Abstracts

This section of the JOURNAL is published in collaboration with 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.
Nongonococcal Urethritis and Allied Conditions.

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

Syphilis Clinical


Elective surgery offers immediate and lasting relief from severe anginal attacks and other symptoms due to syphilitic obstruction of coronary ostia and aortic insufficiency when conservative treatment has failed. Of the five patients reviewed here, two women, aged 56 and 54 years, in whom ostial obstruction had been removed by coronary endarterectomy, were still alive and well 7 and 6 years respectively after the operation. Excellent results were also obtained in two men operated upon in 1969. One of them, aged 53 years, resumed work soon after coronary endarterectomy and aortic valve replacement, and remained well throughout a 7-month follow-up period. The second patient, aged 56, who had averaged fifteen anginal attacks a day, was relieved of symptoms after coronary endarterectomy. In all four cases x-ray appearances (coronary arteriography) and electrocardiograms demonstrated the success of the operation. One patient, a 42-year-old woman, died during the second stage of operation after attempts to fit a prosthetic valve had failed. Individual case histories and surgical techniques are described in detail.

L. Z. Oller


In this paper from the Goroka Hospital, New Guinea, the authors report their findings in 38 adult patients (15 male, 23 female) admitted to hospital for treatment of genital or pudendal ulcers during the latter half of 1969.

Clinical and laboratory findings were suggestive of Treponema pallidum infection, but syphilis has not been reported in Papua-New Guinea before; however, it was found that similar cases had in fact been seen at this hospital over the past 4 years, had been regarded as cases of Donovanosis (granuloma inguinale), and had apparently responded to treatment with streptomycin. Nevertheless, the present outbreak indicated a considerable upsurge in incidence and the need for urgent public health action.

All of the female patients presented with condylomata lata of the perineum; three also had lesions in the axilla, and one a generalized skin rash with buccal ulceration. Of the males, thirteen had primary penile sores resembling chancres and two, who did not have penile lesions, had condylomata of the perineum; in five males concomitant gonorrhoea was confirmed. All patients had inguinal lymphadenopathy, but this is nearly always present in the indigenous population anyway. Fever (37-39°C) was present in nineteen patients, but constitutional symptoms were generally mild and apparently due to secondary infection. Spirochaetes morphologically resembling treponemes were found on dark ground microscopy in thirty cases; in five this examination was not carried out since penicillin had been given and in three it was negative (one of these patients having received penicillin).

The Kahn-Laughlen test was performed on serum from 37 patients and was positive in 35 cases and negative in two. In ten instances confirmation was obtained by the VDRL, Reiter, TPI, Kolmer, and fluorescent antibody tests. All patients were treated with procaine penicillin in a dosage of 900,000 u./day by intramuscular injection for 7 days and the clinical response was satisfactory in every case, but follow-up examination has not been practicable.

The authors feel little doubt that the disease they report was treponematosis, although syphilis and yaws
(which is endemic in Papua-New Guinea) are bacteriologically and serologically indistinguishable; they consider it likely that the condition had spread from the coast by way of a newly constructed highway and had invaded a population which had lost an immunity previously acquired from yaws.

(The finding of thirteen primary chancres, the presence of associated gonorrhoea in five of the males, and the fact that those affected were adults would seem to indicate probable venereal transmission.)

R. R. Willcox

Is Neurosyphilis Disappearing?
(Ist die Neuroloes im Verschwinden begriffen?)
BURCKHARDT, W., and TROXLER, A. (1970) Dermatologica (Basel), 141, 69 1 fig., 6 refs

Splitting of Second Heart Sound in Patients with Aortic Regurgitation

Syphilis Serology
Automated Fluorescent Treponemal Antibody Test; Instrument and Evaluation

The automated equipment described by Binnings and others (Appl. Microbiol., 1969, 18, 861) was used at the Venereal Disease Research Laboratory, Communicable Disease Center, Atlanta, Georgia, and compared with the manually performed test in two separate evaluations. In the first, in which 789 sera were tested, agreement or partial agreement was found in 94-3 per cent. and disagreement in 5-7 per cent. The manual method was slightly more sensitive in tests on 427 sera from patients with treated or untreated syphilis. It gave 1-1 per cent. reactive results in 362 sera from patients thought not to have syphilis whereas the automated method gave 7-2 per cent. such results in this group and was less reproducible in repeated tests on a single positive serum.

