

# 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)*  
*Chlamydial infections*  
*Non-specific genital infection*  
*Reiter's disease*

*Trichomoniasis*  
*Candidosis*  
*Genital herpes*  
*Other sexually transmitted diseases*  
*Public health and social aspects*  
*Miscellaneous*

## *Syphilis and other treponematoses (clinical and therapy)*

### Neurosyphilis heute

HR STOCKLI (University of Basel, Basel, Switzerland). *Dermatologica* 1982; **165**: 232-48.

### Neurosyphilis et évolution de la syphilis à Genève (1970-1980)

N HUNZIKER (Hôpital Cantonal, University of Geneva, Geneva, Switzerland). *Dermatologica* 1982; **165**: 249-53.

### Klinisch fälle zum therma lues

A CAJACOB (University of Basel, Basel, Switzerland). *Dermatologica* 1982; **165**: 259-70.

### Late yaws; a case report

MH ELTONSY, PMA GAFFOOR, M BENHAWI, AND JC DAVIDSON (Hamad General Hospital, Doha, Qatar). *Sex Transm Dis* 1982; **9**: 205-7.

### Rapid detection of *Treponema pallidum* and cytomegalo-virus specific IgM antibodies with the passive haemagglutination

U HUSCHKA, HH STENGEL, R SCHROETER, ET AL (Institute of Genetics, University of Heidelberg, Heidelberg, FRG). *Zentralbl Bakt Microbiol Hyg* 1982; **253**: 120-30.

### Lues-serologie—gestern, heute und morgen

T RUFLI (University of Basel, Basel, Switzerland). *Dermatologica* 1982; **165**: 221-31.

### Essai d'une nouvelle méthode sérologique pour la détection de la syphilis active

R BRUN (Geneva, Switzerland). *Dermatologica* 1982; **165**: 254-8.

### Prevention and diagnosis of congenital syphilis: immunological aspects

H-J HAGEDORN, A KRAMINER, AND U WIEGEL (Herford, FRG). *Dtsch Med Wochenschr* 1983; **108**: 142-5.

### Modern syphilis serology

RVW VAN EIJK, AND HE MENKE (National Institute for Public Health, Bilthoven, Netherlands). *Antonie van Leeuwenhoek J Microbiol* 1982; **48**: 488-9.

### Modification of the system of screening for antisyphilis antibodies in a blood transfusion centre featuring a miniaturisation of the *Treponema pallidum* haemagglutination assay

A PUCKETT AND G PRATT (John Radcliffe Hospital, Oxford, UK). *J Clin Pathol* 1982; **35**: 1349-52.

## *Syphilis (pathology and experimental)*

### Transfusion syphilis: survival of *Treponema pallidum* in donor blood

JJ VANDERSLUIS, HE MENKE, AND FC KOTHE (Erasmus University, Rotterdam, Netherlands). *Antonie van Leeuwenhoek J Microbiol* 1982; **48**: 487-8.

### Studies on the pathogenesis of the Jarisch Herxheimer reaction—development of an animal model and evidence against a role for classical endotoxin

RJ YOUNG, NM WEINGARTEN, RE BAUGHN, AND WC DUNCAN (Veterans Administration Medical Center, Houston, Texas, USA). *Infect Dis* 1982; **146**: 606-15.

The authors investigated 19 men (aged 18-36 years; 10 black, nine white) with secondary syphilis. All had rashes and VDRL titres of 1/8 or more. Fever was measured using rectal thermocouples, and subjective reactions were recorded before and at 30 minute intervals for 18 hours after an injection of penicillin while the subjects were in an air conditioned room. The first seven patients received 600 000 units of procaine penicillin and the remainder 2.4 million units benzathine penicillin. At the height of the fever one litre of plasma was taken from some patients and stored for 24-48 hours at 4°C.

