Abstracts

These selected abstracts and titles from the world literature are arranged in the following sections:

Syphilis and other treponematoses
(Clinical and therapy: serology and biological false positive phenomenon; pathology and experimental)
Gonorrhoea
(Clinical; microbiology; therapy)

Syphilis and other treponematoses (Clinical and therapy)

Secondary syphilis revealed by rheumatic complaints

Six patients (five men and one woman) are described, who consulted rheumatologists with varied rheumatic complaints. Four patients had subacute synovitis with effusion, frequently associated with vague arthralgias, and five had back pain which was more severe at rest. Most of the patients had some clinical signs of secondary syphilis, such as roseola, loss of hair, or lymphadenopathy, and the results of their serological tests for syphilis were strongly positive. As no other cause for these rheumatic complaints could be found, secondary syphilis was considered responsible for them. In all cases the rheumatic complaints cleared with specific treatment.

Authors' summary

Syphilis and other treponematoses in the Northern Territory

Syphilis (Pathology and experimental)

Anabolic potential of virulent Treponema pallidum
J. B. Baseaman and N. S. Hayes (1977). Infection and Immunity, 18, 857-865

Non-specific genital infection
Reiter’s disease
Trichomoniasis
Candidosis
Genital herpes
Other sexually transmitted diseases

Public health and social aspects
Miscellaneous

Selective in vitro response to thymus-deprived lymphocytes from Treponema pallidum-infected rabbits
C. S. Pavia, J. D. Folds, and J. B. Baseaman (1977). Infection and Immunity, 18, 603-611

Syphilis and other treponematoses (Clinical and therapy)

Gonorrhoea (Clinical)

Gonorrhoea in women: Diagnostic, clinical and laboratory aspects

Examination of the case notes of all women seen at a large metropolitan clinic during 1976 showed 607 episodes of gonorrhoea (92.3% of all such cases seen in the hospital), of which three were in prepubertal girls. Gonorrhoea occurred more often and at an earlier age in Negroids than in Caucasians. In about 30% of patients gonococci could be found in only one of the sites tested (cervix 18%, urethra 6%, rectum 4.8%, and throat 1.5%). Microscopical examination of Gram-stained cervical and rectal samples was of value, but that of urethral samples made no significant contribution to the diagnosis. Of the gonococcal isolates 31% showed diminished sensitivity to penicillin, but none showed significant resistance to spectinomycin, kanamycin, or sulphamethoxazole. The complication rate was lower than that reported from the United States. Overall, 40% of patients were symptom-free. The presence of other infection significantly increased the probability of a patient with gonorrhoea having symptoms. 'Epidemiological' treatment would have led to the unnecessary treatment of 142 female patients and would have included only four of 16 patients with gonorrhoea who defaulted before treatment could be given.

Authors' summary

Gonococcal perihelpeptitis in a female adolescent

Gonococcal proctitis in a married woman

The incidence of gonorrhoea in urban Rhodense black women

Containing gonorrhoea epidemic

Gonorrhoea (Microbiology)

Simple method for distinguishing gonococcal colony types

A new procedure for the identification of gonococcal colony types is described, which employs a dissecting microscope with a fluorescent lamp and concave mirror, critical adjustment of which produces a darkfield effect. This could be of use to anyone who wants to distinguish gonococcal colony types.

Authors’ summary

Brian Evans
Growth on Congo red agar: possible means of identifying penicillin-resistant non-penicillinase-producing gonococci


A standard growth medium (GC medium base plus 1% defined supplement) containing 0.01% Congo red dye was found to support the growth of gonococci only if the penicillin minimal inhibitory concentration (MIC) was 0.5 μg/ml or greater. Penicillinase-producing organisms and organisms more sensitive to penicillin, did not grow. In an earlier paper, the authors had reported that meningococci formed red colonies on an agar medium containing Congo red, whereas gonococci failed to grow. These observations are of potential value in the rapid identification of penicillin-resistant gonococci, unless they produce penicillinase.

Brian Evans

Trends and seasonality of antibiotic resistance of Neisseria gonorrhoeae


An overall increase in sensitivity to penicillin G, ampicillin, tetracycline, and spectinomycin is reported for pretreatment gonococcal isolates in the United States between 1972 and 1975. This reverses the trend towards greater resistance to penicillin and tetracycline recorded between 1955 and 1970. Furthermore, resistance to penicillin and tetracycline proved highest in the winter months when the incidence of gonorrhoea was lowest, which the authors suggest may be due to increased general usage of antibiotics removing the more sensitive strains fortuitously.

Brian Evans

Studies on gonococcus infection. XI. Comparison of in vitro and in vivo association of Neisseria gonorrhoeae with human neutrophils


Studies on gonococcus infection. XII. Color colony and opacity variants of gonococci.