After modifications of the equipment a second comparison was made on a further 628 sera. This showed a closer agreement between the two methods, only 0-8 per cent. of the results disagreeing completely. In tests on 182 sera from patients with syphilis the manual and automated methods were reactive in 86-5 and 83-5 per cent. respectively and in 0-4 and 1-8 per cent. of 446 sera from patients presumed not to have syphilis.

The equipment samples sera and prepares and processes the slides; these still have to be read visually by a microscopist. Some 150 to 200 tests per day are possible.

A. E. Wilkinson

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

Is there a Serological Resistance to Penicillin in Syphilis?
(Gibt es eine serologische Penicillinresistenz der Lues?)
MAZZI, R. (1970) Dermatologica (Basel), 141, 65 4 refs

Syphilis Biological false positive phenomenon
FTA-ABS Test in Pregnancy. A Probable False Positive Reaction

A white woman, aged 23 years, was first noted to have a weakly positive VDRL test in 1963; this was thought to be a false positive result. However, the titre rose to 1 in 4 and 1 in 8 in pregnancies in 1965 and 1967, and in the latter an FTA-ABS test was found to be negative. Treatment with penicillin was given on both occasions, presumably on an insurance basis.

In 1968, when she was again pregnant, the VDRL test was still weakly positive but the FTA-ABS test was found to be strongly positive; these results were confirmed at a second laboratory. Penicillin was again given and the patient was delivered of a healthy baby whose cord blood was VDRL negative. The patient denied extramarital intercourse and VDRL and FTA-ABS tests on her husband gave negative results. The mother's serum was re-examined 21/2 months after delivery; the VDRL test was still positive but the FTA-ABS test was found negative at two laboratories. A TPI test and tests for various autoantibodies were negative.

The authors consider this to be an example of a false positive FTA-ABS test and give a comprehensive review of this test. They rightly stress that a diagnosis of syphilis must depend on clinical assessment and that serological results form only part of the evidence. Further studies to determine possible causes of false positive FTA-ABS tests are desirable.

A. E. Wilkinson

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

Syphilis Pathology
Cultivation of the Noguchi Strain of Treponema pallidum. Effect of Successive Additions of Lipids to a Basal Medium
RAJKOVIC, A. D. (1970) Mikrobiolija, 7, 1

The cultivable Noguchi strain of treponemes needs serum in the medium for optimal growth. Serum globulin acts as a carrier of essential lipid growth factors and albumin has a detoxifying effect. Previous studies (Rajkovic, A. D. (1967), Z. med. Mikrobiol. Immunol., 153, 297) showed that serum could be omitted from the medium if a mixture of lipids dispersed in Tween 80 was added.

Growth curves of the Noguchi treponeme were determined in a basal medium plus lipid supplement and compared with growth in the same basal medium plus 10 per cent. rabbit serum. The lipid supplement was a semisynthetic fat consisting essentially of esters of palmitic, stearic, oleic, and linoleic acids. In the serum-free lipid medium inoculated with 1 — 2 × 10⁸ organisms, growth became stationary after 3 days. Addition of the same amount of lipid present in the original medium after this time had a variable effect. If half the amount of lipid was added when the stationary phase had been reached, growth was stimulated; this effect was reproduced by a similar addition of lipid in the new stationary phase. After three such additions of lipid most cultures did not survive. Two additions of lipid doubled the final number of organisms compared...
with that reached in the original culture, but this was only about a third of the amount of growth produced in the same basal medium enriched with rabbit serum.

A. E. Wilkinson

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

Diagnostic Cytology of the Stomach in Gastric Syphilis. Report of Two Cases

Gonorrhoea
The author, from the University of Chicago Pritzker School of Medicine, describes the case of a 23-year-old man with sore throat, fever, and a migratory polyarthritis which eventually localized in the right temporomandibular joint. The pharynx was diffusely erythematous with multiple discrete clear vesicles, the uvula reddened and oedematous, and both tonsils enlarged with two small exudates on one. Gonococci were cultured from the throat, from blood cultures, and from fluid aspirated from the affected temporomandibular joint. There was no evidence of urethritis or proctitis and smears and cultures from these sites were negative. The patient admitted orogenital contact with a woman and a man 14 and 6 days respectively before the start of his illness. Either of these could have been the source of infection, but neither had symptoms and both refused to be examined. This first reported case demonstrates the need to consider primary gonococcal infection at extragenital sites in the evaluation of patients with unexplained migratory polyarthritis.

