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.
Nongonoccal 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

Healing in Congenital Osseous Syphilis
LEVIN, E. J. (1970) Amer. J. Roentgenol., 110, 591 17 figs, 11 refs From the Maimonides Medical Center, Brooklyn, New York, the author reports the radiological findings in twenty children [ages not stated] with congenital osseous syphilis, with particular reference to the pattern of healing after treatment with penicillin, which was followed in eight cases, three children being examined at intervals of 2 to 4 weeks until healing was well advanced and five only once after treatment.

Typical calvarial lesions were seen in only one case and had almost disappeared 18 days after treatment. Otherwise, all the lesions were confined to the tubular bones. Many of the lesions were bilateral and symmetrical. The initial metaphysical lesion consisted of a poorly-defined, mottled, radiotranslucent band, usually contiguous to the zone of provisional calcification, breaching one or all of the cortex as well as the periosteal new bone when present. Fractures through the involved metaphyses with displacement or impaction were frequent. Within 2 weeks of treatment there was unequivocal evidence of healing manifested by absorption of detritus, deposition of bone, and smoothing of the metaphysical contours. Where impaction or displacement was present, the opposing bone ends united before realignment by modelling occurred. Healing was complete or almost so in about 2 months, with residual deformity and 'smudged' trabecular pattern where there had been impaction or displacement or when, as in two cases, there had been exuberant callus formation. Realignment and absorption of callus were usually complete within 5 to 12 months, but in one child with lesions at both ends of the femora, there was periosteal new bone formation over the lateral aspects of the femoral shafts with anterolateral bowing which was still present after 2 yrs, there being no evidence of rickets. In six cases a lesion was present in the sigmoid notch of the ulna which has not previously been described; the articular surface was grossly eroded and in some cases there was also 'ragged disorganization' of the adjacent metaphyses of the radius and humerus. These lesions also healed rapidly. Periosteal new bone formation was never a prominent feature in this series, though small strips did tend to occur in the region of metaphysial lesions, and increased in extent after treatment. During healing one or more thin layers of new bone appeared over many diaphyses which were otherwise normal, becoming incorporated in the cortex within a few months.

[The author comments that it is an 'academic exercise'] to use radiography of the bones as a diagnostic procedure in congenital syphilis although 'serial studies can be invaluable in determining the effectiveness of therapy'. Many clinicians, however, would consider that the place of radiology in the diagnosis of early congenital syphilis is of special importance (King and Catterall, Brit. J. vener. Dis., 1959, 35, 116). He also states that 'leuctic infection of the fetus does not occur before the 5th month of intrauterine life', but Silverstein (Nature (Lond.), 1962, 184, 196) has pointed out that the fetus may be infected earlier, but fetal tissues do not develop the ability to react to treponemes before about the 5th month, so there is no obvious sign of disease before then.]

Eric Dunlop

A Case of Gumma of the Ciliary Body
KALIDASAN, C. S. (1970) J. All-India ophthal. Soc. 18, 33 3 figs, 7 refs
An ulcerative nodular mass in the lower and outer part of the bulbar conjunctiva 0-5 cm. away from the limbus was diagnosed as a gumma from the biopsy of the case. The clinical and histological differential diagnosis from tuberculoma is considered to be doubtful.

S. N. Cooper

Congenital Syphilis: Resurgence of an Old Problem
WILKINSON, R. H., and HELLER, R. M. (1971) Pediatrics, 47, 27 5 figs, 10 refs

Diagnosis of Infectious Syphilis

Syphilis, Therapy

Clinical Experience with Ampicillin and Probenecid in the Management of Treponema-associated Uveitis
It appears that ampicillin is effective in entering the aqueous humour. Probenecid administered with ampicillin causes antibacterial activity in human aqueous and causes remission in cases of syphilis. Recurrences are frequent.

A. G. Cross


Syphilis, Serology


The recent rising incidence of syphilis in Poland has necessitated a revival of serological screening of groups of the population (preventive testing) which in the post-war epidemic of syphilis played a major role in the campaign against syphilis. The authors review the results of such screenings organized by the Provincial Dispensary for Skin and Venereal Diseases in Bialystok in 1969. In that year 145,000 sera were tested for syphilis. More than 85 per cent. of the specimens came from mass screenings. From a total of 2,086 positive results, 380 were yielded by mass screenings. Of these 209 were later verified as biological false-positive reactions. The remaining 181 were from patients suffering from various forms of syphilis, including 75 who had early syphilis (4 primary, 4 secondary, 25 relapsing secondary, and 42 early latent). As a result of contact-tracing, a further 34 cases of syphilis (5 primary, 3 secondary, 15 relapsing secondary, and 9 early latent) were revealed. The total of 107 cases constituted 22 per cent. of all cases of early syphilis seen at the Dispensary in 1969.

