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, Biological False Positive Phenomenon, Pathology, Experimental).
Gonorrhoea.
Non-Gonococcal Urethritis and Allied Conditions.
Reiter's Disease and Allied Conditions.
Antibiotics and Chemotherapy.
Public Health and Social Aspects.
Miscellaneous.

After each subsection of abstracts follows a list of articles that have been noted but not abstracted.

SYphilis (Clinical)


The author, who works at the General Hospital, Barmbek, in Hamburg, considers that the current increase in the incidence of syphilis is due to the disturbed conditions of life since the war, the progressive simplification of travel to Europe from areas of the world where syphilis is endemic and the widespread use of penicillin for a variety of diseases in doses which are inadequate for syphilis and may mask or suppress the early symptoms of syphilis.

The routine testing of all pregnant women with serological tests for syphilis has shown that about 1 per cent. of all patients in Hamburg and Munich have positive results. The paper describes the case histories of four women who gave birth to stillborn babies between the years 1958 and 1964. During this period there were 16,270 deliveries in the hospital. None of the four women was aware that she was infected with syphilis.

The author recommends that serological tests for syphilis should be carried out at the third month of pregnancy and again towards the end of the pregnancy. Treatment for the mother is considered advisable in each pregnancy and all infants born alive to women with syphilis should also be given treatment. R. D. Catterall


The author, writing from the department of psychiatry at Sheffield, defines silent limb contracture as a painless, progressive contracture of one or more limbs in the absence of relevant history or other clinical findings. A series of sixty subnormal patients in hospital were investigated and eight cases of limb contracture were detected. The one case in which the contracture was "silent", was the only one giving serological evidence of syphilis. The value of this sign is demonstrated by its ability to lead to a diagnosis of previously unsuspected congenital syphilis as well as associated maternal infection. R. S. Morton


A report of a case in a male subject aged 46 years which occurred 9 years after the primary syphilitic infection. He presented with severe orbital pain, unilateral proptosis, complete ophthalmoplegia, and total loss of vision from retrobulbar neuritis. X-rays revealed bone destruction at the sphenoidal fissure and hyperostosis of the orbital floor. After 20 days of antibiotic treatment, the condition cleared up completely, with restitution of full ocular motility and normal visual acuity; serological tests, however, remained strongly positive. John Romano

Syphilis in Pregnancy. [In Portuguese.] Krahe, C., Chaher, J. A. B., and Ossanai, J. (1968). Hospital (Rio de J.), 74, 975. 6 refs.


**SYphilis (Therapy)**


Cephaloridine has been shown to have a bactericidal effect against *Treponema pallidum* and can be used in patients who are allergic to penicillin. A trial is under way at the Social Hygiene Clinic, Houston, Texas, in which the drug is being used as an alternative to penicillin, and this report deals with the first 23 patients, ten of whom had darkfield-positive primary syphilis (all but one sero-positive) and thirteen had secondary syphilis. Each patient received intramuscular injections of 0.5 g. cephaloridine daily for 10 days (excluding Saturday and Sunday). Side-effects during and after therapy were noted and darkfield examinations were made daily until they became negative; serological examinations were made at monthly intervals, and a lumbar puncture was made 12 months after therapy.

Results in all 23 patients were successful and none had to be given further treatment. The darkfield test usually became negative within 24 hrs. and was always negative in 48 hrs.; the serological response was also satisfactory in all cases. Two patients complained of pruritus which was believed to be due to "winter itch" and one complained of headache which was relieved by aspirin. None of the five patients known to be penicillin-sensitive noted any side-effects, though cross-reactivity between cephaloridine and penicillin has been reported.

The authors conclude that cephaloridine is an effective and safe alternative to penicillin in the treatment of syphilis and mention that a further fifteen patients have been treated with the drug (apparently successfully although they have either been lost to follow-up or the follow-up period is not yet adequate). They intend to assess the effect of cephaloridine in pregnant syphilitic patients. **R. R. Willcox**


Adequate penicillin treatment for gonorrhoea may mask, but not cure, syphilis which has been acquired concomitantly. A serological test for syphilis is thus desirable after an interval long enough for the syphilis to become manifest. To determine the optimum interval for such follow-up examinations the author of this paper from Rudolph Bergh's Hospital, Copenhagen [who was apparently working in Greenland] deliberately undertreated eight patients suffering from darkfield-positive early syphilis, giving them the standard treatment for gonorrhoea in Greenland, which is 1 g. probenecid by mouth followed 1/2 hr. later by 5 meganitids sodium penicillin intramuscularly, after which they attended weekly for clinical and serological examination (WR, Kahn, Meinicke, and, less frequently, TPI tests).

