrhea as well as in non-gonococcic urethritis.

[From the authors' summary.]


NON-GONOCOCCAL URETHRITIS AND ALLIED CONDITIONS


The author briefly reviews the history of this disease and discusses the clinical aspects. Uveitis, corneal lesions, episcleritis, and tenonitis have been noted. Skin lesions may occur—erythema, hyperkeratosis, or vascular mucous lesions. The blood shows a raised erythrocyte sedimentation rate, polymorpholeucocytosis, and eosinophilia.

The syndrome may occur in the course of bacillary or amoebic dysentery. A case is presented, first seen in 1952 with acute purulent conjunctivitis; it cleared, recurrent in 1958 with the typical syndrome.

In treatment the author found penicillin useless but considers that aureomycin and phenylbutazone are effective, with the local use of atropine and argyrol. The long-term prognosis of these cases is regarded with caution.

J. Rammell


A general account with a detailed description of two cases. Treatment with cortisone, prednisolone, or corticotrophin was more effective than with salicylates. Penicillin and streptomycin were ineffective. Recovery ensued within 2 to 5 months.


The patient showed keratoderma, blepharitis, mucus-cutaneous lesions, diarrhea, subungual accumulations of keratic material, and eosinophilia. The condition did not respond to antibiotic therapy but did respond to adenocorticotrophin and to prednisone. C. McCulloch


MISCELLANEOUS


In Java, a study was undertaken of 814 pregnant women with yaws and their offspring, the latter being examined within 2 hours of birth and again physically and serologically on four occasions during the following 5 months. The cardiolipin complement-fixation test was used throughout. In 152 women the diagnosis was crab yaws, with a median duration of infection (since "mother yaw") of 1-8 years. Latent yaws was present in 500 women, with a median duration of 6-3 years; the remaining 162 had destructive lesions of bones and joints (median duration 9-7 years). Previous treatment had varied, 42 per cent. of patients with crab yaws and 54 per cent. of those with late destructive lesions having received no treatment at all.

The percentage of positive reactions to serological tests and crab yaws in the infants was approximately the same for the three stages, ranging from 62 for untreated mothers with crab yaws to 71 for untreated mothers with latent yaws. When the mother had been treated, the percentage of infants giving positive reactions fell according to the amount of treatment received. The results of the serological tests on the infants showed no tendency to change during the 5 months' observation. In babies with crab yaws clinical manifestations appeared during the 3rd or 4th month of life.

It is concluded that, contrary to the often-stated view, yaws may be transmitted to the foetus and that mothers with late destructive lesions are as likely to infect their infants as those in the earlier stages of the disease.

R. R. WILLCOX