The authors particularly stress the importance of detecting patients with relapsing secondary and early latent syphilis who are the main reservoir of infection and conclude that in the existing epidemiological situation in Poland mass serological screening is fully justified. L. Z. OLLER


This paper comes from the Diagnostic Centre for Venereal Diseases and the Dermatological Clinic of the Medical Academy at Bialystok in Poland. During a period of 6 months, sera from 901 asymptomatic primary and secondary contacts of patients with early syphilis were tested. In each case four tests were carried out, two cardiolipin (VDRL test and CWR) and two treponemal (FTA-ABS and TPI tests). 266 (29.5 per cent.) sera were found to be reactive; the FTA-ABS test was reactive in 265 (29.4 per cent.), the VDRL test in 186 (20.6 per cent.), the CWR in 170 (18.8 per cent.), and the TPI test in 158 (17.5 per cent.).

The FTA-ABS test was conclusive in the diagnosis of asymptomatic early syphilis in 88 cases, i.e. in 78 cases in which all the other three tests were non-reactive and in ten cases in which only one of the cardiolipin tests (VDRL in nine) was weakly reactive. There were six sera, all from patients who had been treated with antibiotics, mostly for gonorrhoea, in which the two treponemal tests were both reactive and the two cardiolipin tests were non-reactive. The authors conclude that all contacts recently exposed to syphilis should be tested by the FTA-ABS test in the first instance.

L. Z. Oller


Syphilis, B.F.P. Phenomenon


A number of apparent false positive Wassermann reactions were noted during the summer of 1969 at St. Mary's General Hospital, Portsmouth. In the first 15 weeks of 1969, 0.19 per cent. were found among antenatal sera. From April 1969 to June 3 the incidence rose to 2.95 per cent. and it reached a peak of 3.66 per cent. between June 6 and 17.

A similar increase was found in other sera besides antenatal specimens. No such reactions had been seen in the same period in 1968. Many of the reactions were low in titre and in some an atypical zoning effect was seen on dilution. The antibody concerned was very labile and its reactivity deteriorated rapidly on storage at 4 or −20°C. VDRL slide and Reiter protein complement-fixation tests were negative as were FTA-ABS or TPI tests on the 30 per cent. of sera on which the latter were performed.

Virus complement-fixation tests were carried out on some of the sera. 23 out of 29 (79 per cent.) gave titres of 1 in 80 or more against Coxsackie B5 antigen, used in the laboratory as representative of many members of the enterovirus group. This incidence was significantly higher than that found among other sera sent for virus studies (19 per cent.).

The prevailing enterovirus for the season in the area proved to be Echovirus type 9, the first isolation being made on June 11. Although this type had
been frequently isolated in 1964, no significant increase in false positive reactions had then been noted.

A brief illustrative case report is given of a young man with meningeal symptoms from whose spinal fluid Echo virus type 9 was isolated. The Wassermann reaction was positive to a titre of 1 in 160, other tests for syphilis being negative. The serum titre against Coxsackie B5 antigen was 1 in 320.  

_A. E. Wilkinson_

**Apparent False-positive Reactions in a Serologic Test for Syphilis and Presence of Antinuclear Factor in Hybrids of NZB and A/J Mice**

[From the National Communicable Disease Center and Public Health Service, Atlanta, Georgia]_

NZB mice and their hybrids develop many features resembling human autoimmune disease. Apparent false-positive reactions in a routine cardiolipin-antigen serological test for syphilis (rapid plasma reagin (18-mm. circle) card test) were found in 32.3 per cent. of male and 2 per cent. of female (A/J × NZB)F₂ mice, and also in a small percentage of NZB mice and F₂ hybrids. Antinuclear factor was also found in the serum of a significant percentage of the animals. The (A/J × NZB)F₂ hybrids may be useful as models for the study of the false-positive serological tests for syphilis which occur in autoimmune disease.

