This Journal, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary 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Advice to authors Papers for publication, which will be accepted on the understanding that they have not been and will not be published elsewhere and are subject to editorial revision, should be sent in duplicate to Dr A McMillan, Department of Genitourinary Medicine, Royal Infirmary, Lauriston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. All authors must give signed consent to publication. The editor should be notified of any change of address of the corresponding author. Manuscripts will only be acknowledged if a stamped addressed postcard or international reply coupon is enclosed.

Full details of requirements for manuscripts in the Vancouver style (Br Med J 1982; 284:1766-70) are given in Uniform requirements for manuscripts submitted to biomedical journals, available from the Publishing Manager, British Medical Journal, BMA House (50p post free). Briefly details are as follows:

1. **Scriptis must be typewritten on one side of the paper in double spacing with ample margins. Two copies should be sent; if a paper is rejected, one copy will be retained.**

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 the 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 lightly on the back with the author’s name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (sizes 2½” or 5½” wide, maximum 5½” × 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.

10. Tables should be numbered, have titles, and be typed on separate sheets. Please avoid large tables.

11. References should be numbered consecutively the first time they are cited and identified by Arabic numbers in the text, tables, and legends to figures. Authors must take full responsibility for the accuracy of their references, and the list should be kept as short as practicable. It should be in the order in which references are first mentioned, and should include (in the following order), journals: author’s name and initials, title of paper, name of journal (in full or abbreviated according to the list in Index Medicus, year of publication, volume number, and first and last page numbers; books: author’s name and initials, full title, edition, place of publication, publisher, and year of publication. When a chapter in a book is referred to, the name and initials of the author of the chapter, title of the chapter, “In:” name and initials of the editor, “ed” should precede book title, etc as above. In references to journals or books, when there are seven or more authors the names of the first three should be given followed by “et al.” Names of journals no longer published should be given in full — for example, British Journal of Venereal Diseases.

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Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for applications.

Second world congress on sexually transmitted diseases (STDs)

The second 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".

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

Fourth international forum of andrology

The fourth international forum of andrology will be held on Thursday and Friday, 19 and 20 June 1986 at the Hotel Intercontinental, 3 rue de Castiglione, 75001 Paris, France.

Topics will be: prostatitis, acute and chronic; male contraception; male sterility, hormonal causes; and what's new in andrology (posters). Final programme will be available in May 1986. Official languages are French and English (simultaneous translations).

For further information please contact Professor G Arvis, Department of Andrology and Urology, Hopital Saint-Antoine, 184 rue du Faubourg Saint-Antoine, F-75012 Paris, France. Tel: 43 43 73 40 or ARVIS 250 303 Public Paris.

The 24th British congress of obstetrics and gynaecology

The 24th British congress of obstetrics and gynaecology will be held in Cardiff, United Kingdom from 15 to 18 April 1986. The scientific programme will comprise main sessions of invited contributions and selected papers, seminars of submitted papers, and subsidiary sessions of posters, films, and videos. A full and varied social programme is also planned.

The preliminary programme and registration abstract forms may be obtained from the congress office, Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London, NW1 4RG.

Correction

The value of haematological screening for AIDS in at risk population

The name of the third author of this report (October 1985, p 325) was H J H Engelkens and not H Engelkins.
List of current publications

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

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Construction and characterization of chimeric β-lactamase plasmids of Neisseria gonorrhoeae with altered ability to be mobilized during conjugation


Variation of Neisseria gonorrhoeae protein II among isolates from an outbreak caused by a single gonococcal strain


Genomic fingerprinting in the epidemiology of gonorrhoea


Genetic analysis of spontaneous resistance to ampicillin in Neisseria gonorrhoeae


Differentiation of fluorinated quinolone antibacterials with Neisseria gonorrhoeae isolates


Effectiveness of aztreonam for the treatment of gonorrhoea


Chlamydia trachomatis in the pharynx and rectum of heterosexual patients at risk for genital infection

Prevalence of chlamydial eye infection in patients attending an eye clinic, a VD Clinic and in healthy persons


The value of recent methods for the diagnosis of chlamydial infections


Investigation into the value of Papanicolaou stained cervical smears for the diagnosis of chlamydial cervical infection


The use of the Papanicolaou stained (Pap) smear for screening chlamydial infection of the cervix is an attractive proposition because of the simplicity and availability of the technique. This technique is, however, of low sensitivity and specificity, as shown by many other workers and further confirmed by this study. Thus of 45 women who were chlamydia positive by isolation and by detecting elementary bodies with fluorescein labelled monoclonal antibodies, only six (13%) had Pap smears showing the presence of intracytoplasmic inclusions suggestive of chlamydial infection. Of 76 chlamydia negative women, 10 had similar positive smears. The false positive smears were attributed to aggregates of bacteria, cell debris, or other artefacts simulating chlamydial inclusions. The authors also showed that the sensitivity did not increase by modifying the Pap smears to include endocervical material and that destaining and restaining the smears with monoclonal antibodies was not sufficiently sensitive or specific.

