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This *Journal,* founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of venereal diseases, sexually transmitted diseases and allied disorders, and review articles, correspondence, and abstracts.

Advice to authors Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A McMillan, Department of Genitourinary Medicine, Royal Infirmary, Lauriston Place, Edinburgh EH3 9YW. The covering letter should contain a statement signed by all authors that the manuscript has been seen and approved by them. Any change of address of the corresponding author between submission and publication of the paper should be notified in advance to the Technical Editor, c/o BMA House. Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed.

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(1) *Scripts* must be typewritten on one side of the paper only in double spacing with ample margins, and two copies should be sent.

(2) *Each script* should include, in the following order: a brief summary, typed on a separate sheet, outlining the main observations and conclusions; the text divided into appropriate sections; acknowledgements; tables, each on a separate sheet; and legends for illustrations.

(3) *The title* of the paper should be as brief as possible.

(4) *The number of authors* should be kept to the minimum, and only their initials and family names used.

(5) *Only the institution(s)* where work was done by each author should be stated.

(6) *SI units* are preferred. If old fashioned units are used SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.

(7) *Only recognised abbreviations* should be used.

(8) *Acknowledgements* should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

(9) *Figures* should be numbered in the order in which they are first mentioned, referred to in the text, and provided with captions typed on a separate sheet. (*Diagrams:* use thick, white paper and insert lettering lightly in pencil. *Photographs:* should be marked on the back with the author's name and indicating the top edge. They should be trimmed to include only the relevant section (sizes 2¼" or 5¼" wide, maximum 5¼" × 7") to eliminate the need for reduction. Photomicrographs must have internal scale markers. *X* ray films should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.

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vaginosis). Bacteriologists will be pleased to note that the recommendations on diagnosis do not include culture and identification in the clinical diagnostic criteria. Culture is encouraged as a research tool. Recommendations for diagnosing bacterial vaginosis are conventional, and require at least three of the following: a homogeneous thin discharge, pH >4·5, a fishy amine odour, or the presence of clue cells. As many of these tests are highly subjective, it is disappointing that the development of rapid routine methods of detecting the biochemical changes associated with bacterial vaginosis is not encouraged more positively.

Reports on the taxonomy and diagnostic aspects of anaerobic curved rods provide a valuable update and for many readers will be their first introduction to the new genus *Mobiluncus*. Basically two types of anaerobic curved rods are found in the vagina: short (1-2 μm) Gram variable (short curved rods), and long (2-4 μm) Gram negative (long curved rods). Short curved rods are named *Mobiluncus curtisii,* and long curved rods *Mobiluncus mulieris.* As "infection" with anaerobic curved rods was "not proved", vaginal specimens should not be cultured routinely.

Treatment with antibiotics was recommended only for symptomatic patients who fulfil the objective diagnostic criteria of bacterial vaginosis. Nitroimidazoles taken orally are the drugs of choice as they are more effective than ampicillin, tetracycline, or topical sulfa creams. Because of the reluctance to use nitroimidazoles during pregnancy the development of alternative treatment regimens should be undertaken in parallel with studies of morbidity associated with bacterial vaginosis during pregnancy. The symposium shed little light on the role of the male sexual partner in bacterial vaginosis.

This book is a valuable addition to the departmental library rather than the personal bookshelf of other than those with a special interest in the subject.

H Young

As you were: VE day—a medical retrospect. Forty two contributors, 1984. British Medical Association, London. Pp 193: £5.50 BMA members, £6.00 non-members.

The idea that the *British Medical Journal* should collect a series of memories and reminiscencies from doctors of their experiences on and around VE Day and publish them in book form, was put forward less than a year ago. The basic concept was to dedicate the volume to the memory of Elston Grey-Turner, who had been one of the BMA's most respected and best loved figures and had served the Association in many capacities.

This brilliant idea produced so much enthusiasm that there were 42 suitable contributions at the time of publication, each describing a wide variety of experiences and a wealth of fascinating facts. The resulting volume is an attractive paperback with a very original cover and clean, large print, making it easy to handle and pleasant to read. The list of contributors includes many of the best known names in contemporary medicine, but the passage of time since the second world war is underlined by the fact that most of them have now retired.