**Author's summary.**

**Syphilis, Pathology**

_Mass Cultivation of Avirulent Treponema pallidum (Nichols)_


In studies at the Baylor College of Medicine, Houston, Texas, the non-pathogenic Nichols strain of Treponema pallidum was grown in an enriched spirioleate medium (ESM). This had the composition in g/litre: Spiroplebra broth (BBL) 14.5 g., brain heart infusion (BBL) 18.5 g., sodium thioglycollate 0.5 g., Bacto tryptone 0.25 g., asparagine 0.25 g. 10 per cent. inactivated calf or rabbit serum was added to the autoclaved medium. Growth was followed by measurements of turbidity or by counting the treponemes. It reached its peak after 8 days; after 10 days treponemal cyst forms began to appear.

Using ESM as a base, attempts were made to adapt the treponeme to grow in a simple medium containing salts, yeast, and rabbit serum and in a semisynthetic medium containing salts and casamino acids. From cultures in equal parts of ESM and the adaptation media, subcultures were made into 100 per cent. adaptation media and mixtures of 75, 50, and 25 per cent. of these with ESM. Although viability was preserved in the salt-yeast-rabbit serum medium, growth was minimal. In the semisynthetic medium there was a decrease in viability and multiplication ceased. Neither was comparable to the enriched spirioleate medium.

_A. E. Wilkinson_

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

**Electron Microscopic Observations on the Structure of Treponema sulleranae and Its Axial Filaments**

12 figs, 16 refs

**Chemistry of Axial Filaments of Treponema sulleranae**


**Syphilis, Experimental**

_Growth of Treponema pallidum in Rabbits_  

The treponemes were inoculated to the rabbit back and the animals were treated with antilymphocytic serum and steroids. The results show that antilymphocytic serum and steroids increase the infectivity of the treponemes.

_A. G. Cross_

**Late Ocular Syphilis: Transfer of Infection from Man to Experimental Animals**


Evidence is presented to support the belief that the treponemes found in aqueous humour and cerebrospinal fluid in patients with late ocular and neurosyphilis are Treponema pallidum.

**Author's summary**

**Gonorrhoea**

_Oral Ampicillin in Uncomplicated Gonorrhoea. I. Treatment of Gonococcal Urethritis in Men_  

Although benzylpenicillin by intramuscular injection is still nearly always effective in the treatment of gonorrhoea, in some parts of the world resistant strains of gonococci have emerged, asymptomatic gonorrhoea has been found in males as well as in females, and recently there have been reports of serious complications such as gonococcal septicaemia; furthermore, injection of penicillin is not always practicable and there may be serious allergic reactions to the drug. To see whether ampicillin would be an acceptable alternative, the authors, from the Sodersjukhus, Stockholm, have compared the efficacy of these two drugs in the treatment of men with uncomplicated gonococcal urethritis diagnosed by positive urethral smear and culture, sensitivity tests being carried out on all positive cultures.

During the first year of the study 922 male patients so diagnosed were treated with a single intramuscular injection of 2.2 m.u. benzylpenicillin (Group G) and in the second year 1,122 were treated with ampicillin as follows:

- Group A (379) were given 2 g. ampicillin by mouth in a single dose.
- Group B (364) a single oral dose of ampicillin 2 g. + probenecid 1 g.
- Group C (379) one dose of ampicillin 1 g. orally, followed by another similar dose 5 hrs later.

These groups were closely matched for age and for sensitivity in vitro of the gonococci to benzylpenicillin and ampicillin, the less sensitive being defined as those with an MIC >0.1 U of the former and >0.1 g. of the latter. The result in each case was considered to be satisfactory if two or three follow-up cultures were negative and to be a failure if the first follow-up
culture (within 14 days of treatment) was positive.

The incidence of strains with low sensitivity to benzylpenicillin in this study was 24.4 per cent. When results in all patients were considered regardless of sensitivity, Group A had the highest failure rate (9.8 per cent.) and Group C the lowest (1.7 per cent.); in Group B it was 3 per cent. and in Group G 3.4 per cent. The superiority of benzylpenicillin (Group G) over ampicillin as given to Group A was significant (P < 0.001), but there was no significant difference between Group G and Groups B and C. A comparison of results in ampicillin-treated patients showed significant superiority of Groups B and C over A (0.001 < P < 0.01 and P < 0.001 respectively), but no significant difference existed between Groups B and C. When patients with sensitive strains only were compared, almost the same results were obtained. In those with less sensitive strains the difference between Groups G and A had diminished (0.01 < P < 0.05), but Group C still showed the best results.