Studies on gonococcus infection. XIII. Occurrence of color/opacity colonial variants in clinical cultures


Acrylamide gel electrophoresis of proteins of Neisseria gonorrhoeae as an epidemiological tool


Antigonalococal IgA in gonorrhoea


Cell envelope of Neisseria gonorrhoeae: penicillin enhancement of peptidoglycan hydrolysis


Sensitivity of gonococci to penicillin G in the Canton of Berne, 1972–1977


Non-specific genital infection

Chlamydia trachomatis infection and venereal disease


Chlamydia trachomatis was isolated by the irradiated McCoy cell technique from 44 out of 103 men with nongonococcal urethritis and from 11 out of 15 patients with postgonococcal urethritis. In women attending the venereal diseases clinic, chlamydial infection was observed in 49 (38%) out of 130 patients, an infection incidence of the same order of magnitude as the one noted for gonococcal infection (40%). In 19% both infections occurred simultaneously. Treatment with tetracycline eliminated symptoms and chlamydial infection in almost all cases. The significance of the findings is discussed.

Authors' summary

Chlamydia trachomatis infant pneumonia. Comparison with matched controls and other infant pneumonitis


We determined the prevalence of Chlamydia trachomatis infection in 30 consecutive hospitalised infants less than six months of age with pneumonitis and in 28 matched controls (nine of 30 compared with one of 28, p < 0.05).

In comparing 16 cases of pneumonitis due to Ch. trachomatis with 27 not due to
that agent, we found several distinguishing clinical and laboratory features: C. trachomatis was highly correlated with radiographic hyperinflation, prolonged cough, and congestion; more than 400 eosinophilis/mm³, and serum IgG greater than 500 mg/dl and IgM greater than 110 mg/dl. C. trachomatis was responsible for 13 of 21 cases seen at 3–11 weeks compared with three of 22 seen at other ages. Antibody to C. trachomatis in tears (13 of 14 compared with two of 27), nasopharynx (12 of 14 compared with one of 27) and blood (16 of 16 compared with two of 23) was specific for C. trachomatis pneumonia.

C. trachomatis is prevalent among hospitalised infants with pneumonia. Conjunctival infection precedes C. trachomatis pneumonia more commonly than has previously been thought.

Authors' summary

Isolation of chlamydiae in untreated and cytochalasin B treated McCoy cells

A comparison was made between untreated McCoy cells and McCoy cells treated with cytochalasin B for the isolation of chlamydiae of subgroup A. Chlamydiae were isolated in both cell systems from 125 specimens, whereas six agents were isolated only in untreated cultures, and seven agents were isolated only in cytochalasin B treated cultures.

Authors' summary

Antichlamydial antibody in genital exudates of men and women with non-gonococcal genital infections

The role of antibody estimation in chlamydial infections is controversial. This letter reports the findings of a study to compare chlamydial isolation with single estimations of antichlamydial antibodies in the discharges of men and women with genital infections. In the men, duplicate alginate urethral swabs were taken. One was cultured on HeLa 229 cell monolayers for chlamydial isolation, and the other placed in phosphate buffer; after shaking with glass beads, the supernatant was titred for immunofluorescent antibody against standard serotypes of C. trachomatis.

C. trachomatis was isolated from 27% of the male population studied. In 64% of these, specific antibody, matching the serotype of the isolate, was detected (the titres are not stated). Antibodies to genital isolates were also detected in 17% of C. trachomatis negative men, with some overlap to more than one serotype of C. trachomatis. Of five women investigated, three yielded antichlamydial antibody, but no isolates were obtained after attempted culture. Clearly further study is required to establish the place of this work in the routine diagnosis of chlamydial genital infection. Results obtained on a single estimation of antibody to C. trachomatis in tears may be interpreted with caution. Antibody detected may not reflect current infection in the absence of a specific isolate of C. trachomatis. The absence of antibody may merely reflect the acute nature of the infection.

G. L. Ridgway

Antibiotic susceptibility of Chlamydia trachomatis

The antibiotic susceptibility of Chlamydia trachomatis isolates was determined in a tissue culture system. Representative of all currently recognised serotypes of trachoma-inclusion conjunctivitis agents were tested. Tetracycline and erythromycin yielded similar results, with 1.0 μg/ml preventing chlamydial replication. Rifampin was the most active antibiotic, with 0.25 μg/ml completely suppressing inclusion formation of all strains. Fifty per cent end points were usually achieved at one-fourth to one-eighth of the suppression level. Penicillin was not as effective, and the assays were often irregular. Antibiotic susceptibility of these chlamydiae was essentially the same, regardless of serotype, anatomical site infected, geographic origin, or antibiotic use in the community.