Seronegative New Zealand white male rabbits were also infected intravenously with  $4 \times 10^7$  Nichols strain *Treponema pallidum*. Their backs were shaved, and cutaneous lesions developed. At various times after infection they were treated with 250 000 units aqueous penicillin G or benzathine penicillin G or both. Fever was measured by a rectal thermocouple. Blood samples were taken from humans and rabbits for assays of pyrogen (by limulus lysate gel) and immune complexes; neither was found.

The reinfusion of plasma caused no febrile reaction. Skin biopsy specimens of the human rash lesions were taken before treatment and at the height of the fever and showed no abnormality using immunofluorescent stains.

Some infected rabbits were rendered tolerant to endotoxin (derived from *E coli*) before treatment with penicillin. These still had a febrile reaction after treatment. Other rabbits received endotoxin after treatment with penicillin when, if endotoxin were responsible, they should have been refractory to its effect. They gave a normal response to endotoxin.

Despite these elegant and thorough experiments, the exact cause of the Jarisch-Herxheimer reaction is still unknown.

G D Morrison

#### **Leukoderma syphiliticum: ultrastructural observations on melanocyte function**

A FRITZH, B LAGERHOLM, AND T KAAMAN (Karolinska Hospital, Stockholm, Sweden). *Acta Derm Venereol (Stockh)* 1982; **62**: 521-4.

#### **Immune complexes in experimental syphilis. A methodologic evaluation**

RE BAUGHN, CB ADAMS, AND DM MUSHER (Baylor Medical College, Houston, Texas, USA). *Sex Transm Dis* 1982; **9**: 170-8.

#### **Fluorescent treponemal antibody absorption double staining test evaluation**

CE FARSHY, EJ KENNEDY, EF HUNTER, AND SA LARSEN (Centers for Disease Control, Atlanta, Georgia, USA). *J Clin Microbiol* 1983; **17**: 245-8.

#### **Immune system responses towards *Treponema pallidum* infection**

JD BOS (University of Amsterdam, Amsterdam, Netherlands). *Antonie van Leeuwenhoek J Microbiol* 1982; **48**: 485.

#### **Molecular characterisation of *Treponema pallidum* proteins responsible for the human immune response to syphilis**

RVW VAN EIJK, AND JDA VAN EMBDEN (National Institute for Public Health, Bilthoven, Netherlands). *Antonie van Leeuwenhoek J Microbiol* 1982; **48**: 486-7.

#### **The placental lesions in congenital syphilis. A study of six cases**

P WALTER, P BLOT, AND B IVANOFF (Place Hôpital, Strasbourg, France). *Virchows Arch (Pathol Anat)* 1982; **397**: 313-26.

Placentas from six mothers with serological tests suggestive of recent syphilitic infection and whose babies were suspected of being or proved to be infected by *Treponema pallidum* were examined. One placenta from this series was large, bulky, and pale, while the other five were without remarkable gross features. In all cases the associated histological lesions were (a) hypercellular areas in the terminal and stem villi, and (b) a focal perivillous or intravillous polymorphonuclear concentration with or without necrosis or both. The former change which was the most frequent was characterised by an apparent increase of villous stromal cells, ultrastructurally identified as mesenchymal cells and Hofbauer cells. In addition numerous fetal monocytes were found in the villous vascular lumina. The findings described here and in the literature suggest that congenital syphilis is associated with a spectrum of placental changes. We believe that these changes depend on the immunological reaction of the fetus. According to the sequence of events described in untreated patients, we distinguished two morphological phases: (a) an inductive phase without placental changes and (b) a reactive phase characterised by a predominantly lymphocytic inflammatory infiltration of the villi followed by a reaction of mononuclear phagocytes.

Authors' summary

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### *Gonorrhoea (clinical)*

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#### **Disseminated gonococcal infections**

SA ALSULEIMAN, EM GRIMES, AND HS JONAS (University of Missouri, Kansas City, Missouri, USA). *Obstet Gynecol* 1983; **61**: 48-51.

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### *Gonorrhoea (microbiology)*

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#### **Detection of *Neisseria gonorrhoeae* antigen with a solid phase enzyme immunoassay (Gonozyne®)**

HA AARDOOM, COA ISERIEF, D DE HOOP, ET AL (Erasmus University, Rotterdam, Netherlands). *Antonie van Leeuwenhoek J Microbiol* 1982; **48**: 489.