Side-effects were uncommon and the authors conclude that ampicillin, whether given in a single oral dose of 2 g. with probenecid 1 g. or in two doses 5 hrs apart of ampicillin 1 g. without probenecid, is an effective alternative to benzylpenicillin for treating gonorrhoea. The duration of therapeutic levels of antibiotic in the blood, as well as its peak concentration, obviously influenced the results.

A. J. Gill

II. Results of Treatment in Women

ERIKSSON, G (1970) Acta derm.-venereol. (Stockh.), 50, 461
7 figs, 2 refs

This second paper from the Södersjukhus, Stockholm, follows a similar report on men and presents a comparison of treatment of uncomplicated gonorrhoea in women, seen over 1 yr, with either a single intramuscular injection of 2.2 m.u. benzylpenicillin (856 patients) or ampicillin (953) given by mouth in three regimens as for the men [see preceding abstract]. Diagnosis was by smear and culture from urethra, cervix, and rectum, and for a result to be termed 'satisfactory' two to four negative follow-up cultures were required. Patients with positive first follow-up cultures at 14 days and those with positive first or second follow-up cultures at 14 to 21 days were considered to be treatment failures. Sensitivity tests were carried out routinely and both these and age distribution were taken into account in the analysis of the results of treatment.

Statistical analysis showed no significant difference in results between any of the ampicillin-treated groups, or between them and the benzylpenicillin group. On a percentage failure basis, ampicillin in divided dosage gave the best results overall and, in the case of infection by less sensitive strains, ampicillin with probenecid in single, or ampicillin alone in divided dosage, led to fewer treatment failures than did ampicillin given alone in a single dose or benzylpenicillin.

Side-effects from ampicillin occurred in only two patients and it is considered that in women ampicillin 2 g. (either in a single dose with probenecid or alone in divided dosage) gives equivalent results to single-dose treatment with benzylpenicillin 2.2 m.u. intramuscularly. A. J. Gill

Benign Gonococcal Septicaemia with Skin Lesions and Arthritis


Generalized gonococcal infections can show themselves as a serious septicaemia or as a benign condition with recurring fever, mild arthritis, and skin lesions. Writing from the Hospital for Infectious Diseases, Stockholm, Sweden, the authors present the findings in sixteen cases of gonococcal septicaemia seen between December 1967 and October 1969. All but one were female and the average age was 29 yrs. All sixteen patients showed the triad of fever, arthritis, and skin lesions, the latter being vesiculopapular and some also haemorrhagic.

The study included examination of urethral, cervical, rectal, and blood cultures as well as application of fluorescent antibody (FA) techniques. Blood culture was positive for Neisseria gonorrhoeae in one case, the FA technique demonstrated gonococci in the skin lesions of one patient, and serological tests were positive in eight.

Thirteen patients were treated with penicillin (11 with 1 m.u. benzylpenicillin plus 1-2 i.u. procaine penicillin, one with benzylpenicillin alone, and one with phenoxyethylpenicillin), one received tetracycline, one erythromycin, and one no treatment. The response to treatment was prompt in all cases.

[The world-wide recrudescence of gonorrhoea, particularly the relatively greater frequency in females who are so often asymptomatic before developing complications, makes these observations increasingly relevant to present-day investigation of cases of pyrexia of unknown origin.]

R. S. Morton

Reactivity of Two Gonococcal Antigens in An Automated Micro-haemagglutination

Procedure

In this study from the Center for Disease Control, Atlanta, Georgia, U.S.A., tanned sheep red cells were sensitized with either an alkaline extract of gonococci or soluble material obtained after ultrasonic disintegration. These were used in quantitative haemagglutination tests set up with the aid of a mechanical diluter. The sera, absorbed with sheep red cells before testing, came from 116 males and 263 females from whom gonococci had been isolated by culture. As a control series, sera were tested from 27 male and 126 female members of celibate religious orders and from 355 females who had had at least one negative culture for gonococci.

Cells sensitized with the alkaline extract reacted at a low titre with 23 per cent. of sera from 150 infected males and with 49 per cent. of 249 sera from infected females. One out of fifty sera from celibate females also gave a positive result.

The antigen made from ultrasonically disintegrated organisms was more sensitive. 35 per cent. of sera from 116 infected males and 47 per cent. from 263 infected females were reactive at a titre of 1536 or higher. But similar titres were found in 10-19 per cent. of sera from the control groups of patients. Absorption of sera with disrupted Neisseria
sicca reduced the titres but improved specificity; however, reactivity was still left at titres of 1 in 12 or more in 4 to 6 per cent. of sera from the celibate control patients; this contrasted with reactions at this level in 77 and 88 per cent. of sera from infected males and females. Further modifications to improve specificity are needed before this technique can be safely used for diagnostic purposes.

