point that gonorrhoea should be treated only in conjunction with all the necessary facilities for such tracing of contacts. Nothing less than a nationwide network of clinics scientifically and socially orientated can give any hope of containing present trends. Casual treatment other than at a properly staffed Special Treatment Clinic should therefore be severely curtailed and, if possible, prevented completely.

Yours faithfully,

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SPECIAL CLINIC

ROYAL INFIRMARY, SHEFFIELD, S6 3DA

March 12, 1973

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Sexual transmission of intestinal parasites

TO THE EDITOR *British Journal of Venereal Diseases*

SIR—We wish to bring to the notice of other venereologists the relevance to our work of recent correspondence in the *Journal of the American Medical Association*.

Abraham (1972) has drawn attention to the failure of therapeutic regimes, widely accepted as curative, in the eradication of intestinal parasites from a young student of effeminate disposition and his room mate. Abraham's communication was followed by letters, from Shookhoff in New York (1972) and from Lynch in Jamaica (1972), each suggesting that the cause of recurrences in Abraham's case and in the patient's room mate, may well have been due to ano-oral contact or a combination of fellatio and rectal intercourse. Shookhoff stated that repeated parasitic infections were not uncommon amongst male homosexuals seen by his colleagues and himself in the city of New York Department of Health. He pointed out that one of the parasites in question, *Dientamoeba fragilis*, is extremely delicate and that carrier material would have had to be contaminated immediately before ingestion.

There have been reports of heterosexual transmission of *Entamoeba histolytica* (Mylius and Ten Seldam, 1962; Sayed and Amin, 1962) and, in a case seen recently in this department of *Giardia lamblia* of the vagina, sexual transmission from the patient's anal region by the male was considered as a possibility.

Homosexuals form little more than 4 per cent. of male patients in this department. In Metropolitan centres, where they form a much higher proportion of the clinics' population, there would appear to be better opportunities for research into this problem. Alternatively, it may be that the British Co-operative Clinical Group would consider investigating the matter.

Yours faithfully,

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SPECIAL CLINIC

ROYAL INFIRMARY, SHEFFIELD S63 DA

March 12, 1973

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