Authors' summary

The incidence of tetracycline-resistant strains of ureaplasma urealyticum

Ureaplasma strains isolated from the urethras of men with non-gonococcal urethritis were investigated for decreased sensitivity to oxytetracycline and minocycline. Of the 141 strains isolated, 14 (9.9%) were deemed resistant. The strains were found to belong to most of the known serotypes. Resistance was defined as a minimal inhibitory concentration of equal to or greater than 0.6 μg/ml to oxytetracycline, and equal to or greater than 0.16 μg/ml to minocycline. Attempts were made to induce resistance to minocycline in four sensitive strains by a multiple passage technique. While decrease in sensitivity was demonstrable, it did not attain the degree of resistance found in the naturally occurring strains. During these experiments the organism remained fully sensitive to erythromycin. Attempts to transfer natural resistance to sensitive strains were not successful.

In their general discussion the authors comment that in the metabolism-inhibition test, which is widely used to detect serum antibody, tetracycline in serum may inhibit the test organism. They recommend that naturally occurring resistant strains should be used in this test, as many patients will be receiving tetracyclines when serum samples are collected.

G. L. Ridgway

Chlamydia infections (first of three parts)

Chlamydia infections (second of three parts)

Chlamydial infections (third of three parts)

Infections due to Chlamydia

Reiter's disease

Role of Chlamydia trachomatis and HLA-B27 in sexually acquired reactive arthritis

Inflammatory arthritis, tendinitis, and fasciitis after non-specific urethritis,
acute retention of urine in anogenital herpetic infection


In 17 patients, 15 women and two men, acute retention of urine developed in association with an attack of anogenital herpes. Constipation, blunting of sensation over the second and third sacral dermatomes, and neuralgic pains in the same area (with absence of the bulbocavernous reflex in some individuals) suggested localised lumbosacral meningomyelitis with involvement of mainly sacral nerve roots. The urinary dysfunction persisted on average for 10 days, and in four patients was severe enough to warrant catheterisation. Anogenital herpes should always be considered as a possible cause of acute retention of urine in sexually active young people, and the possibility of occult herpetic infection of the cervix and rectum should be investigated.

Authors' summary

Herpes simplex virus type-1 and type-2 in ocular disease


Treatment of genital infections with Herpesvirus hominis


Other sexually transmitted diseases


Genital warts


Intraurethral condylomata acuminata: management and review of literature


Anorectal condylomata acuminata: a missed part of the condyloma spectrum


Acute pelvic inflammatory disease: characteristics of patients with gonococcal and nongonococcal infection and evaluation of their response to treatment with aqueous procaine penicillin G and spectinomycin hydrochloride


We studied 41 women with acute gonococcal pelvic inflammatory disease (PID) and 42 women with acute nongonococcal PID. Women with gonococcal PID were more likely to have become ill during their first 10 days of their menstrual cycle (p<0.05), presented themselves for treatment sooner (p<0.05), and were more severely ill than patients with nongonococcal PID (p<0.05). Patients were treated with aqueous procaine penicillin G or with spectinomycin hydrochloride for five days. Most of the patients with gonococcal disease responded to treatment. Neither drug, in the dosage used in this study, was highly effective in the treatment of acute nongonococcal PID. In all, 10 of 21 women with nongonococcal PID and only one of 19 women with gonococcal PID required retreatment for PID within 28 days (p<0.05). Re-examination at an average of 6 months after treatment showed that women who had been treated for nongonococcal PID were more likely to develop recurrent PID if the episode of PID treated in the study was not their first. Women treated for nongonococcal PID were also less likely to become pregnant (p<0.05). These data, which show that gonococcal and nongonococcal PID differ in initial clinical severity, response to treatment, and long-term complications, support the concept that gonococcal PID and nongonococcal PID are separate clinical entities.

Authors' summary

Vaginal colonisation with Corynebacterium vaginale (Haemophilus vaginalis)


Vaginal cultures for Corynebacterium vaginale and confidential questionnaires were obtained from unselected young women who consulted a gynaecologist in a student health service. In all, 466 women...
were studied, 150 (32.2\%) of whom were colonised with C. vaginale. Logit analysis defined four factors that were significantly associated with colonisation with C. vaginale: non-white race, use of oral contraceptives, no history of marriage, and a history of pregnancy. Sexual experience had little influence on colonisation; C. vaginale was isolated from 16 (29\%) of 56 sexually inexperienced women and from 40 (41\%) of 98 women who had had sexual intercourse with six or more men. After a few patients with trichomoniasis were excluded, there was no association between colonisation with C. vaginale and an abnormal vaginal discharge, either as reported by the participant or as noted by the examining physician.