It is salutary to remember that 40 years have passed since VE Day, that is to say the lifetime of a whole generation. Over half of the present establishment of doctors was not yet born and the second world war forms a watershed between those who experienced it and those who did not. Nevertheless, this book contains so many accounts of adventures and unexpected events and gives such a clear picture of the lives of all types of doctors during the war that it makes fascinating and sometimes exciting reading for all age groups, especially those interested in military affairs.

From the pages of the book and from a short biography of him, Elston Grey-Turner emerges as an outstanding man, who won the MC in 1944 at Monte Casino, was a member of Field Marshall Montgomery's Staff in Germany, and continued to serve in the Territorial Army after the war, holding an appointment as honorary colonel. He passed the Civil Service examinations intending to become a diplomat, but instead joined the Ministry of Health. He became Secretary of the BMA in 1976 and completely transformed it. He wrote a detailed history of the Association and was awarded a CBE in 1980. He died before his time and left behind him the records of a memorable career and of a great public servant.

This successful book is a most appropriate memorial to him and all the profits from its sales will go to BMA charities. It will be read and enjoyed by doctors, students, members of the paramedical professions, and all those interested to know how doctors stood up to the duress of war.

R D Catterall

Notices

Second World Congress on Sexually Transmitted Diseases (STDs)

The 2nd world congress on sexually transmitted diseases (STDs) will be held at the Centre International de Congres de Paris (CIP), Porte Maillot, Paris, from 25 to 29 June 1986 under the patronage of the World Health Organisation and the International Union against Venereal Diseases and the Treponematoses. The general theme will be "STDs and their social and economic consequences".

Typewritten abstracts of papers should be submitted, in French or English, before 30 June 1985 to the Director, Dr A Siboulet, Institut Alfred Fournier, 25 boulevard Saint-Jacques, 75680 Paris, Cedex 14, France.

For further information concerning registration, travel arrangements, hotels, etc, please contact the Commissariat General, 4 Villa d'Orleans, 75014 Paris, France.

International meeting of dermatological research

The seventh meeting devoted to dermatological research will be held under the auspices of the Société de Recherche Dermatologique at Louvain University in Brussels on September 19 to 21, 1985. This meeting will be organised by the unit of occupational and environmental dermatology (director Professor J M Lachapelle).

Further information and application forms can be obtained from: Docteur D Van Neste, Unité de Dermatologie Professionnelle et de l'Environnement, Université Catholique de Louvain, UCL 3033, Clos Chapelle-aux-Champs, 30-B-1200 Bruxelles, Belgique.

Third International Forum of Andrology

The Third International Forum on Andrology will be held in Paris on 18 and 19 June, 1985. Topics for discussion will be: androgens (on the first day) and the epididymis (on the second day).

For further information please contact Professor G Arvis, Department of Urology, Hôpital Saint-Antoine, 184 rue du Faubourg-Saint-Antoine, 75571 Paris, Cedex 12, France.

List of current publications

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

Syphilis and other treponematoses

Congenital syphilis
L MASCOLA, R PELOSI, JH BLOUNT, NJ BINKIN, CE ALEXANDER, AND W CATES (Los Angeles, USA). *JAMA* 1984;**252**:1719-22.

Sensitivity and specificity of monoclonal antibodies directed against antigenic determinants of *Treponema pallidum* Nichols in the diagnosis of syphilis
MV NORGARD, CK SELLAND, JR KETTMAN, AND JN MILLER (Dallas, USA). *J Clin Microbiol* 1984;**20**:711-7.

Low molecular weight — IgM antibodies in syphilis detected by *Treponema pallidum* immune adherence (TPIA) test
S TANAKA, T SUZUKI, K SHIMADA, AND K NISHIOKA (Tokyo, Japan). *Med Microbiol Immunol (Berl)* 1984;**173**:155-65.

Immunological cross-reaction between antigen Tp-4 of *Treponema pallidum* and an antigen common to a wide range of bacteria
P HINDERSSON, CS PETERSEN, NS PEDERSEN, N HØIBY, AND NH AXELSEN (Copenhagen, Denmark). *Acta Path Microbiol Immunol Scand B* 1984;**92**:183-8.

Antigenic cross-reactivity between *Treponema pallidum* and other pathogenic members of the family *Spirochaetaceae*
SA BAKER-ZANDER AND SA LUKEHART (Seattle, USA). *Infect Immun* 1984;**46**:116-21.