P. Rodin


Commenting on the increasing number of patients with benign gonococcal sepsis and predominant skin lesions seen in the Department of Dermatology of Sahlgrensk Hospital, Göteborg, Sweden, the author records his findings in 34 women and two men aged 17 to 45 seen in the department with this type of infection in the years 1962–69.

In all cases the original diagnosis was clinical. All patients complained of skin lesions; these were few in number and consisted of solitary, painful, small pustules with surrounding intense erythema. Some lesions were haemorrhagic and a few were papular. Typically these skin manifestations were situated over the joints of the extremities. All but two patients had transient joint symptoms, diffuse muscle pain was common, and fever was present in 35 patients. Of the 34 women studied, 24 had no genital symptoms.

Gonococci were demonstrated in cultures from the genitalia of all but one patient; this patient had a positive blood culture, as did five others. Gonococci were not grown from any of the skin lesions.

Symptoms and signs subsided rapidly following intramuscular injections of 1 m.u. benzylpenicillin with 1·2 m.u. procaine penicillin daily for 5 to 7 days. No signs of bacteriological or clinical relapse have been seen so far.

R. S. Morton

Fate of Gonococci in Polymorphonuclear Leucocytes
In studies carried out at St. Mary’s Hospital, London, the survival of three recently isolated strains of gonococci in polymorphs obtained from a single human donor and from peritoneal exudates in guinea-pigs was compared. In the latter, the organisms were rapidly killed, less than 1 per cent. surviving after 100 minutes. In human polymorphs, some 80 to 85 per cent. of the gonococci were killed in the first hour, but there was little effect over the next 3 hours; one strain even began to multiply. Examination of Gram-stained smears showed that occasional gonococci appeared to be extracellular. Penicillin (1 μg/ml.) was added to the phagocytosed gonococci and later destroyed by penicillinase before the polymorphs were ruptured by saponin and viable counts made. Rapid destruction by penicillin, which does not penetrate the cells, showed that the persisting organisms were extracellular and that failure of the polymorphs to kill all the gonococci was due to a relative failure to phagocytose them.

The bactericidal effect on gonococci of cationic proteins isolated from guinea-pig polymorphs and human polymorphs from infected peritoneal exudates from patients undergoing renal dialysis was also studied. Material from human polymorph
lysoosomes destroyed 90 per cent. of \(6 \times 10^8\) gonococci of two of the strains within 5 minutes; guinea-pig cationic proteins were even more active. The third strain studied was more resistant, but with this, too, the guinea-pig material was more active than that from human polymorphs. These findings suggest that the susceptibility of man to gonorrhoea is not explained simply by the survival of gonococci in human polymorphs. 

A. E. Wilkinson

Comparative Study of Gonococcal Susceptibility to Penicillin in the United States, 1955–69


Results of tests for the sensitivity of gonococci to penicillin performed at the Venereal Disease Research Laboratory, Center for Disease Control, Atlanta, Georgia, are summarized. A plate dilution method on chocolate agar with an inoculum of about 3,000 organisms was used.

Tests on 676 strains isolated from patients in whom the infection had failed to respond to penicillin showed an increase during the period reviewed in the range of concentrations of penicillin needed to prevent growth and a shift towards higher concentrations. In 1955–58, the minimum inhibitory concentration (MIC) was 0·2 u./ml. or less. By 1962 the highest MIC had risen to 0·7 u./ml. and since then to 3·5 u./ml.

Tests on unselected strains showed that in 42 per cent. of 1,124 strains isolated in 1965 the MIC was 0·05 u./ml.; in 649 strains isolated in 1968–69 this percentage had risen to 65 per cent. Of the strains from the first period 5 per cent. had a MIC of 0·15 u./ml.; by 1968–69 the incidence of such strains had almost tripled.

A. E. Wilkinson

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

Survival of Neisseria gonorrhoeae in the Mail


In tests carried out at the laboratories of the Arizona State Department of Health, Tucson, Arizona, duplicate specimens of urethral or cervical secretions were cultured on slopes of Thayer-Martin medium containing vancomycin, sodium colistimethate, and nystatin as inhibitors. The specimens came from 59 men and 110 women. One was taken to the laboratory by hand and incubated in 8 per cent. CO\(_2\) at 36°C for 18 to 24 hrs. The other was sent through the post and, on receipt, incubated as before. This involved a delay of 1 day before incubation in 101, 3 days in 34, 4 days in 32, and 5 days in two. Gonococci were identified by specific fluorescence of organisms taken from oxidase-positive colonies of Gram-negative diplococci.