Authors' summary

Hepatitis B surface antigen (HBsAg) and antibody to HBsAg. Prevalence in homosexual and heterosexual men


The prevalence rates of serum hepatitis B surface antigen (HBsAg) and antibody to HBsAg (anti-HB) were 5.6\% and 34\%, respectively, in 144 homosexual men in Seattle. Prevalence rates were only 0.9\% and 3.6\%, respectively, in 111 heterosexual male venereal disease clinic patients with nongonococcal urethritis, and also 0.9\% and 3.6\%, respectively, in 111 healthy men undergoing routine physical examinations. Thus previous exposure to hepatitis B virus (HBV) was estimated to be 88 times greater for homosexual men than for heterosexual men. Four of four HBsAg positive sera from homosexual men were subtyped as 'ad', whereas subtype 'ay' is preponderant in intravenous drug abusers. Future public health measures to control HBV infection should be directed to the prevention of sexually transmitted HBV infection among homosexual men.

Authors' summary

Sexually transmitted enteric pathogens in a male homosexual population


A review is made of reported cases of faecal-oral transmission of enteric patho-
gens in male homosexuals attributed to analusius and, less commonly, to fellatio. Difficulties in making diagnoses lie in the recognition of the male homosexual patient, of the asymptomatic carrier states, and of the symptoms mimicking functional bowel syndromes or mild ulcerative colitis. Casual cold stool examination is considered insensitive, and repeated tests of multiple fresh purged stools are recommended. The danger of homosexual food handlers and waiters who are carriers passing on infection to patrons of restaurants is pointed out.

In a series of 89 stools examined from 100 middle-class homosexuals Giardia lamblia was found in nine, Entamoeba histolytica in seven, and non-pathogenic protozoa in 14. The suggestion is made that in New York City the majority of cases of amoebiasis and viral hepatitis in some areas are homosexually transmitted. In the lower West Side (Greenwich Village) the case rate (1975) for hepatitis B in men and women was 23.9 and 4.7 per 100 000, respectively, and for hepatitis non-B 45.8 and 10.2 per 100 000, respectively. Furthermore, in two health areas with the greatest homosexual congregation, case rates in men for hepatitis B were 66.3 and 24.7 per 100 000, no cases occurring in women; case rates of hepatitis non-B were 119.4 and 148.2 as against 60.3 and 125 per 100 000 for women. In these areas men were 11 times more likely to contract hepatitis than women living in the same areas.

M. Waugh

The gay bowel syndrome: Clinicopathologic correlation in 260 cases


The gay bowel syndrome: A review of colonic and rectal conditions in 200 male homosexuals


The 'gay bowel syndrome' is described as a recurrent constellation of colonic and rectal conditions presenting to proctologists which are by no means exclusive to homosexuals but epidemiologically appearing more frequently in that group. The clinical diagnoses in decreasing order of frequency included condylomata acuminata, haemorrhoids, nonspecific proctitis, anal fistula, perirectal abscess, anal fissure, amoebiasis, benign polypos, viral hepatitis, gonorrhoea, syphilis, anorectal trauma and foreign bodies, shigellosis, rectal ulcers, and lymphogranuloma venereum.

The difficulties in recognition for the nonvenereologist of these disorders are highlighted. In addition to screening for sexually transmitted disease, stool examinations for enteric pathogens, ova, and parasites, proctosigmoidoscopy and biopsy, and barium enema studies are recommended.

M. Waugh

Social injuries of the rectum


The dangers of 'fist fornication', the practice of introducing the closed or clenched fist into the rectal ampulla, upper rectum, and sigmoid colon to achieve sexual gratification, are reviewed. In a series of 11 male homosexual patients, mean age 35, who had received injuries, six had mucosal lacerations presenting with bleeding confined to the rectum, and four presented with physical findings of intra-abdominal perforation of the colon requiring laparotomy. One patient had an extensive injury to the anorectal sphincter resulting in complete anal incontinence.

The authors investigated the incidence of the practice by means of a questionnaire. Of 60 homosexuals admitting the practice, it was found that it occurred in older, more experienced men who often used various drugs, amyl nitrite, marihuana, LSD, mescaline, and alcohol, before the act. This potentially dangerous habit may be beginning to occur in heterosexual couples as well.

M. Waugh

John Hunter’s alleged syphilis


The allegation that John Hunter suffered from syphilis is challenged. It is suggested that he was the subject of non-ocular vascular disease, evidence for which may be found by a study of his symptoms and necropsy report. It is further suggested that John Hunter’s famous inoculation experiment was performed...
not on himself but on another subject. It is claimed that there is in fact no scientific evidence for attributing John Hunter's illness to syphilis, and it is urged that the stigma of this diagnosis should be expunged from his image.

Author's summary

Male urethritis in King County, Washington 1974–75. I. Incidence

Male urethritis in King County, Washington 1974–75. II. Diagnosis and treatment

The virus of hepatitis B, a new dimension in the diagnosis of sexually transmitted diseases

Behçet's syndrome in 32 patients in Yorkshire

HLA antigens associated with Behçet's syndrome

Bowen's disease of genital areas

Assessing clinical practice in genitourinary medicine