Gonorrhoea

Chemical and biological characterization of a gonococcal growth inhibitor produced by *Staphylococcus haemolyticus* isolated from urogenital flora
M FRENETTE, R BEAUDET, J-G BISAILLON, M SYLVESTRE, AND V PORTELANCE (Quebec, Canada). *Infect Immun* 1984;**46**:340-5.

The genetics of the gonococcus
JG CANNON AND PF SPARLING (Chapel Hill, USA). *Annu Rev Microbiol* 1984;**38**:111-33.

Conjunction of plasmids of *Neisseria gonorrhoeae* to other *Neisseria* species: potential reservoirs for the β-lactamase plasmid
CA GENCO, JS KNAPP, AND VL CLARK (Rochester, USA). *J Infect Dis* 1984;**150**:397-401.

Differentiation of *Neisseria gonorrhoeae* from other *Neisseria* species by use of the restriction endonuclease *Hae* III
AR TORRES, MK LI, DC WARD, AND SC EDBERG (New Haven, USA). *J Clin Microbiol* 1984;**20**:687-90.

Modified enzyme immunoassay for detecting *Neisseria gonorrhoeae* antigens
CJ PAPASIAN, WR BARTHOLOMEW, AND D AMSTERDAM (Buffalo, USA). *J Clin Microbiol* 1984;**20**:641-3.

Immunological identification of *Neisseria gonorrhoeae* with monoclonal and polyclonal antibody coagglutination reagents
H YOUNG AND KG REID (Edinburgh, Scotland). *J Clin Pathol* 1984;**37**:1276-81.

In vitro activities of the spectinomycin analog U-63366 and four quinolone derivatives against *Neisseria gonorrhoeae*
M PEETERS, E VAN DYCK, AND P PIOT (Antwerp, Belgium). *Antimicrob Agents Chemother* 1984;**26**:608-9.

A double blind study comparing two dosages of enoxacin for the treatment of uncomplicated urogenital gonorrhoea
A NOTOWICZ, E STOLZ, AND B van KLINGEREN (The Hague, the Netherlands). *J Antimicrob Chemother* 1984;**14**: suppl C:91-4.

Cefotaxime in the treatment of gonorrhoea caused by β-lactamase-producing *Neisseria gonorrhoeae*
D BARLOW AND I PHILLIPS (London, England). *J Antimicrob Chemother* 1984;**14**:suppl B:291-3.

Treatment of non-complicated urogenital, rectal and oropharyngeal gonorrhoea with intramuscular cefotaxime 1·0 g or cefuroxime 1·5 g
E STOLZ, L ONG, T van JOOST, AND MF MICHEL (Rotterdam, the Netherlands). *J Antimicrob Chemother* 1984;**14**suppl B:295-9.

Single-dose kanamycin therapy of gonococcal ophthalmia neonatorum
L FRANSEN, H NSANZE, L D'COSTA, RC BRUNHAM, AR RONALD, AND P PIOT (Antwerp, Belgium). *Lancet* 1984; ii: 1234-7.

Spectinomycin as initial treatment for gonorrhoea
CSF EASMON, GE FORSTER, GD WALKER, CA ISON, JRW HARRIS, AND PE MUNDAY (London, England). *Br Med J* 1984; **289:** 1032-4.

Non specific genital infection and related disorders (chlamydial infections)

Role of *Chlamydia trachomatis* in acute pharyngitis in young adults
MA GERBER, RW RYAN, RC TILTON, AND JE WATSON (Farmington, USA). *J Clin Microbiol* 1984; **20:** 993-4.

Serological evidence of *Chlamydia trachomatis* infection in non-immunocompromised adults with pneumonia
T SUNDKVIST AND P-A MÅRDH (Lund, Sweden). *J Infect* 1984; **9:** 143-7.

Chlamydial endometritis — a histological and immunohistochemical analysis
B WINKLER, W REUMANN, M MITAO, L GALLO, RM RICHART, AND CP CRUM (New York, USA). *Am J Surg Pathol* 1984; **8:** 771-8.

Rapid diagnosis of chlamydial infections with the MicroTrak direct test
CT UYEDA, P WELBORN, N ELLISON-BIRANG, K SHUNK, AND B TSAOUSE (San Jose, USA). *J Clin Microbiol* 1984; **20:** 948-50.