#### **ELISA and IHA using two different gonococcal pili as antigens and GCFT using whole gonococci as antigen. Comparison of results obtained by testing sera from patients attending an STD clinic in Rotterdam and from control groups**

AP ORANJE, K REIMANN, RVW VAN EIJK, ET AL (Erasmus University, Rotterdam, Netherlands). *Antonie van Leeuwenhoek Microbiol* 1982; **48**: 501-2.

#### **Comparative in vitro activity of norfloxacin and selected antimicrobial agents against urinary tract pathogens and *Neisseria gonorrhoeae***

RL SWEET, MJ OHMSMITH, AND WK HADLEY (San Francisco General Hospital, San Francisco, California, USA). *J Antimicrob Chemother* 1982; **10**: 553-8.

#### **Characteristics of pathogenic *Neisseria* spp isolated from homosexual men**

WM JANDA, JA MORELLO, SA LERNER, AND M BOHNHOFF (South Chicago Community Hospital, Chicago, Illinois, USA). *J Clin Microbiol* 1983; **17**: 85-91.

#### **Sequence specific DNA uptake in transformation of *Neisseria gonorrhoeae***

JF GRAVES, GD BISWAS, AND PF SPARLING (University of North Carolina, Chapel Hill, North Carolina, USA). *J Bacteriol* 1982; **152**: 1071-7.

#### **Penicillinase-producing gonococci in the Netherlands in 1981**

B VAN KLINGEREN, LJ VAN WIJNGAARDEN, M DESSSENKROON, AND JDA VAN EMBDEN (National Institute of Public Health, Bilthoven, Netherlands). *J Antimicrob Chemother* 1983; **11**: 15-20.

#### **Phagocyte recognition of *Neisseria gonorrhoeae***

KF KINANE, CC BLACKWELL, DM WEIR, AND P WINSTANLEY (University of Edinburgh, Edinburgh, UK). *J Clin Lab Immunol* 1982; **9**: 169-72.

#### **Peptidoglycan biosynthesis in *Neisseria gonorrhoeae*—strains sensitive and intrinsically resistant to $\beta$ -lactam antibiotics**

TJ DOUGHERTY (Rockefeller University, New York, USA). *J Bacteriol* 1983; **153**: 429-35.

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## Non-specific genital infection

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### Isolation of *Branhamella* (*Neisseria*) *catarrhalis* from men with urethritis

GV DOERN AND NM GANTZ (University of Massachusetts Medical Center, Worcester, Massachusetts, USA). *Sex Transm Dis* 1982; **9**: 202-4.

### Urethritis in men: benefits risks and costs of alternative strategies of management

P BRAUN, H SHERMAN, AND AL KOMAROFF (Harvard University, Boston, Massachusetts, USA). *Sex Transm Dis* 1982; **9**: 188-9.

### Measurement of antibody to *Ureaplasma urealyticum* by an enzyme-linked immunosorbent assay and detection of antibody responses in patients with non-gonococcal urethritis

MB BROWN, GH CASSELL, D TAYLOR-ROBINSON, AND MC SHEPARD (University of Alabama, Birmingham, Alabama, USA). *J Clin Microbiol* 1983; **17**: 288-95.

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## Chlamydial infections

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### Growth of host cells and *Chlamydia trachomatis* in medium containing serum from 16-week-old calves

NJ LEVY, S BENES, WM McCORMACK (Brigham and Women's Hospital, Boston, Massachusetts, USA). *J Clin Microbiol* 1983; **77**: 68-71.

### Structural analysis of chlamydial major outer membrane proteins

HD CALDWELL AND RC JUDD (Rocky Mountain Laboratories, Hamilton, Montana, USA). *Infect Immun* 1982; **38**: 960-8.