In all eight cases the disease regressed, but in seven there was a relapse (clinical, serological, or both) 4 to 11 weeks after treatment, when full antisyphtilitic therapy was given. The eighth patient remained clinically well and with negative serological reactions (except the TPI test) until follow-up was discontinued after 17 weeks.

The author concludes that "if early syphilis is not diagnosed at the time of treatment for gonorrhoea, there is a good chance to reveal this infection if a serological follow-up is done 3 months later". However, he points out that the subjects of this investigation were not treated until a chancre had developed, 4 to 8 weeks after infection, and that it is possible that inadequate treatment given at an earlier stage, during incubation of the disease, might have a longer masking effect. He therefore recommends that a second follow-up examination for syphilis should be carried out 6 months after treatment for gonorrhoea. **Eric Dunlop**


**Syphilis (Serology)**


A variety of tests are available for the diagnosis of syphilis, but in some very early cases of primary disease...
ABSTRACTS

none of them may give a positive reaction. In order to assess the sensitivity of some of these tests the author of this paper from the Institute of Clinical Pathology and Medical Research, Sydney, has reviewed the results obtained in 156 cases of primary syphilis. The lesions were penile in 139, vulval in ten, anal in six, and on the lip in one. To be included in the analysis the serum had to come from a patient with an untreated primary lesion. A cardiolipin Wassermann reaction (CWR), VDRL test, and a Reiter protein complement fixation (RPCF) test had been performed on every specimen; in addition, a fluorescent test (treponemal antibody—FTA-200 or treponemal antibody absorption—FTA-ABS) and/or a TPI test had been performed on most specimens. The sensitivity of the tests performed was: FTA-200 96.2 per cent. (133 cases); FTA-ABS 94.2 per cent. (52 cases); VDRL 76.9 per cent. (156 cases); CWR 73.7 per cent. (156 cases); RPCF 69.2 per cent. (156 cases); and TPI 43.2 per cent. (148 cases).

Thus the fluorescent tests were the most sensitive; the FTA-ABS test was, in fact, reactive in all of fourteen cases in which the chancre had been present only seven days or less. It was evident, moreover, that a diagnosis of primary syphilis could have been missed if reliance had been placed on a serological test only, without the addition of fluorescent or darkground examination of chancre exudate.

R. R. Willcox


At the University of Lund, Sweden, the authors have determined the concentrations of the three immunoglobulins, IgG, IgA, and IgM, in sera from patients with untreated and treated syphilis. A modification of Oudin's single diffusion technique was used and values were expressed as the percentage of the mean normal value as determined in sixty sera from healthy controls. The normal range (containing 95 per cent. of the individual control values) was 60–125 per cent. for IgG, 50–165 per cent. for IgA, and 40–205 per cent. for IgM.

Of eight sera from patients with untreated early syphilis (4 primary, 4 secondary) all three levels were above the normal range in one and the IgM, IgG, and IgA levels alone in two each. Of seven sera from patients with untreated late syphilis the IgM level was markedly increased (210–410 per cent.) in all, the IgG moderately in four and the IgA slightly in two; in three sera (including the two with the highest IgM values) the IgM level alone was affected. All the untreated patients were seropositive, but no correlation was found between the IgM content and the WR titre. Of ten sera from patients with treated, clinically healed syphilis (though eight were seropositive with a low WR titre) the IgM level was within the normal range in all (mean value 126 per cent., highest 205 per cent.). The IgA level was also normal in all, but the IgG was increased in two.

The authors suggest that determination of the serum IgM content might be useful in estimating the activity of late syphilis.