Thirty of 59 cultures from males grew gonococci after delays of up to 5 days compared with 31 from the cultures incubated soon after inoculation. From the female patients, gonococci were grown from fifteen out of 110 specimens after delays of up to 4 days, and from 22 incubated immediately. With increasing delay before incubation, the failure to grow gonococci from females increased. The results suggest that the medium can be used successfully for transport of gonococci from both males and females when the delay before incubation is not more than a day.

A. E. Wilkinson

Method for preparing Neisseria gonorrhoeae Fluorescent Antibody Conjugate


The method used at the Venereal Disease Research Laboratory, Center for Disease Control, Atlanta, Georgia, is described in detail. Antiserum is raised in rabbits by the subcutaneous injection of suspensions of Type 1 colonies of five freshly isolated strains of gonococci in Freund's incomplete adjuvant. Five booster doses without adjuvant are subsequently given intravenously, five different isolates being used for each of these inoculations. Globulins are separated by half saturation with ammonium sulphate and, after dialysis, conjugated with fluorescein isothiocyanate. Unreacted dye is removed by passage through Sephadex G25, followed by absorption with beef bone marrow powder to eliminate nonspecific staining.

Cross-reactivity with meningococci was removed by absorption with two serogroup B strains; absorption with one (ATCC 13090) did not completely remove reactivity with the other. The importance of using relatively small amounts of meningococci for absorption is stressed; large amounts weaken reactivity with gonococci unnecessarily. Doubling dilutions of the absorbed conjugate are added to fixed films of gonococci for 3 to 5 min. at room temperature and the titre taken as the highest dilution which gives brilliant staining. To eliminate staining of Staph. aureus, the conjugate is diluted with buffered saline to two dilution steps below this titre and then mixed with an equal volume of normal rabbit serum. Tests showed that the conjugate so prepared stained gonococci brightly; it did not react with meningococci, nonpathogenic Neisseria, Mimicking Herlelea, Veillonella, or with streptococci, staphylococci, or E. cloacae. It was noted that with some strains of gonococci, 1 per cent. or less of the cells was stained; reasons for this are not discussed.

A. E. Wilkinson

Fulminating Meningitis with Waterhouse-Friderichsen Syndrome due to Neisseria gonorrhoeae


A 3-month-old white girl was admitted to the Saint Mary Mercy Hospital, Gary, Indiana, with an upper respiratory tract infection, having developed fever and a blotty rash the previous day. Examination showed generalized jerky movements, shallow respiration, and cyanosed nail beds. The baby died 2½ hours later.

At autopsy, the skin showed generalized purpuric ecchymoses. The adrenal glands were haemorrhagic. The leptomeninges were thin and glistening, with congestion of the meningeal vessels; the spinal fluid was pale yellow in colour and cloudy. A Gram-stained smear showed many Gram-negative intracellular diplococci, but fluorescent antibody tests...
for Neisseria meningitidis on direct smears were negative.

Culture on chocolate agar gave a profuse growth of Gram-negative diplococci after 24 hours. Fluorescent antibody and agglutination tests for N. meningitidis were again negative. The organism was oxidase-positive and fermented glucose but not lactose, maltose, or sucrose, and did not grow at 22°C. Fluorescent antibody tests for Neisseria gonorrhoeae on the isolate and on direct smears of the spinal fluid were positive.

The authors suggest that cases of gonococcal meningitis may have been overlooked in the past and stress the importance of full bacteriological investigations.

[Cross-reactivity between the gonococcus and the meningococcus in immunofluorescence tests has been reported by several workers, but the other properties of the organism were those of a gonococcus. It is not stated if there was any other evidence of gonococcal infection, such as vulvovaginitis, nor whether other members of the family were examined to try and find the source of infection.]

A. E. Wilkinson

Bentonite Flocculation Test in the Assay of Neisseria Antibody


This report from the Canadian Communicable Disease Centre, Ottawa, gives details of the preparation of antigens from suspensions of meningococci and gonococci by extraction with 90 per cent. phenol followed by precipitation of the phenol phase with acetone. Material so obtained contained 65 to 80 per cent. protein and 5 to 10 per cent. carbohydrate, and was used to sensitize bentonite particles for use in flocculation tests for the assay of specific antibodies.