### Localising of distinct surface antigens on *Chlamydia trachomatis* HAR-13 by immune electron microscopy with monoclonal antibodies

RB CLARK, I NACHAMKIN, PF SCHATZKI, AND HP DALTON (Mount Sinai Hospital, New York, USA). *Infect Immun* 1982; **38**: 1273-8.

### Analysis of human serological response to proteins of *Chlamydia trachomatis*

WJ NEWHALL, VB BATTEIGER, AND RB JONES (Indiana University School of Medicine, Indianapolis, Indiana, USA). *Infect Immun* 1982; **38**: 1181-9.

### Ultrastructural studies of chlamydial infection in guinea pig urogenital tract

BL SOLOFF, RG RANK, AND AL BARRON (Veterans Administration Medical Center, Little Rock, Arkansas, USA). *J Comp Pathol* 1982; **92**: 547-58.

### Asymptomatic urethral infections due to *Chlamydia trachomatis* in male United States military personnel

JK PODGORE, KK HOLMES, AND ER ALEXANDER (Madigan Army Medical Center, Tacoma, Washington, USA). *J Infect Dis* 1982; **146**: 828.

### *Chlamydia trachomatis* infections in women with urogenital symptoms

J SORBIE AND MV O'SHAUGHNESSY (Family Medical Center, Kingston, Ontario, Canada). *Can Med Assoc J* 1982; **127**: 974-84.

### Simplified methods for *Chlamydia trachomatis* isolation using a multiwell plate

H HAYASHI AND PK SHETH (Henry Ford Hospital, Detroit, Michigan, USA). *Am J Public Health* 1982; **72**: 1406-7.

### The in vitro activity of *Chlamydia trachomatis* serotype LGV2 determined on a monolayer of HeLa cells

KH TJIAM, A VAN ZUUREN, MF MICHEL, AND E STOLZ (Erasmus University, Rotterdam, Netherlands). *Br J Dermatol* 1982; **107**: 613-4.

### Ultrastructural effect of penicillin and cycloheximide on *Chlamydia trachomatis* strain HAR 13

RB CLARK, PF SCHATZKI, AND HP DALTON (Mount Sinai Hospital, New York, USA). *Med Microbiol Immunol* 1982; **171**: 151-60.

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## Trichomoniasis

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### Factors affecting the trichomonacidal activity of metronidazole

TE CLARKSON AND GH COOMBES (University of Glasgow, Glasgow, Scotland, UK). *J Protozool* 1982; **29**: 636.

### Role of cytoskeleton in natural cell-mediated cytotoxicity against *Trichomonas vaginalis*

MG MARTINOTTI, MA GALLIONE, P MARTINETTO, AND S LANDOLFO (University of Turin, Turin, Italy). *Microbiologica* 1982; **5**: 389.

### Antigen specific proliferation responses of peripheral blood lymphocytes to *Trichomonas vaginalis* antigen in patients with trichomonas vaginitis

A YANO, F AOSAI, K YUI, ET AL (Shinshu University School of Medicine, Nagano, Japan). *J Clin Microbiol* 1983; **17**: 175-80.

### Sensitivity of *Trichomonas vaginalis* to metronidazole in medium with various concentrations of iron and ascorbate

JG MEINGASSNER AND PG HEYWORTH (Sandoz Forschungsinstitut, Vienna, Austria). *J Parasitol* 1982; **68**: 1163-4.

### Purine and pyrimidine metabolising activities in *Trichomonas vaginalis* extracts

RL MILLER AND D LINSTAD (Wellcome Research Laboratories, Research Triangle Park, North Carolina, USA). *Mol Biochem Parasitol* 1983; **7**: 41-52.

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## Candidosis

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### Patient compliance and the short-term treatment regimen

WH ROBERTSON (Birmingham, Alabama, USA). *Chemotherapy* 1982; **28** suppl 1: 80.

### Three-day therapy of vaginal candidiasis with clotrimazole vaginal tablets and econazole ovules: a multicenter comparative study

S STETTENDORF, G BENIJTS, M VIGNALI, AND W KREYSING (Bayer AG, Wuppertal, Elberfel, FRG). *Chemotherapy* 1982; **28** suppl 1: 87.