A comparison of oxytetracycline and trimethoprim in the treatment of *Chlamydia trachomatis* urethritis
PB NIELSEN, JD CHRISTENSEN, AND G FRENTZ (Hvidovre, Denmark). *Infection* 1984; **12:** 274-5.

Non specific genital infection and related disorders (mycoplasmal and ureaplasmal infections)

The infrequent occurrence of mycoplasmas in amniotic fluid from women with intact fetal membranes
AC THOMSEN, D TAYLOR-ROBINSON, KB HANSEN, *ET AL* (Aarhus, Denmark). *Acta Obstet Gynecol Scand* 1984; **63:** 425-9.

Mycoplasmic localization patterns on spermatozoa from infertile men
F BUSOLO, R ZANCHETTA, AND G BERTOLONI (Padua, Italy). *Fertil Steril* 1984; **42:** 412-7.

Pelvic inflammatory disease

Nongonococcal pelvic abscess caused by *Salmonella enteritidis*
DH SALTZMAN, MI EVANS, AG ROBICHAUX, JH GROSSMAN, AND AJ FRIEDMAN (Washington, USA). *Obstet Gynecol* 1984; **64:** 585-6.

Reiter's disease

Myelopathy in Reiter's disease
A MONTANARO AND RM BENNETT (Portland, USA). *J Rheumatol* 1984; **11:** 540-1.

Trichomoniasis

A metronidazole-resistant strain of *Trichomonas vaginalis* and its sensitivity to Go 10213
DK RAY, JS TENDULKAR, VB SHRIVASTAVA, AK DATTA, AND K NAGARAJAN (Bombay, India). *J Antimicrob Chemother* 1984; **14:** 423-6.

Candidosis

Topical tioconazole versus systemic ketoconazole treatment of vaginal candidiasis
H ROHDE-WERNER (Eggenstein, Federal Republic of Germany). *J Int Med Res* 1984; **12:** 298-302.

Genital herpes

Disseminated herpes simplex virus infection in pregnancy
DC LAGREW, TG FURLOW, WD HAGER, AND RL YARRISH (Lexington, USA). *JAMA* 1984; **15:** 2058-9.

Specific IgG and IgA antibodies to herpes simplex virus (HSV)-induced surface antigen in patients with HSV infections and in healthy adults
T HADAR AND I SAROV (Beer Sheva, Israel). *J Med Virol* 1984; **14:** 201-7.

The immunocytochemical detection of herpes simplex virus in cervical smears — a valuable technique for routine use
RL ADAMS, DR SPRINGALL, MM LEVENE, AND TEC BUSHELL (Mitcham Junction, England). *J Pathol* 1984; **143:** 241-7

Genital warts

Immunohistochemical and ultrastructural evidence of papilloma virus infection associated with *in situ* and microinvasive squamous cell carcinoma of the vulva
S PILOTTI, F RILKE, KV SHAH, G DELLETORRE, AND G DEPALO (Milan, Italy). *Am J Surg Pathol* 1984; **8:** 751-61.

Intralesional administration of large doses of human leukocyte interferon for the treatment of condylomata acuminata
JR GEFFEN, RJ KLEIN, AE FRIEDMAN-KIEN (New York, USA). *J Infect Dis* 1984; **150:** 612-5.

Topical treatment of flat vaginal condyloma with human leukocyte interferon
E VESTERINEN, B MEYER, K CANTELL, AND E PUROLA (Helsinki, Finland). *Obstet Gynecol* 1984; **64:** 535-8.

Acquired immune deficiency syndrome

Glomerular lesions in the acquired immunodeficiency syndrome
V PARDO, M ALDANA, RM COLTON, *ET AL* (Miami, USA). *Ann Intern Med* 1984; **101:** 429-34.

Enteropathy associated with the acquired immunodeficiency syndrome
DP KOTLER, HP GAETZ, M LANGE, EB KLEIN, AND PR HOLT (New York, USA). *Ann Intern Med* 1984; **101**:421-8.

Cardiac abnormalities in acquired immune deficiency syndrome
L FINK, N REICHEK, AND MGSt J SUTTON (Philadelphia, USA). *Am J Cardiol* 1984; **54**:1161-3.