Bentonite particles sensitized with antigen from Group A meningococci and tested against rabbit immune sera showed cross-reactivity with antibodies to other serogroups of meningococci. Antiserum to other neisseriae were nonreactive except for low-titred flocculation with antisera to Neisseria gonorrhoeae and N. catarrhalis. Particles sensitized with gonococcal anti-

gen reacted to a high titre with ant"

gonococcal sera but with antisera to no other neisseriae except N. catarrhalis, which was reactive only in low titre.

The value of the antigen in the serological diagnosis of gonorrhea was studied on sera from patients attending a venereal disease clinic. The flocculation test was found positive in 96 (78 per cent.) of 126 patients with gonorrhea, the incidence being the same in males and females, and in eleven (42 per cent.) of 26 with syphilis. Of 296 sera from patients classified as having no venereal disease, 63 (21 per cent.) gave positive results; this category included patients with a previous history of gonorrhea as well as some with nonspecific urethritis and other nonspecific genital infections. In these groups the titres ranged from 1:4 to 1:128, titres of 1:32 and above being found more frequently in the patients with gonorrhea than in the other groups. As a control series, 126 sera sent for the serodiagnosis of tuberculosis and 128 sera from healthy children were examined. Ten of these (4 per cent.) gave a positive result, five sera having titres of 1:128, two of 1:16, and three of 1:8.

The authors conclude that the bentonite flocculation test is useful in detecting antibodies to neisseriae and that it is a useful adjunct in the diagnosis of gonorrhoea.

A. E. Wilkinson

Experience with Rimactane (Rifamycin) in the Treatment of Gonorrhoea in Males

(Erfahrungen mit der Rimactan-Behandlung der Urethritis gonorrhoeica beim Mann) KAUFMANN, J. (1970) Dermatologica (Basel), 141, 72 6 refs

Nongonococcal urethritis and allied conditions


The susceptibility of eleven T-strains, twelve strains of Mycoplasma hominis, and a single strain of M. fermentans to fifteen antimicrobial agents was determined by study of inhibition of metabolic activity in a broth dilution system. All three species were inhibited by tetracycline, chloramphenicol, streptomycin, gentamicin, and kanamycin, and were relatively resistant to cephalothin, cephaloridine, polymyxin, vancomycin, and ampicillin. Three antimicrobial agents had significant differential effects on these species. Erythromycin was more active against T-strains than against M. hominis or M. fermentans. Lincomycin, clindamycin, and nitrofurantoin had greater activity against M. hominis and M. fermentans than against T-strains. The activity of the drugs tested was generally uniform over a wide range of inocula. The effect of pH and the difference between minimal inhibitory and minimal mycoplasmal concentrations of the drugs tested were consistent with expectations based on the effects of these drugs on bacteria.

Authors' summary

Late Follow-up of Patients with Neonatal Inclusion Conjunctivitis


Nine children who had had neonatal inclusion conjunctivitis were examined. Six had either micropannus and/or conjunctival scars. One child aged 7 years without either of these two features was found to have TRIC-agent inclusion bodies in the conjunctiva.

P. J. H. Sellors

T-mycoplasmas in the Genito-urinary Tract of the Female


To investigate the occurrence of T-strain mycoplasmas in the genital tract of women, the authors from the University Hospital and University of Lund, Sweden, examined 96 healthy nonpregnant women, 57 healthy pregnant women, 56 non-pregnant women with (unspecified) genital infections, 14 pregnant women with genital infections, and 24 healthy nonpregnant women taking oral contraceptives—a total of 247. T-strain mycoplasma organisms were rarely isolated from prepubertal or post-menopausal subjects, but were found
in 45.8 per cent. of healthy women of childbearing age and in 55.4 per cent. of those with genital infections. In pregnancy, the isolation rate was 68.4 per cent. and in pregnancy complicated by genital infection 85.7 per cent., and a more abundant growth was generally obtained from infected pregnant women than from any other group. T-strain mycoplasmas were more commonly found in women taking oral contraceptives than in the otherwise similar group not taking oral contraceptives. In 90 per cent. of cases in which the organism was recovered from the urethra it was also cultured from the cervix, but recovery from urine was less reliable (34.2 per cent. of all cases, as opposed to 50.4 per cent. from urethral samples); in only two out of thirty catheter specimens of urine were T-strain mycoplasmas recovered but, as the authors' previous study on specimens obtained by suprapubic aspiration of the bladder confirms, a true 'T-mycoplasmauria' does exist, although its pathogenicity or possible role in the aetiology of urinary tract infections is uncertain. In this study T-mycoplasmas were found as commensals in the female genital tract and the authors conclude that hormonal influences such as those of sexual maturity, pregnancy, and oral contraceptives, are more important factors in the establishment of these organisms than sexual activity, to which other workers have related it.