Eric Dunlop


It has been shown, that TPI and FTA antibodies are not identical. Using the fluorescence technique and Treponema pallidum (strain Nichols) after sensitization with sera from rabbits, which contain FTA or RPCF antibodies, we are able to demonstrate a blocking effect of these antibodies against the following fixation of the same antibodies from human sera, but not against the other antibodies of the system used. [Author's summary]


This report from the Dermatological Clinic of the University of Milan compares the results of the agglutination test of Römer and Schlipkötter (Z. Hyg. Infekt.-Kr., 1955, 140, 528), in which a suspension of Reiter treponemes is used as antigen, with those of the VDRL and Wassermann tests in the diagnosis of syphilis. Of the 2,021 sera tested by all three methods, 809 came from patients with an established diagnosis of syphilis. In this group the agglutination test was positive in all of thirty cases of untreated primary syphilis compared with twelve positive results with the VDRL test and eighteen and six by the WR (2 methods). In untreated secondary syphilis (18 sera) and latent syphilis (26 sera) the agglutination test was positive in all, whereas the WR was negative in one and the VDRL test in two cases of latent syphilis. In sera from treated patients (primary, 42; secondary, 68; latent, 625) the agglutination test showed a consistently higher sensitivity than the other tests. This was also true of 654 sera from patients whose clinical status was not known. As a control, tests were made on sera from 558 patients with dermatological conditions not due to syphilis; these patients had no history of syphilis and both VDRL and WR tests were negative. Two sera (0·4 per cent.) gave positive agglutination tests which were thought to be nonspecific because the TPI test gave negative results. The TPI test was performed on 644 sera from the whole material and from the results it is concluded that the agglutination test is intermediate between the TPI and the VDRL and WR in sensitivity and specificity. [The number of positive WR and VDRL tests is not stated in the table of these results.]

In the author's opinion the agglutination test, because of its simplicity of execution, sensitivity, and specificity, is a valuable adjunct to tests for reagin as a

As IgM antibody does not pass through the placenta the demonstration of specific antitreponemal antibodies of the IgM class in the serum of a newborn child should make it possible to distinguish positive reactions due to true syphilitic infection of the baby from those due to passive transfer of maternal antibodies across the placenta.

To test the feasibility of such a procedure sera from three infants with darkfield positive lesions, from ten healthy babies whose mothers were seronegative, and from six normal babies born to seronegative mothers were examined at the US Public Health Service Communicable Disease Center, Atlanta, Georgia. The tests used were the VDRL slide test, the conventional fluorescent treponemal antibody absorption (FTA-ABS) test and an antihuman globulin conjugate, and the same test with an antihuman IgM conjugate. This last was found positive only with the sera from the three babies with darkfield positive lesions. The conventional FTA-ABS test and the VDRL test were positive with these three sera and with those of the ten apparently normal babies whose mothers were seronegative; most of the latter group had been treated before a final assessment of their status could be reached. All the tests were negative on the sera from the six normal babies.

[This seems a promising technique for attacking a common serological problem. Before its reliability can be assessed, however, further experience is needed on a much larger series of infants who have been adequately followed up and not treated until a definite diagnosis has been reached.] A. E. Wilkinson


**SYPHILIS (Biological False Positive Phenomenon)**


**SYPHILIS (Pathology)**


This is a modification of a method previously described by the authors. Smears of exudate from lesions...
in which the presence of *Treponema pallidum* is suspected are fixed in acetone. A known syphilitic serum which gives a ++++ reaction in the FTA-ABS test is inactivated at 56°C for 30 minutes and diluted 1 in 5 in the sorbent reagent used in the FTA-ABS test. This diluted serum is applied to the fixed film for 30 minutes, the slide washed in two changes of buffered saline, and FITC-conjugated anti-human globulin diluted to its optimal titre in 0-04 per cent. Evans blue applied for 30 minutes. After washing as before, the slide is mounted in buffered glycerin and examined under ultraviolet light. *T. pallidum*, if present, shows bright apple-green fluorescence.

Films of exudate containing genital or oral treponemes other than *T. pallidum* showed no fluorescence, but the test will not differentiate *T. pallidum* from *T. pertenue* or *T. carateum*.  

A. E. Wilkinson

[Reprinted from Abstracts on Hygiene, by permission of the Editor.]

Syphilitic Chlorio-Retinitis. Histologic Study.


On the basis of four histologically examined eyes, it is postulated that the invasion of the choroid by retinal elements (glia, retinal pigment epithelium) is a finding characteristic of syphilitic chorio-retinitis. It is an exuberant reparative process which involves the choroid through large breaks in Bruch's membrane.