A. E. Wilkinson

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Nongonococcal urethritis and allied conditions

Mode of Action of Metronidazole against Trichomonas vaginalis Edwards, D. I., and Mathison, G. E. (1970) J. gen. Microbiol., 63, 297 In tests done at Queen Mary's College, University of London, 200 μg./ml. metronidazole was added to cultures of Trichomonas vaginalis in the medium described by Bushby and Copp (J. Pharm. Pharmacol., 1955, 7, 112). At this level, 200 times the minimum inhibitory concentration, evolution of hydrogen ceased after 15 to 20 min. and of carbon dioxide after 60 min., which coincided with the death of the organism. Evidence is presented that a pyruvate phosphorolastic reaction of the clostridial type is the mechanism by which both gases are produced. Metronidazole was shown to inhibit the evolution of hydrogen but not the synthesis of acetylphosphate. The reaction appears to involve two enzyme systems similar to those postulated for the clostridial system:

1. Pyruvate + phosphate → acetylphosphate + CO₂ + 2H⁺
2. 2H⁺ + 2e⁻ → H₂

The site of action of the drug appears to involve (b) rather than (a). The authors suggest that it may act competitively with the electron transfer protein ferredoxin and so might affect other electron transfer mechanisms beside the hydrogenase system.

A. E. Wilkinson

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


A new microtitre indirect immunofluorescence test provides a method of classification of these infections. It is thought that the host immunological status causes differing clinical syndromes in infection by similar organisms.

E. W. G. Davies


The fluorescent antibody technique, Giemsa stain, isolation of the agent, and serological tests are evaluated as methods of diagnosing TRIC agent in scrapings taken from the conjunctiva, urethra, and cervix.

E. W. G. Davies


In the past few years the incidence of systemic Candida infection has risen greatly and this has been attributed largely to the increasing use of corticosteroid and immunosuppressive drug therapy, particularly where transplantation surgery is concerned. To investigate the mechanism whereby these agents predispose to fungal infections, the authors, working at Guy's Hospital Medical School, London, examined cellular immunity to Candida (by the in vitro lymphocyte transformation technique) and humoral immunity (by measurement of circulating agglutinating antibodies and antibodies demonstrable by the indirect immunofluorescence technique) in 55 normal subjects and 52 patients. Of the latter, seventeen were receiving long-term prednisone therapy in doses exceeding 7.5 mg. daily for various chronic disorders, 21 were being treated daily with azathioprine and prednisone for a minimum of 12 weeks after renal homotransplantation, six with chronic proliferative glomerulonephritis were receiving a long-term course of cyclophosphamide, and eight were receiving biweekly haemodialysis without drug therapy for chronic renal failure. Details of the techniques used are given.

In the lymphocyte transformation studies, 65 per cent. of the normal subjects showed a positive response to Candida antigens. In all three groups of patients receiving drug therapy, the lymphocyte response was significantly less than in the normal group (P < 0.0003, < 0.0003, and < 0.00087 respectively), but there was no depression of the response in the group being treated by haemodialysis alone. The serum agglutinin titres to Candida of patients receiving azathioprine and prednisone (14 tested) and of those receiving prednisone alone (8 tested) did not differ significantly from those of sixteen normal subjects. The titres were depressed, however, in patients receiving cyclophosphamide (4 tested). Similar results were obtained with the indirect immunofluorescence technique.

After reviewing the evidence for the validity of correlating in vitro lymphocyte transformation with in vivo cellular immunity the authors conclude that the results suggest that the drug regimens of the patients studied facilitate Candida infection by impairing cellular immunity. The patients receiving cyclophosphamide apart, humoral immunity does not appear to be of equivalent importance.

J. F. M. Parsley

Reiter's disease and allied conditions


The radiographic changes in the joints in Reiter's syndrome are similar to
those seen in other inflammatory arthritides and no one sign is pathognomonic.† Because of this, perhaps, the most useful approach is to evaluate the changes in the sites most commonly involved. With this in mind, the radiographs of 55 patients with Reiter's disease have been reviewed at the University of California School of Medicine, San Francisco. At the time of examination the patients' ages ranged from 10 to over 50 yrs. Two were female. The films were studied for the presence of periostitis, erosive lesions, joint effusion, calcaneal spurs, sacroliliitis, and paravertebral ossification.