[That under certain circumstances T-mycoplasmas may be involved in genitourinary infections was shown by the authors when they isolated these organisms from the Fallopian tubes in two cases of acute salpingitis; the finding of T-mycoplasmas in urine aspirated from the bladder confirms that association.]

G. W. Csonka

Mycoplasmas and Human Reproductive Failure


Reiter's disease and allied conditions

A married woman had conjunctivitis and iritis, her husband having developed Reiter's syndrome 2 years previously. Chlamydia was demonstrated in husband and wife. It is pointed out that some patients with Reiter's disease have keratitis and kerato-conjunctivitis. A. G. Cross

Antibiotics and chemotherapy


Miscellaneous
Balanitis xerotica obliterans (BXO) is a condition of insidious onset occurring at any adult age. There is a progressive atrophy of the glans and prepuce commonly resulting in a narrowing of the external urinary meatus. This paper from the Departments of Urology and Plastic Surgery, Royal Hospital, Sheffield, reports four cases in which the urethral involvement was extensive.

A brief description of the histological changes in BXO is given, and its resemblance to lichen sclerosus et atrophicus is discussed. The author does not feel that there is sufficient clinical evidence to establish that BXO is a localized form of lichen sclerosus et atrophicus. None of the four patients described in the paper nor any of the other cases seen by the author [number not given] had lesions of lichen sclerosus et atrophicus elsewhere on the body.

Urethrograms showed a stricture of the distal 4 cm. of the penile urethra in two cases, of the distal half of the penile urethra in one, and an almost full-length stricture of the penile and bulbous urethrae in the fourth. There was histological confirmation of the BXO in three of them. They were treated successfully by urethroplasty. C. S. Rainatunga

In this paper from the University Hospital, Kingston, Jamaica, attention is drawn to fibrotic stenosis of the bladder neck as a complication of inflammatory urethral stricture, and ten cases with this complication in a series of 210 cases of urethral stricture.
are described. Descending cystourethrography is essential for the diagnosis and shows a narrow bladder neck instead of the normal funnel shape during the micturition of the contrast medium. In addition, there is usually gross reflux of contrast medium into the prostatic glands and severe bladder diverticulosis. Ascending cystourethrography may show a ‘jet’ effect as the contrast medium enters the bladder.

Cases of stricture with bladder neck stenosis have a higher incidence of other complications than those without stenosis; this suggests that the development of the stenosis may be related to the severity of the stricture. The stenosis is due to fibrosis secondary to chronic infection of the bladder neck tissues. The source of the infection is presumed to be a reflux of infected urine into the prostatic glands, and this is always marked in cases with bladder neck stenosis. Treatment should consist of urethroplasty and resection of the bladder neck.

Authors' summary


Three cases of erythroplasia of Queyrat in men aged 36, 22, and 20 years are reported. There is a great variation in the clinical appearance of these lesions. Any lingering, chronically recurring penile lesion should lead one to suspect early carcinoma, irrespective of the age of the patient, and should be examined by biopsy. Histological appearances of erythroplasia are identical with those of Bowen's disease. For sexual and cosmetic reasons surgical treatment in the three cases was adapted for the young man. Local excision with primary closure was performed in two cases and with skin grafting in one case. Prolonged follow-up is essential. L. Z. Oller


A 29-year-old woman had a dilatation and curettage for a missed abortion. At the time of the operation no vulval, vaginal, or cervical lesions were noted. Characteristic intranuclear inclusions were seen within the epithelium lining the endometrial glands. Involvement of the endometrium by herpes has not previously been described and the possibility is raised that some instances of foetal infection may be acquired from a placenta formed from already infected endometrium. P. Rodin