(Author's summary)


SYPHILIS (Experimental)


Earlier work by the authors at the Institut Fournier, Paris, showed that *Treponema pallidum* and *T. pertenue* produced different clinical pictures in hamsters inoculated by scarring of the groin [Abst. Brit. j. vener. Dis., 44, 98]. The behaviour of a strain of treponemes (Bosnia A) originally isolated from a patient with endemic non-venereal syphilis has been studied in various animal hosts. In rabbits a granular orchitis, resembling that produced by yaws treponemes, develops after about 2 weeks. This contrasts with the acute, diffuse orchitis produced by intratesticular injection of rabbit-adapted strains of *T. pallidum* from venereal syphilis. In mice, all strains of treponemes produce a latent, asymptomatic infection. In hamsters, Bosnia A and yaws strains produce marked lesions at the site of scarring; these spread quickly and may regress and subsequently relapse. Strains isolated from patients with venereal syphilis, both stock strains like Nichols and Gand and freshly isolated strains produce no local lesions but a latent infection. Yaws strains produce no lesions in guinea-pigs and this is also true of the majority of strains from venereal syphilis. The Bosnia A strain, however, produced lesions rich in treponemes at the site of inoculation; these appeared 6 months after infection but persisted.

[The Bosnia A strain has been maintained for a number of years in rabbits; it would be of interest to know if freshly isolated strains from endemic, non-venereal syphilis show the same behaviour in the hamster and guinea-pig.]  

A. E. Wilkinson

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GONORRHOEA


Rifampicin is a new semisynthetic antibiotic belonging to the group of rifamycins which are produced by *Streptomyces mediterranei*. With a single oral dose of 900 mg. serum concentrations as high as 27-20 μg./ml have been obtained at 2 hours, 22-51 at 4 hours, 15-44 at 8 hours, 8-33 at 12 hours, and 1-64 at 24 hours. Tests *in vitro* have shown a minimum inhibitory concentration against the gonococcus of 0-02 μg./ml. High concentrations have been found in the prostate, seminal vesicles, and bladder wall.

A total of 103 men with uncomplicated gonococcal urethritis were treated with rifampicin. All had positive
urethral smears but only some [number not specified] had cultures taken. Each patient was given six 150-mg. capsules of rifampicin under the supervision of the physician. Of the 103 patients, 89 attended for follow-up. Fifteen patients were considered to be re-infected, as judged by a history of further sexual exposure and ten (11.2 per cent. of those followed) to be cases of treatment failure. The latter all occurred within 14 days. If only recurrences in the first week instead of the first 2 weeks were classed as treatment failures, the number of failures was six (6.7 per cent. of those followed). No significant differences between the results in Negro and non-Negro patients were found. No untoward effects from the treatment were noted. A temporary orange-red discoloration of the urine usually occurred but this did not cause undue alarm.

These results were almost as good as those obtained with single injections of 1-2 mega units procaine penicillin, and rifampicin therefore provided a satisfactory alternative for single-session therapy for patients sensitive to penicillin. [It is not clear in this report that all the 89 patients followed attended for a minimum of 2 weeks. Blood levels of rifampicin and sensitivities of the gonococci isolated were not studied in this trial].

P. Rodin


The decreasing sensitivity in recent years of some strains of gonococci to penicillin makes urgent the investigation of other effective antigonococcal agents. In vitro studies have shown ampicillin to be more effective against resistant strains of gonococci than benzylpenicillin and it has the advantage of oral administration. Beginning in December, 1966, the authors of this paper from Fulton County Health Department, Atlanta, Georgia, carried out a trial of ampicillin, in a single oral dose regimen administered under clinic supervision, in male patients with gonorrhoea (age range 13 to 44 years). Diagnosis was by positive smear and culture and patients who were penicillin-sensitive were excluded. Patients in Group 1 (57) received a single dose of 0.5 g.; those in Group 2 (82) 1 g.; in Group 3 (59) 1.5 g.; and in Group 4 (52) 2 g. Patients returning within 96 hrs. of treatment were included in the analysis and those returning with symptoms after 96 hrs. were presumed to be re-infected.

The calculated cure rates with 0.5 and 1 g. doses were 84-4 and 85.7 per cent. respectively; they were slightly better for the 1.5 and 2 g. doses (90 and 88.6 per cent. respectively). The numbers of presumed re-infections in each group were 10, 8, 6, and 5 respectively. No evidence of hypersensitivity or of gastrointestinal complications was observed.

It is concluded that there is little advantage to be gained in increasing the dose of ampicillin beyond a single one of 0.5 g. and that the drug is a useful addition to the therapy of gonorrhoea.