### Efficiency of various therapeutic concepts in genital mycoses

S GRANITZKA (University of Frankfurt, Frankfurt, FRG). *Chemotherapy* 1982; **28** suppl 1: 92.

**Results of single-dose treatment of vaginal mycoses with 500 mg Canesten® vaginal tablets**

U KRAUSE (Bayer AG, Wuppertal, Elberfel, FRG). *Chemotherapy* 1982; **28** suppl 1:99.

**One-dose therapy of candida vaginitis. I Results of an open multicentre trial**

E GOORMANS, NAM BERGSTEIN, EW LOENDERSLOOT, AND JH BRANOLTE (Ziekenhaus, Leyenburg, The Hague, Netherlands). *Chemotherapy* 1982; **28** suppl 1:106.

**Combined activity of ketoconazole and sulfamethoxazole against *Candida albicans***

WH BEGGS (Veterans Administration Medical Center, Minneapolis, Minnesota, USA). *J Antimicrob Chemother* 1982; **10**: 539-42.

**Epidemiology, pathology and clinical features of genital mycoses — 1981 status**

HH SENFT AND W KORTE (Malteser Krankenhaus, Bonn, FRG). *Chemotherapy* 1982; **28** suppl 1:3-13.

**Investigations into the pathoetiology and diagnosis of vaginal mycoses**

JD SCHNELL (St Franziskus Hospital, Bielefeld, FRG). *Chemotherapy* 1982; **28** suppl 1:14-21.

**On the action kinetics of clotrimazole**

M PLEMPPEL (Bayer AG, Wuppertal, Elberfel, FRG). *Chemotherapy* 1982; **28** suppl 1:22-31.

**In vitro antibacterial activity of different clotrimazole formulations**

K SCHALLER (Bayer AG, Wuppertal, Elberfel, FRG). *Chemotherapy* 1982; **28** suppl 1:32-6.

**Pharmacokinetic fundamentals of vaginal treatment with clotrimazole**

W RITTER, K PATZSCHKE, U KRAUSE, AND S STETTENDORF (Bayer AG, Wuppertal, Elberfel, FRG). *Chemotherapy* 1982; **28** suppl 1:37-42.

**Vaginal secretion levels after six days, three days and one day of treatment with 100, 200 and 500 mg vaginal tablets of clotrimazole and their therapeutic efficacy**  
W MENDLING AND M PLEMPPEL (Bayer AG, Wuppertal, Elberfel, FRG). *Chemotherapy* 1982; **28** suppl 1:43-7.

**Recurrent candida vulvovaginitis**

FJ FLEURY (Springfield, Illinois, USA). *Chemotherapy* 1982; **28** suppl 1:48.

**Demonstration of typical features of individual *Candida albicans* strains as a means of studying sources of infection**

W MEINHOF (Rhem Westfal, Aachen, FRG). *Chemotherapy* 1982; **28** suppl 1:51.

**Clinical presentation of candidal balanitis —its differential diagnosis and treatment**

MA WAUGH (General Infirmary, Leeds, UK). *Chemotherapy* 1982; **28** suppl 1:56.

***Candida albicans* vaginitis; the problem is diagnosis, the enigma is treatment**

TB LEBBERZ AND LC FORD (University of California, Los Angeles, California, USA). *Chemotherapy* 1982; **28** suppl 1:73.

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## Genital herpes

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**Herpetic proctitis and meningitis—recovery of two strains of herpes simplex virus type 1 from cerebrospinal fluid**

M HELLER, RD DIX, JR BARINGER, ET AL (University of California, San Francisco, California, USA). *J Infect Dis* 1982; **146**: 584-8.

A patient with simultaneous proctitis and meningitis due to herpes simplex virus type 1 (HSV-1) and type 2 (HSV-2) was extensively investigated. In both disease locations the infection was clinically evident and confirmed by culture. Analysis by sodium dodecylsulphate-polyacrylamide gel electrophoresis of rectal isolates showed both HSV-1 and HSV-2. The cerebrospinal fluid harboured two apparently different strains of HSV-1, one of which was shown by restriction endonuclease analysis to be identical with the rectal isolate of HSV-1.