The neuropathology of acquired immune deficiency syndrome
LB MOSKOWITZ, GT HENSLEY, JC CHAN, J GREGORIOS, AND FK CONLEY (Miami, USA). *Arch Pathol Lab Med* 1984; **108**:867-72.

Disseminated histoplasmosis in patients with the acquired immune deficiency syndrome
JR BONNER, J ALEXANDER, WE DISMUKES, *ET AL* (Birmingham, USA). *Arch Intern Med* 1984; **144**:2178-81.

Cytomegalovirus induced demyelination associated with acquired immune deficiency syndrome
LB MOSKOWITZ, JB GREGORIOS, GT HENSLEY, AND JR BERGER (Miami, USA). *Arch Pathol Lab Med* 1984; **108**:873-7.

Diagnosis of pulmonary disease in acquired immune deficiency syndrome (AIDS). Role of bronchoscopy and bronchoalveolar lavage
DE STOVER, DA WHITE, PA ROMANO, AND RA GELLENE (New York, USA). *Am Rev Respir Dis* 1984; **130**:659-62.

Acquired immune deficiency and related syndromes. A critical analysis of in vitro tests of cell-mediated immunity
JC GLUCKMAN, M CAVAILLE-COLL, D KLATZMANN, *ET AL* (Paris, France). *La Presse Médicale* 1984; **13**:1937-41.

Interferon production in male homosexuals with the acquired immune deficiency syndrome (AIDS) or generalised lymphadenopathy
J ABB, M KOCHEN, AND F DEINHARDT (Munich, Federal Republic of Germany). *Infection* 1984; **12**:240-2.

HTLV-III in saliva of people with AIDS-related complex and healthy homosexual men at risk for AIDS
JE GROOPMAN, SZ SALAHUDDIN, MG SARNGADHARAN, *ET AL* (Bethesda, USA). *Science* 1984; **226**:447-9.

HTLV—III in cells cultured from semen of two patients with AIDS
D ZAGURY, J BERNARD, J LEIBOWITCH, *ET AL* (Paris, France). *Science* 1984; **226**:449-51.

HTLV-III in the semen and blood of a healthy homosexual man
DD HO, RT SCHOOLEY, TR ROTA, *ET AL* (Boston, USA). *Science* 1984; **226**:451-3.

Prolonged incubation period of AIDS in intravenous drug abusers: epidemiological evidence in prison inmates
JP HANRAHAN, GP WORMSER, AA REILLY, BH MAGUIRE, G GAVIS, AND DL MORSE (Albany, USA). *J Infect Dis* 1984; **150**:263-6.

Acquired immunodeficiency syndrome in the United States: an analysis of cases outside high-incidence groups
ME CHAMBERLAND, KG CASTRO, HW HAVERKOS, *ET AL* (Atlanta, USA). *Ann Intern Med* 1984; **101**:617-23.

Determinants of retrovirus (HTLV-III) antibody and immunodeficiency conditions in homosexual men
JJ GOEDERT, MG SARNGADHARAN, RJ BIGGAR, *ET AL* (Bethesda, USA). *Lancet* 1984; ii:711-6.

A casual association between human T cell lymphotrophic virus III (HTLV-III) and AIDS and other related conditions is supported by recent seroepidemiological studies of patients, people at risk, isolation of the virus, T helper cell tropism, cytotoxicity of the virus in vitro, animal transmission studies, and prospective studies showing that infection precedes disease.

In 1982 these workers identified and then followed up most of a cohort of homosexual men in Manhattan. Lifestyle factors were examined using a self administered questionnaire. Their initial work on the cohort identified a correlation between reduced T helper cells and a high number of sexual partners and high incidence of passive anal intercourse. This paper shows that 53% (35 out of 66 tested) of their initial cohort had anti-HTLV-III on enzyme linked immunosorbent assay (ELISA). In one year four seronegative patients acquired anti-HTLV-III, an attack rate of 1·2% a month, and of the seropositive patients with an antibody ratio of >5·0, five developed AIDS. Ten seropositive patients developed other conditions, such as herpes zoster, oral candidiasis, and thrombocytopenia.

