test was obtained. Tetracycline, 2 g a day for four weeks produced a rapid clinical improvement with remission of the lymph node enlargement and a fall in LGVCFT titre to 1:4. (Despite an adequate summary of the course and response to treatment, the diagnosis of LGV is suggestive rather than conclusive. No attempt has been made to isolate *Chlamydia* from biopsy material in this case, although it is possible to do this accurately in LGV.)

M. A. Waugh

Minocycline in the treatment of lymphogranuloma venereum

C. N. SOWMINI, K. N. GOPALAN, AND G. CHANDRASEKHARA RAO (1976). *Journal of the American Venereal Disease Association*, **2**, 19

In a study of 80 cases of lymphogranuloma venereum (LGV), minocycline hydrochloride was found to be an effective drug in the treatment of all stages of LGV, including complicated ones. In late cases adjuvant treatment was used in addition to the antibiotic. Healing time in uncomplicated cases was less than 10 days. In complicated cases, both early and late, healing took about two to three weeks. Reactions to the drug were not significant.

Authors' summary

5-fluorouracil cream in the successful treatment of therapeutically refractory condylomata acuminata of the urinary meatus

G. VON KROGH (1976). *Acta Dermato Venereologica*, **56**, 297

Forty men with a total of 50 sites affected by condylomata acuminata which had proved resistant to other forms of treatment were treated with 5% 5-fluorouracil cream (5-FU). The sites were classified as follows:

Type I, penile mucous membrane (inner surface of prepuce, glans, and distal subpreputial shaft). Type II, penile skin. Type III, urethral meatus. Type IV, anal skin. Type V, anal mucous membrane.

Patients were instructed to wear plastic gloves and to apply the cream twice daily, taking care against accidental contamination of the eyes. A cotton wool swab was to be used when treating urethral meatal warts. Adverse symptoms such as burning were treated by the patient with an application of 3% boric acid followed by antimicrobial ointment or lotion, often with corticosteroids incorporated, and the frequency of treatment was reduced to once daily.

Thirteen of 14 patients with meatal warts (Type III) showed complete regression after an average of three weeks' treatment. Patients with anal mucosal (Type V) and penile mucosal (Type I) were often unable to tolerate the side effects produced by the 5-FU cream. Treatment of warts at cutaneous sites did not give good results.

The exhibition of 5-FU cream in the treatment of condylomata should be confined to urethral meatal warts, where it seems to be effective.

J. D. H. Mahony

The absence of human papilloma viral DNA sequences in condylomata acuminata

R. DELAP, A. FRIEDMAN-KIEN, AND M. G. RUSH (1976). *Virology*, **74**, 268

The virological findings that have been obtained in studies of condylomata acuminata are discussed. Papilloma virus of the type associated with the common skin wart has often been found in association with genital warts but the number of particles is small and they differ antigenically from common wart virus.

The present study examined DNA–DNA reassociation kinetics as a means of establishing whether or not a relationship existed between human papilloma virus DNA sequences and DNA present in condylomata acuminata. Using human viral papilloma DNA as a positive control the technique revealed the presence of 0·7 viral genomes per cell in common skin warts. However, although the technique could recognise as little as 0·2 viral genomes per diploid cell, no reassociation at all could be found between condylomata DNA and DNA from human viral papillomas.

Other studies by electron microscopy surprisingly revealed that DNA extracts from condylomata contained a wide size range of circular DNA molecules.

Taking these two separate findings together the authors speculate that: (1) Condylomata are not caused by a papilloma or papova virus. (2) Condylomata are caused by such a virus but that its presence is obscured by the presence of small polydisperse circular DNA molecules.

June Almeida

Viral 'tumorigenesis' in man: cell markers in condylomata acuminata

J. M. FRIEDMAN AND P. J. FIALKOW (1976). *International Journal of Cancer*, **17**, 57

Determination of the glucose 6-phosphate dehydrogenase (G-6-PD) phenotype of a neoplasm occurring in a heterozygous female can be used to trace the cellular origin of the tumour. This technique was performed on 834 individual verrucous subunits from four condylomata acuminata arising in two patients heterozygous for a B and an A gene at the G-6-PD locus. All four specimens contained both A and B types of G-6-PD. Furthermore, even single verrucous subunits from each specimen occasionally contained both enzyme types. These data indicate that condylomata acuminata have a multicellular origin. The initial number of cells which, after viral infection, developed into a condyloma acuminatum was estimated to be about 4400 cells, on the basis of a statistical analysis of the data in one case.

Authors' summary

The crab louse—Review of physiology and study of anatomy as seen by the scanning electron microscope

S. J. KRAUS AND L. H. GLASSMAN (1976). *Journal of the American Venereal Disease Association*, **2**, 12

Miscellaneous

Protocol management of male genitourinary infections

A. RHODES, J. MCCUE, A. L. KOMAROFF, AND T. M. PASS (1976). *Journal of the American Venereal Disease Association*, **2**, 23

Familial allergic seminal vulvovaginitis

T. W. CHANG (1976). *American Journal of Obstetrics and Gynecology*, **126**, 442

Notice

International Symposium on the Sexually Transmitted Diseases

This symposium will take place from 31 October to 2 November 1977 at the Hotel Meridien in Montreal. All interested venereologists and dermato-venereologists are welcome.

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