*Authors' summary*

**Effect of phosphonoformate on symptomatic genital herpes simplex virus type II infection of guinea pigs**

DR MAYO, HL LUCIA, AND GD HSIUNG (Veterans Administration Medical Center, West Haven, Connecticut, USA). *Intervirology* 1983; **19**:26-32.

**Inapparent genital herpes simplex virus infection in college women**

ML MCCAUGHTRY, GS FLEAGLE, AND JJ DOCHERTY (Penn State University, University Park, Pennsylvania, USA). *J Med Virol* 1982; **10**:283-90.

**Arabinosyladenine monophosphate in genital herpes: a double blind placebo controlled study**

VA HATCHER, AE FRIEDMANKIEN, EL MARCU AND RJ KLEIN (New York University Medical Center, New York, USA). *Antiviral Research* 1982; **2**:283-90.

**Effects of genetic resistance against herpes simplex virus in vaginally infected mice**

KE SCNEWEIS, M OLBRICH, V SAFTIG, AND R SCHOLZ (University of Bonn, Bonn, FRG). *Med Microbiol Immunol* 1982; **171**: 161-70.

**Typing of clinical herpes simplex virus isolates with mouse monoclonal antibodies to herpes simplex virus type 1 and 2: Comparison with type-specific rabbit antisera and restriction endonuclease analysis of viral DNA**

E PETERSON, OW SCHMIDT, LC GOLDSTEIN, ET AL (University of Washington, Seattle, Washington, USA). *J Clin Microbiol* 1983; **17**:92-6.

**Detection of genital herpes simplex infections by a tissue culture—fluorescent antibody technique with biorin-avidin**

LS NERURKAR, AJ JACOB, DL MADDEN, AND SEVER (NINCDS, Bethesda, Maryland, USA). *J Clin Microbiol* 1983; **17**:149-54.

**Restriction endonuclease analysis of DNA from genital isolates of herpes simplex virus type 2**

NJ MAITLAND, IW SMITH, JF PEUTHERER, ET AL (University of Edinburgh, Edinburgh, UK). *Infect Immun* 1982; **38**: 384-42.

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## Other sexually transmitted diseases

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***Haemophilus ducreyi* infections—time for reappraisal**

MG McENTEGART, S HAFIZ, AND GR KINGHORN (Royal Infirmary, Sheffield, UK). *J Hyg* 1982; **89**:467-78.



In their most recent study in Sheffield *H ducreyi* was isolated from 46 of 161 patients with genital ulceration (80 men and 81 women) (including those with herpes genitalis infections). These gave rise to typical entire, brownish, lenticulate colonies with the characteristic coherence which made them easy to push about but difficult to film or prepare a smooth suspension. The general features (scanning electron microscope photographs provided) correspond to those studied in Seattle and Manitoba as indicated by an exchange of strains (for details of three-part medium used see original). With the addition of strains previously isolated the total number now studied in Sheffield is 72, of which only three were  $\beta$ -lactamase producers, two being imported and the third a contact of one of those cases. Attempts to grow the organisms in a liquid medium have so far failed.

It is postulated that some strains of *H ducreyi* may be less pathogenic and so give rise to symptomatic infections which may be diagnosed only when they subsequently infect already damaged tissue as secondary invaders. Once established in damaged tissue the organisms contribute to the persistence of lesions until specific treatment is given.

R R Willcox

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#### The enzymatic profile of *Haemophilus ducreyi*

IM CASIN, MJ SANSON-LEPORS, MF GORCE, ET AL (Hôpital St Louis, Paris, France). *Ann Microbiol* 1982; **B133**: 379-88.

#### Urethral condylomata acuminata: a new topical treatment

Y HANNANI, AA SIDI, Y MADGAR, ET AL (Chaim Sheba Medical Centre, Tel Hashomer, Israel). *Isr J Med Sci* 1982; **18**: 1053-4.