Low T helper cells in healthy and sick people were closely correlated with anti-HTLV-III seropositivity. The risk factors for acquiring HTLV-III, identified by univariate and multivariate analyses, were a large number of sexual partners in the preceding 12 months and a high incidence of passive anal intercourse.

Although some questions remain about the ability of their assay to detect low levels of anti-HTLV-III, this paper strengthens the case against HTLV-III.

I V D Weller

Partial immune reconstitution in a patient with the acquired immunodeficiency syndrome
HC LANE, H MASUR, DL LONGO, *ET AL* (Bethesda, USA). *N Engl J Med* 1984; **311**:1099-103.

Use of interleukin-2 in patients with acquired immunodeficiency syndrome
HC LANE, JP SIEGEL, AH ROOK, *ET AL* (Bethesda, USA). *Journal of Biological Response Modifiers* 1984; **3**:512-6.

Indomethacin enhances the proliferation of mitogen-stimulated T lymphocytes of homosexual males with persistent generalised lymphadenopathy
FH VALONE, DG PAYAN, DI ABRAMS, JG DOHLMAN, AND EJ GOETZL (San Francisco, USA). *J Clin Immunol* 1984; **4**:383-7.

Inactivation of lymphadenopathy associated virus by chemical disinfectants
B SPIRE, F BARRÉ-SINOUSSI, L MONGAGNIER, AND JC CHERMANN (Paris, France). *Lancet* 1984; ii:899-901.

Other sexually transmitted diseases

***Hemophilus ducreyi* infection resembling granuloma inguinale**
J VERDICH (Copenhagen, Denmark). *Acta Derm Venereol (Stockh)* 1984; **64**:452-5.

Cytomegalovirus isolation from healthy homosexual men

M LANGE, EB KLEIN, H KORNFIELD, LZ COOPER, AND MH GRIECO (New York, USA). *JAMA* 1984;**252**:1908-10.

Lymphocyte subsets and urinary excretion of cytomegalovirus among homosexual men attending a clinic for sexually transmitted diseases

SB GREENBERG, S LINDER, B BAXTER, E FARIS, DM MARCUS, AND G DREESMAN (Houston, USA). *J Infect Dis* 1984;**150**:330-3.

Recovery of Epstein-Barr virus from genital ulcers

J PORTNOY, GA AHRONHEIM, F GHIBU, B CLECNER, AND JH JONCAS (Montreal, Canada). *N Engl J Med* 1984;**311**:966-8.

This report describes a young woman with infectious mononucleosis, which started with three severely painful labial ulcers preceded by bluish black discolouration. Tests for syphilis, chancroid, herpes virus, and cytomegalovirus infections were negative but *Gardnerella vaginalis* was isolated from one of the lesions on one occasion. The Monospot test gave positive results, and serological findings, including a four-fold rise in the titre of antibodies to the Epstein-Barr virus capsid antigen and the presence of antibodies to the Epstein-Barr virus early antigen, confirmed the diagnosis. The Epstein-Barr virus was cultured from the throat and the labial lesions but not the cervix.

No antibiotics were given as in two patients described previously (one a man and one a woman) healing time was prolonged, in this instance as long as 32 days.

R R Willcox

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Infections with *Campylobacter jejuni* and campylobacter like organisms in homosexual men

TC QUINN, SE GOODELL, C FENNELL, *ET AL* (Baltimore, USA). *Ann Intern Med* 1984;**101**:187-92.

Of 158 homosexual or bisexual men with symptoms suggestive of proctitis or enteritis examined in Seattle, USA, 10 yielded *Campylobacter jejuni* (responsible for about 5% of cases of acute enterocolitis in man), which was also isolated in two of 75 male homosexual or bisexual asymptomatic controls, but in none of 150 heterosexual men and women. *C fetus fetus* was obtained in only one of the symptomatic homosexual men, but in neither of the other two groups. In addition, campylobacter like organisms were found in 26 symptomatic and six asymptomatic homosexual men, but in none of the heterosexual controls.

The percentage of men who engaged in anilinctus was significantly greater in those infected with *Campylobacter* species (10 of 13) or campylobacter like organisms (23 of 31) than in those without enteric infection (90 of 164).

R R Willcox

(Reprinted from *Abstracts on Hygiene* by permission of the Editor)

***Mycobacterium avium-intracellulare* infection and possible venereal transmission**

PJ de CAPRARIIS, JA GIRON, JA GOLDSTEIN, VJ La BOMBARDI, JJ GUARNERI, AND H LAUFER (New York, USA). *Ann Intern Med* 1984;**101**:721.

