

**Struggle against Venereal Disease in Hungary. 1947-1957.** (Situation de la lutte antivénérienne en Hongrie, 1947-1957.) KAROLY, I. (1959). *Santé publ. (Buc.)*, **2**, 307.

**Contact-tracing Questionnaire.** BURGESS, J. A. (1963). *Med. Offr.*, **109**, 75.

**Incidence and Control of Venereal Disease.** JOHN, H. H. (1963). *Med. Offr.*, **109**, 77. 4 figs, 12 refs.

**Struggle against Syphilis in the People's Republic of Roumania.** (Quelques aspects de l'action de prévention et de lutte contre la syphilis dans la république populaire roumaine.) DUMITRIU, R. (1959). *Santé publ. (Buc.)*, **2**, 325.

#### MISCELLANEOUS

**Trichomoniasis in a Closed Community: 100 per cent Follow-up.** KEIGHLEY, E. E. (1962). *Brit. med. J.*, **2**, 93. 19 refs.

At Holloway Prison, London, 102 women prisoners (serving sentences of at least 14 weeks) with vaginal trichomoniasis (acute in 48, subacute in 51, and asymptomatic in three cases) were treated with metronidazole ("flagyl") given by mouth in doses of 300 mg. twice daily for 7 days without local treatment. Vaginal smears and cultures were negative for *Trichomonas vaginalis* within one week after the completion of treatment and remained so for the following 12 weeks in 92 cases. In ten cases the results of tests became positive again at some time in the first 6 weeks after treatment, all of these women having long histories of vaginal discharge; in five the infestation was acute and in five subacute. A second course of treatment was given successfully in each case. The clinical response was almost universally satisfactory, only three women having a mucoid discharge (due to some cause other than trichomoniasis) after 12 weeks. *Candida albicans* was found in 29 of the 102 women, in four of them before treatment with metronidazole. This caused no irritation and was of pathological interest only. The only toxic reaction observed was nausea, of which three women complained. All three completed the course, in two cases with the addition of prochlorperazine.

The results of this study (undertaken under ideal conditions for ensuring proper treatment, observation, and surveillance and with virtually no chance of re-infection from the opposite sex) show that metronidazole can be satisfactorily administered in doses of 300 mg. twice daily instead of the more usual 200 mg. thrice daily in the treatment of vaginal trichomoniasis. R. R. Willcox

**Trichomoniasis.** BREDLAND, R. (1962). *Nord. Med.*, **68**, 1263. 7 refs.

**Diagnosis and Treatment of Trichomoniasis in the Male.** (Diagnose und Therapie der Trichomoniasis des Menschen.) BREHM, H., LAMINA, J., and MANAKAS, K. (1963). *Med. Welt (Stuttg.)*, No. 5, 241. 8 figs.

**Trichomonas Cervicitis: Findings in Exfoliative Cytology.** GUTH, C. (1962). *Res. and Rev.*, **2**, 71. 44 refs.

**Rectal Lymphogranuloma Venereum in Jamaica.** ANNA-MUNTHODO, H. (1962). *W. Indian med. J.*, **11**, 73. 10 figs., bibl.

**Granuloma Venereum—a Retrospective Study.** RANGIAH, P. N. (1962). *Indian J. Derm. Venereol.*, **28**, 172. 10 figs.

**Influence of Climate and Environment on the Clinical Forms of Syphilis and Tropical Framboesia.** (Einflüsse von Klima und Umwelt auf die klinischen Morphen von Syphilis und Framboesia tropica.) HASSELMANN, C. M. (1962). *Z. Tropenmed. Parasit.*, **13**, 281. 30 refs.

**Progress in the Immunological Diagnosis of Helminthiasis. Recognition of Irregularities Allied to Syphilis and the Dermatoses.** (Un progrès dans le diagnostic immunologique des helminthiases. Connaissance des erreurs liées à la syphilis et aux dermatoses.) DESCHENS, R., BÉNEX, J., and HÉRY, M. (1962). *Presse méd.*, **70**, 1699. 2 refs.

**Clinical and Bacteriological Aspects of *Mima polymorpha* Infections.** PHILLIPS, W. F. (1962). *Res. and Rev.*, **2**, 35. 40 refs.

#### CORRIGENDUM

**A Simple Method for Total Particle Counts of Trachoma and Inclusion Blenorrhoea Viruses.** REEVE, P., and TAVERNE, J. (1962) *Nature (Lond.)*, **195**, 923.

The abstract of this paper in the March number of *Brit. J. vener. Dis.* stated that the number of elementary bodies in a known volume of a virus suspension was estimated by counting under the microscope particles

stained with Giemsa and viewed by direct illumination. The authors wish it to be made plain that the method depends on examining the stained suspensions under *dark ground illumination*. Unstained particles seen by dark ground illumination cannot be distinguished from background debris of the same size, but particles stained with Giemsa appear to fluoresce a green-yellow colour and can easily be identified and counted.