against one of our isolates neutralised prototype adenovirus 37 but not prototype adenovirus 19 (obtained from Fairfield Hospital, Fairfield, Victoria) when 20 doses of antiserum were tested against 100 infectious doses of virus. A close antigenic relationship was found to exist, however, between adenovirus 19 and 37, leading to confusion in identification of the latter serotype when, for convenience, neutralisation tests were set up with 20 neutralising doses of antiserum against untitrated newly isolated virus.

The results shown in the table clearly indicate that both adenovirus 19 and 37 infect the human genital tract. We have

<table>
<thead>
<tr>
<th>Neutralising</th>
<th>Urethral swab</th>
<th>Cervical swab</th>
<th>Eye swab</th>
<th>from STD patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenovirus 19</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Adenovirus 37</td>
<td>13</td>
<td>8</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

confirmed the evidence obtained by de Jong et al.2 for the occurrence of adenovirus 37 in the eye and genital tract. These findings represent the first report of isolation of adenovirus 37 in the southern hemisphere (de Jong, personal communication). Extrapolation from these results to those we reported previously1 would suggest that about 8% of isolates were adenovirus 19 and approximately 92% adenovirus 37. The association of human genital adenovirus infections with types 19 and 371,2,4,6 has been extended by other unpublished results from this laboratory showing that adenovirus 8, 9, 10, and 26 can also be isolated from genital specimens. It should be noted that all genital isolations of adenoviruses 8, 9, 10, and 26 in this laboratory and the two adenovirus 19s referred to in the table are neutralised only by the homologous WHO specific antiserum and not by antiserum to prototype adenovirus 37.

All the above adenoviruses belong to the human erythrocyte-agglutinating subgroups3 of Rosen's group II adenoviruses. It would be of interest to determine whether other members of these subgroups have a similar predilection for the mucous membranes of the genital tract and the eye. In the near future we will be reporting in more detail our laboratory and clinical findings in human genital adenovirus infections.

This letter has been published with permission from Dr J C McNulty, Commissioner of Public Health, Western Australia.

Yours faithfully,

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References