Genitourinary bacteriology

Quantitative bacteriology of the vaginal flora in genital disease

M WILKS, RN THIN, AND S TABAQCHALI (London, England). *J Med Microbiol* 1984;**18**:217-31.

Microbiology of vaginitis associated with the intrauterine contraceptive device

S KIVIJÄRVI, H JÄRVINEN, AND M GRÖNROOS (Turku, Finland). *Br J Obstet Gynaecol* 1984;**91**:917-23.

The vaginal flora in 15 IUCD users complaining of persistent and troublesome vaginal discharge was investigated, as was the microbiology of the endometrium and the IUCD itself. Two control groups consisted of asymptomatic women from the same family planning unit attending for IUCD removal or insertion. All IUCDs contained copper.

Vaginal discharge was examined by microscopy of wet and gram stained preparations and was cultured for *Trichomonas vaginalis* and *Candida* spp. Vaginal discharge, the removed IUCD, and endometrial specimens were cultured for aerobes, *Gardnerella vaginalis,* microaerophiles, anaerobes, lactobacilli, and *Neisseria gonorrhoeae*. Cervical and endometrial specimens were cultured for *Chlamydia trachomatis* and tested for chlamydial IgA antibody.

T vaginalis, N gonorrhoeae, and *C trachomatis* were not isolated, and candidal isolation did not vary significantly between the groups. Chlamydial antibodies were detected only in cervical secretions and in a similar proportion to that found in healthy Finnish women. *Actinomyces israelii* was detected cytologically in a single patient.

Lactobacilli were cultured less frequently, and *G vaginalis* and anaerobes more frequently, from the study group than from the controls from all sites. Clue cells, the pepper and salt phenomenon, and curved rods were each seen in 80% of the study group compared with <20% of the controls ($p<0{\cdot}001$).

The authors conclude that there is no difference in microscopical or microbiological findings between the groups studied.

M J Godley

Biotypes of *Gardnerella vaginalis*

P PIOT, E VAN DYCK, M PEETERS, J HALE, PA TOTTEN, AND KK HOLMES (Antwerp, Belgium). *J Clin Microbiol* 1984;**20**:677-9.

Biotyping of *Gardnerella vaginalis* was undertaken to improve the understanding of the natural history and epidemiology of bacterial vaginosis. Subdivisions by precipitin tests in the past had not been of much clinical use. Three hundred and fifty nine strains of *G vaginalis* from Antwerp, Seattle, and Nairobi were tested for hippurate hydrolysis, lipase activity, and β-galactosidase activity and were grouped into eight biotypes denoted by numbers one to eight. Of the *G vaginalis* organisms tested, 80% fell into biotypes one, two, and five. These tests were simple, cheap, stable, and reproducible.

The distribution of the biotypes among the isolates from the three cities were similar. *G vaginalis* strains isolated before and after treatment of bacterial vaginosis were of the same biotype if the specimens were taken within a week. This was due to reinfection or persistence of infection. The biotype was different in 38% if the second specimen was taken after one week, and in 48% if taken after two weeks. This was because more than one biotype occurred simultaneously in at least 11 of 76 women with bacterial vaginosis who were tested by limited cloning of four colonies from the primary isolation plate. Similar variations in serotypes have been observed in genital

colonisation by group B streptococci and *Ureaplasma urealyticum*.

When single colonies of *G vaginalis* isolated from women with bacterial vaginosis and their partners were cloned and typed, almost all were of the same biotype, provided samples were taken from their partners within 24 hours. If samples were taken after 24 hours about one third were of different biotypes. This was due to errors in sampling, as only one clone was analysed. No significant difference in the distribution of biotypes was noticed between 55 strains from women with, and 48 strains from women without, bacterial vaginosis. Thus the biochemical markers selected were not indicative of virulence, and the authors stress the need to discover other markers associated with virulence.

K M Saravanamuttu

Relation between use of tampons and urogenital carriage of group B streptococci

KK CHRISTENSEN, A-K DYKES, AND P CHRISTENSEN (Lund, Sweden). *Br Med J* 1984;**289**:731-2.