A. J. Gill


Gonococcal arthritis was once common, affected males predominantly, and was likely to cause permanent damage to joints. Nowadays this complication is considered uncommon, occurs mainly in females, and is likely to respond completely to appropriate treatment. A study of thirty patients with gonococcal arthritis seen at Cleveland Metropolitan General Hospital, Cleveland, Ohio, during the past 5 years supports this view.

Of the thirty patients, 29 were females. Only in nine cases were gonococci demonstrated in the synovial fluid, but in six others the organism was grown from blood cultures. In eight cases gonococci were found in the genitourinary tract and the arthritis was associated with lesions of the skin which were regarded as characteristic of gonococcal metastasis; in six gonococci were found in the genitourinary tract alone; and in one gonococci were found only in a smear from a skin lesion. Skin lesions were present in fifteen cases, including five of the six in which blood culture was positive. All the patients made a full recovery following treatment with benzylpenicillin, cephalothin, erythromycin, or tetracycline. (The authors now recommend parenterally administered aqueous benzylpenicillin in a dosage of 500,000 U every 4 hrs. until signs of acute inflammation subside, followed by 2 weeks of phenoxypenicillin by mouth (2 g./day) or aqueous procaine penicillin (600,000 U) intramuscularly every 12 hrs.). The authors suggest that there are two clinical forms of gonococcal arthritis—the first in which the arthritis is associated with clinical and bacteriological evidence of gonorrhoeal infection but without demonstrable gonococci in synovial fluid and the second in which the organism can be found in the synovial fluid but evidence of infection elsewhere is minimal or absent.

[The authors seem to have disregarded the fact that genital gonorrhoea and arthritis due to Reiter's disease may be present in the same patient and that failure to find the organism in synovial fluid casts doubt on the diagnosis of gonococcal arthritis. This point is, however, covered in an editorial (p. 268) in the same issue of the journal.]

A. J. King


ABSTRACTS


Clinical Experience with a New Antibiotic in Gonorrhoea. [Experiencia clinica de un reciente antibi


Improved Methods for Gonococcal Sampling and Examination on a Large Scale. G

Growth of N. gonorrhoeae in Tissue Cultures. (Etudes sur la méthode de cultivation de N. gonor-
rhoeae dans les cultures tissulaires). Gavrilascu, M., and Laz

First Personal Experience with the Immuno-


NON-GONOCOCCAL URETHRITIS AND ALLIED CONDITIONS


The purpose of this paper from Addenbrooke's Hospital and the Cambridge Maternity Hospital, Cambridge, is to show that some cases of ophthalmia neonatorum in Great Britain are due to TRIC (trachea or inclusion conjunctivitis) agent, and that eye sepsis from TRIC infection can lead to permanent scarring of the conjunctiva and cornea.

 Conjunctival scrapings were taken from 44 out of 71 babies who were found to have exudate from the eye during a 15-month period, in which 2,700 babies were born. The material was examined for cyttoplasmic inclusion bodies of the Halberstedt-Prowazek type and also for the typical cytology of TRIC infection, especially degenerative epithelial cells together with polymorphonuclear leucocytes, lymphocytes, and some macrophages and plasma cells.

Scrapings from four babies showed typical inclusion bodies and so were deemed positive for TRIC infection. A further four showed inclusions that lacked the typical horseshoe shape, although the cytological appearance was regarded as "very suggestive" of TRIC infection. Bacterial cultures were unhelpful.

Clinically there was little to distinguish these eight patients: local inflammation was negligible, and exudate was often scanty and not obviously purulent, disappearing without treatment in a few days. Follow-
up of three babies showed conjunctival "sheet scarring" in two, and in one of these there was continuing and active pannus.

The authors have demonstrated that the incidence of TRIC infection is certainly 9 per cent. if all cases of neonatal conjunctivitis are considered and possibly 18 per cent. if "very suggestive" cases are included. Unfortunately, follow-up proved impossible in the case of four babies whose mothers were unmarried and of one whose father was not the husband of the mother. This background may be significant, since the chain of infection leads from male urethritis to maternal cervicitis. No systematic treatment for "sticky eye" was given in this hospital, and the authors suggest routine treatment with a drug effective against TRIC agent, such as 1 per cent. tetracycline eye ointment.