The sacroiliac joints were involved in 42 per cent., the changes resembling those of ankylosing spondylitis except that they were usually asymmetrical and rarely associated with spinal lesions. The hips and shoulders were not affected, but the knees were involved in fifteen (34 per cent.) of the 44 cases for which films were available and the ankles in twelve (28 per cent.) of 43, the main feature being joint effusion sometimes associated with periostitis. There were lesions in the heels in 27 (59 per cent.) of 46 cases, with erosions, periostitis, and spur formation at the insertion of the Achilles tendon and the plantar fascia, but none had the exuberant fluffy periostitis of the calcaneum which has been previously described. The toes were involved in twenty (44 per cent.) of 45 cases, particularly the interphalangeal joint of the great toe. The hands were less often affected, the commonest abnormality being an effusion into an interphalangeal joint.

D. E. Fletcher

Ocular Infection of Rabbits with a Bedsonia isolated from a Patient with Reiter's Syndrome


A Bedsonia recovered from a patient with Reiter's disease was instilled into the conjunctival sac and injected into the anterior chamber in rabbits. No ocular disease resulted from the conjunctival instillation, but the organism was recovered from the anterior chamber, conjunctiva, joint, and other tissues, and one animal developed an acute arthritis and possibly an encephalitis. After intracameral injection seven out of eight animals developed severe iritis and keratitis and two developed arthritis. The organism was recovered from the eye and other organs. E. S. Perkins

Antibiotics and chemotherapy


Public health and social aspects


The most important obstacle to satisfactory control of gonorrhea in women is the difficulty of identifying the asymptomatic female carrier. In Seattle-King County (Washington) Department of Health a screening procedure involving fourteen different clinics and hospitals was conducted between June, 1968, and June, 1969, in which a single cervical culture test (Thayer-Martin medium) was carried out on all women requiring a pelvic examination. Those with positive results were interviewed, as were patients initially screened in the venereal disease clinic, and in all 770 patients were questioned about their sexual exposures during the 30 days before the date of diagnosis. During the same period 897 male patients with gonorrhea attending the venereal disease clinic were investigated by urethral culture and were also questioned about their contacts.

The tabulated results show that 88.5 per cent. of the 748 male contacts named by female patients were found to be infected and that all but nineteen (2.5 per cent.) had previously been treated for this infection. On the other hand, of the 583 female contacts named by the men 74.7 per cent. were found to be infected and 222 (38 per cent. of the total) had not sought treatment. [The number of infected female patients would no doubt have been greater if multiple-site rather than single-site cultures had been made.]

Commenting on their findings, the authors conclude that interviewing infected women for their contacts has little value but that continuation of epidemiological efforts to locate female patients named by male contacts is justifiable. They consider that because of the fallibility of cultural methods all named female contacts should be treated adequately for gonorrhea, even if they have no bacteriological evidence of infection. Benjamin Schwartz


Venereal Disease in Lagos


Miscellaneous

Non-venereal Sclerosing Lymphangitis of the Penis


The authors, from the Department of Dermatology, Amirli Hospital, and the Family Planning Centre, Kuwait, Arabian Gulf, state that non-venereal sclerosing lymphangitis of the penis was first described in 1923 but that only twelve cases have yet been reported. Two further cases in married men aged 30 and 35 years are described. There were non-tender mobile cord-like subcutaneous lesions running circumferentially behind the corona, which were first noted after sexual intercourse. In one case the lesion was excised but subsequently recurred. Histologically the material was considered to be a lymphatic vessel. There was marked thickening with almost complete occlusion of the lumen by connective tissue. Moderate numbers of histiocytes, fibroblasts, and lymphocytes, together with invading blood capillaries, simulated an organizing thrombus. The patients were treated with tablets of an anti-viral agent N', N' anhydros- (B-hydroxyethyl) biguanide hydrochloride (ABOB). The condition regressed completely in 30 days in one patient and 40 days in the other.
The cause of the condition is unknown, but it was thought that the rapid initial response to ABOB suggested a viral infection, perhaps triggered by sexual intercourse or minor trauma.

[However, this condition generally resolves within a few weeks without any treatment.] P. Rodin


An encouraging report concerning a small group of patients who were treated with this immunosuppressive agent. Both the ocular and neurological features of the disease improved. P. J. H. Sellors


Involvement of Veins in Behçet's Syndrome HAIM, S., BARZILAI, D., and HAZANI, E. (1971) Brit. J. Derm., 84, 238 2 figs, 17 refs