Clinical evaluation of precipitin tests for genital actinomycosis

E PERSSON AND K HOLMBERG (Danderyd, Sweden). *J Clin Microbiol* 1984;**20**: 917-22.

Isolation of *Mobiluncus* in four cases of extragenital infections in adult women

Y GLUPCZYNSKI, M LABBÉ, F CROKAERT, F PEPERSACK, P VANDERAUWERA, AND E YOURASSOWSKY (Charleroi, Belgium). *Eur J Clin Microbiol* 1984;**3**:433-5.

Evaluation of a leukocyte dip-stick test used for screening urine cultures

KP SAWYER AND LL STONE (Chester, USA). *J Clin Microbiol* 1984;**20**:820-1.

Miscellaneous

Oral "hairy" leukoplakia in male homosexuals: evidence of association with both papillomavirus and a herpes-group virus

D GREENSPAN, JS GREENSPAN, M CONANT, V PETERSEN, S SILVERMAN, AND Y DE SOUZA (San Francisco, USA). *Lancet* 1984;ii: 831-4.

Thirty seven cases of a new form of leukoplakia are described. It presented as a white lesion with a corrugated ("hairy") surface on the lateral margin of the tongue. The histology resembled that of flat warts of skin, and papillomavirus antigen was detected in 23 of 30 biopsy specimens tested. No papillomavirus particles were seen on electron microscopy of six specimens examined, although five of these specimens contained large numbers of a herpes type virus. Treatment of *Candida* spp, which were found in 26 cases, produced partial regression of three lesions only.

All patients affected were male homosexuals. Twenty five had diffuse lymphadenopathy. Delayed cutaneous hypersensitivity testing showed no response to four antigens in eight of 24 patients tested. Pneumocystis pneumonia developed in eight patients during a mean follow up period of nine months.

The discussion explores possible relations between papillomavirus, the as yet unidentified herpes type virus, immunosuppression, and malignancy.

P C Schober

Trends in cervical cancer and carcinoma in situ in Great Britain

GA COOK AND GJ DRAPER (Reading, England). *Br J Cancer* 1984;**50**:367-75.

Ophthalmia neonatorum: relative efficacy or current prophylactic practices and treatment

JD ORIEL (London, England). *J Antimicrob Chemother* 1984;**14**:209-20.

Evidence of immunosuppressor factor in the serum of women taking oral contraceptives

J BOUSQUET AND D FIZET (Bordeaux, France). *Gynecol Obstet Invest* 1984; **18**:178-82.

Non-infectious epididymitis associated with amiodarone therapy

JP GASPARICH, JT MASON, HL GREENE, RE BERGER, AND JN KRIEGER (Seattle, USA). *Lancet* 1984;ii:1211-2.

Thalidomide in severe orogenital ulceration

JS JENKINS, RJ POWELL, BR ALLEN, SM LITTLEWOOD, PDL MAURICE, AND NJ SMITH (Nottingham, England). *Lancet* 1984; ii:1424-6.

The value of thalidomide in treating severe orogenital ulceration was assessed in a combined double blind (four patients) and open trial (11 patients). Twelve patients had recurrent genital as well as oral ulceration, and ten were women. Those recruited had ulceration unresponsive to conventional topical and oral treatment and also to a pretrial treatment of a combination of dapsone, zinc sulphate, and co-trimaxozole. Pemphigoid, pemphigus, Crohn's disease, and neuropathy were excluded, and the women were given contraceptive advice. In the double blind arm of the trial thalidomide was compared with glutethimide, a drug also derived from glutamic acid but having only a sedative effect.

All 15 patients responded to thalidomide at a dose of 400 mg daily for five days followed by 200 mg daily to complete 28 days' treatment. Resolution was complete in 14 (mean response time 11 days) and the remaining patient showed an appreciable improvement. All the patients relapsed within a month of stopping treatment, but reintroduction of thalidomide produced a fast response. Patients continuing on long term treatment at a daily dose of 50-200 mg remained virtually free of ulcers. Initial drowsiness settled when the starting dose was reduced to 200 mg, and no peripheral neuropathies developed. Patients did not respond to glutethimide.

The authors discussed the problems of obtaining this potentially valuable drug and its emotive medical and legal problems restricting their research. *R S Pattman*