M. F. G. Buchanan


The study was conducted at the Gynecology Clinic of the University of Florida College of Medicine. Patients were wives of students and divided into two groups:

(1) 46 women who had taken oral contraceptives at some time during the 3 months before examination,
(2) 14 who had not received oral contraceptives in the previous 3 months.

*Candida albicans* was isolated in culture from 24 (52 per cent.) of the 46 women in the first group but from none of the fourteen in the second group. The difference was highly significant statistically. Of the 46 women in Group 1, 22 gave a history of vaginitis including sixteen among those who found harbour *Candida*. A history of vaginitis was given by three of the fourteen in Group 2. *Candida* was found more often in those using a combination type of contraceptive pill than in those using a sequential type, but the difference was not significant statistically.

No mention is made of any clinical findings at the time of examination for *Candida*. The authors seem to accept that *Candida*, if isolated in culture, was the cause of the vaginitis in those giving a history of it. No comment is made on the fact that they isolated *T. vaginalis* from nine of the women who used the contraceptive pill compared with none from those who did not. This, taken in conjunction with the complete absence of *Candida* in the latter group, suggests that the control group was rather unusual and would have been better if larger. [P. Rodin]


**ANTIBIOTICS AND CHEMOTHERAPY**


The first case of penicillin-induced haemolytic anaemia was reported in 1959, and since then eleven other cases have been recorded. Two further cases (in a woman aged 64 and a man aged 66, both with subacute bacterial endocarditis) are now reported from the Royal Postgraduate Medical School, London. Both patients had previously received courses of penicillin; on this occasion one received 20 meganunits daily for 18 days and the other 12 meganunits daily for 25 days before the haemolytic anaemia was diagnosed. Both patients had strong antiglobulin reactions (by the indirect antiglobulin test), with titres of 1,024 and 4,096 respectively; these were almost entirely due to IgG antibodies. Eluates of red cells from both patients contained an IgG antibody which reacted only with penicillin-treated cells. [For details of the tests used the original should be consulted.]

Blood samples were collected from twenty patients who were receiving varying dosages of penicillin. A positive antiglobulin reaction was found only in those receiving 12 meganunits or more daily. In a survey of 951 samples of blood sent to the Blood Transfusion Laboratory at Hammersmith Hospital, London, a saline agglutination technique indicated the presence of antipenicillin antibodies in 123 cases (12.5 per cent.), and when 87 of these sera were further tested for IgG antibodies fifteen gave positive results. There were cross-reactions at lower titres with ampicillin, methicillin, and cephaloridine.

The authors remark that the development of immune haemolytic anaemia in patients receiving parenteral penicillin depends on two factors: the coating of the patient's cells with penicillin, and the patient's ability to synthesize large amounts of IgG antipenicillin antibody. Such an anaemia should be suspected whenever a patient receiving a high dosage of penicillin shows a fall in the Hb level. [A. W. H. Foxell]

**PUBLIC HEALTH AND SOCIAL ASPECTS**


Molluscum contagiosum was seen in the cases of 55 men during 7 months at the Martin Army Hospital, Fort Benning, Georgia. The genital region was primarily involved, particularly the penis, pubis, and inner thighs. The patients were aged 18 to 27 years and most had served in Vietnam or Korea during, or shortly before, the time of appearance of the lesions. All but two admitted extramarital intercourse, generally with prostitutes, during the 6 months preceding the development of the molluscum contagiosum. There was no information regarding the presence of molluscum contagiosum in the sexual partners, so that, while venereal transfer seemed likely, it was possible that coitus merely produced a favourable environment of warmth, moisture, and trauma, the virus actually coming from contaminated bedding, garments, or other fomites. Initially the lesions were treated with podophyllin and cantharidin, but later curettage was used with better results. In several cases, however, new lesions appeared in areas adjacent to treated lesions.

P. Rodin


A follicular conjunctivitis due to molluscum contagiosum is described. Barrie Jay

Eleven patients with Behçet's disease were treated by intramuscularly applied gamma-globulin over a prolonged period. In those who benefited, the attacks of iridocyclitis became less severe and/or less frequent. This was found in seven of the eleven patients and is interpreted as being due either to neutralization of the responsible antigen by gamma-globulin or to desensitization of the patient. J. Tsutsui


Statistical investigation was made on 36 cases of Behçet's disease over 16 years. The disease has increased in the female population in the recent 8 years. Although steroid medication inhibits the hypopyon iritis, the final prognosis on visual acuity seems to be made worse by steroid medication. J. Tsutsui