#### Non-specific vaginitis. Diagnostic criteria and microbial and epidemiologic associations

R AMSEL, PA TOTTEN, CA SPIEGEL, ET AL (United States Public Health Service Hospital, Seattle, Washington, USA). *Am J Med* 1983; **74**: 14-22.

#### Using the laser to treat vulvar condylomata acuminata and intraepidermal neoplasia

A FERENCZY (Sir Mortimer B Davis Jewish General Hospital, Montreal, Quebec, Canada). *Can Med Assoc J* 1983; **128**: 135-7.

#### Public health and social aspects

##### Repeated gonorrhoea in Sheffield: the size of the problem, epidemiologic significance and personal characteristics of repeaters

GR KINGHORN, D PRYCE, AND RS MORTON (Royal Infirmary, Sheffield, UK). *Sex Transm Dis* 1982; **9**: 165-70.

##### Ophthalmia neonatorum in the 1980's—incidence, aetiology and treatment

JM PIERCE, ME WARD, AND DV SEAL (Northwick Park Hospital, Harrow, Middlesex, UK). *Br J Ophthalmol* 1982; **66**: 728-31.

Ophthalmia neonatorum (ON), defined as the presence of an acute overt ocular discharge together with conjunctival hyperaemia, was diagnosed in 54 out of 450 consecutive neonates observed for two weeks. In 42 of these cases swabs from the inferior palpebral conjunctiva were cultured using standard techniques for pathogenic (including *Chlamydia trachomatis*) and non-pathogenic bacteria and matched with 42 controls. Pathogens were isolated from only 15 cases compared with four controls and non-pathogens from 14 cases compared with 20 controls. *Streptococcus viridans* (six cases), but not *Staphylococcus aureus*, was found significantly more often among cases than controls. *Neisseria gonorrhoeae* was not isolated. There was one isolate of *C trachomatis*. Antibiotic sensitivity tests showed all bacteria associated with ON to be susceptible to tetracycline and all except *C trachomatis* to chloramphenicol. Sulphonamides were not usually effective and streptococci were resistant to gentamicin and neomycin.

A survey of 105 local general practitioners found that the majority treated ON with chloramphenicol but only 4% used chlortetracycline; only 18% said they would refer or treat the parents of neonates with chlamydial ON.

The authors postulate that initial inadequate tear flow and not an infectious agent may lead to ON and thus explain the 30% of cases from which no organism was isolated.

J R Willcox

#### The profile of early infectious syphilis in Denmark

CS PETERSEN AND NS PETERSEN (Staten Seruminstitut, Copenhagen, Denmark). *Dan Med Bull* 1983; **30**: 49-51.

Using the Danish syphilis index, which contains clinical and serological information on most, if not all, treponemal infections diagnosed since 1920, 333 episodes of early (primary, secondary, and early latent) syphilis diagnosed since 1979 were studied. Excluding 32 cases in which the sex orientation was unknown, 159 were in male homosexuals (including bisexuals), 95 in heterosexual men, and 47 in women, all of whom were believed to be heterosexual: 65 (41%) of the homosexually acquired infections were reinfections which corresponded to 77% of the total number of reinfections in the series; 41% of the male homosexuals had had more than one attack of syphilis compared with 13% in both the male heterosexuals and the women. Half of the homosexuals were aged 33 or more compared with approximately one fourth of heterosexual men. Sixty eight per cent of all early syphilis in Denmark and 86% of homosexually acquired infections were diagnosed in Copenhagen.

R R Willcox

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## Notice

#### International symposium on medical virology

The third international symposium on medical virology, sponsored by the Medical Microbiology Division, University of California, is to be held from 19 to 22 October 1983 at the Disneyland Hotel, Anaheim, California, USA. For further information, please contact: Dr Luis M de la Maza, Department of Pathology, University of California, Irvine Medical Center, 101 City Drive, Orange, California 92668, USA.