A comparison of the in-vitro activity of antimicrobials against Chlamydia trachomatis examined by Giemsa and a fluorescent antibody stain


Inhibition of growth of Chlamydia trachomatis by nonoxynol-9 in vitro


An in-vitro investigation of synergy and antagonism between antimicrobials against Chlamydia trachomatis


Inhibition of growth of Chlamydia trachomatis by human gamma interferon


In vitro activity of the spermicide nonoxynol-9 against Chlamydia trachomatis


Non-specific genital infection and related disorders (mycoplasma and ureaplasma infections)

A prospective study of microbial infection in stillbirths and early neonatal death


The authors assessed 33 cases of pregnancy loss (28 stillbirths at 20-42 weeks and five neonatal deaths within 48 hours) and a control group of 31 normal deliveries, to see if they could find an association between infection and perinatal death. A morphological cause of death was found in five cases. Infection was said to be suggested by the presence of inflammation on histological examination of the lungs, placenta, and other fetal organs, by the isolation of micro-organisms (bacteria, mycoplasmas (Mycoplasma hominis, Ureaplasma urealyticum), chlamydiae, and viruses) or antibodies to the same micro-organisms, or by a clinical history of fever. “Significant” associations were found between the presence of infection as defined above and perinatal death. In addition, inflammation was associated with the presence of mycoplasmas (shown by culture or serology, or both). There are, however, several drawbacks to this study, which a liberal sprinkling of statistical probability values to five and six places of decimals does not overcome. The study group was very small so that the various criteria for infection and different micro-organisms had to be lumped together to produce any statistics at all. In addition, there were major differences between the control group and the perinatal death group. Forty eight per cent of the latter had had a previous pregnancy loss compared with 3% of the normal delivery group. More importantly, one third of the perinatal death group had prolonged rupture of the membranes compared with none of the control group as this was one of the exclusions for entry into the study. One wonders whether the increased presence of micro-organisms, particularly mycoplasmas, and the presence of chorioamnionitis (whether or not due to micro-organisms) may be related to the above differences. Finally, there is no way of telling whether infection is a cause of death or just incidental to it.

D A Hawkins

Immunoperoxidase localization of chlamydial antigens in acute salpingitis


Triple-culture tests for diagnosis of chlamydial infection of the female genital tract


Non-specific genital infection and related disorders (general)

Prevalence and manifestations of endometritis among women with cervicitis


Norfloxacin in prostatitis: correlation between HPLC tissue concentrations and clinical results

List of current publications

**Reiter's disease**

Seronegative spondyloarthropathies in lone aortic insufficiency

**Candidosis**

Suppressor T cells role in the unresponsiveness to *Candida albicans* in chronic mucocutaneous candidiasis

Systemic absorption and persistence of tocinazole in vaginal fluid after insertion of a single 300-mg tocinazole ovule

**Genital herpes**

Anicteric presentation of fatal herpetic hepatitis in pregnancy

Two cases of fatal herpetic hepatitis presenting in the third trimester of pregnancy are described. Each woman was previously normal and presented with a one week history of generalised malaise, fever, chills, and pains. There were no specific physical signs, and haematological and biochemical screening initially showed only increased liver enzyme activities. These continued to rise and coagulopathy developed, but there was never any jaundice. Both patients deteriorated rapidly and died within a few days. Necropsy showed massive liver necrosis, and herpes simplex virus (HSV) was cultured from the liver and pharynx of both patients and the rectum of one (no genital cultures are reported). Both babies were delivered by caesarean section and required intensive nursing, and one died. Neither infant showed evidence of HSV infection.

The authors review the eight other published cases of fatal herpes hepatitis in pregnancy and the three in previously healthy, non-pregnant, non-immunocompromised adults, pointing out the similarity in clinical features and outcomes (maternal morbidity 60%) and emphasizing the rarity of jaundice. When caesarean section has been practiced, maternal morbidity has been higher but fetal survival better. Too few cases have been given antiviral treatment to assess its usefulness, but the authors emphasise that using it in time will require clinical vigilance and awareness of the condition.

M Fitzgerald

Lack of oral HSV-2 in a college student population

Study of properties of the herpes simplex virus strains isolated from patients with the recurrent skin herpes

Serum antibodies to the major HSV-2-specified DNA-binding protein in patients with an acute HSV infection or cervical neoplasia

Comparison of ELISA with virus isolation for the diagnosis of genital herpes

Enzyme-linked immunosorbent assay for determination of antibodies against herpes simplex virus types 1 and 2 in human sera

Comparison of western blot analysis to microneutralization for the detection of type-specific herpes simplex virus antibodies

Evaluation of two immunofluorescence assays with monoclonal antibodies for typing of herpes simplex virus

**Genital warts**

Condylomatous atypia of the endometrial cavity. Case report

Condylomata acuminata in women: the effect of concomitant genital infection on response to treatment

Human papillomavirus infection and cancer of the uterine cervix

Presence and expression of human papillomavirus sequences in human cervical carcinoma cell lines

Superficial laser vulvectomy. I. The efficacy of extended superficial ablation for refractory and very extensive condylomata

Acquired immune deficiency syndrome

Cardiac lesions in acquired immune deficiency syndrome (AIDS)

Cutaneous cryptococcosis resembling molluscum contagiosum in a patient with AIDS

Cytomegalovirus esophagitis and gastritis in AIDS
Paralleling the increase in numbers of patients with AIDS, there has been a rising number of patients with persistent generalised lymphadenopathy (PGL). In this study, 93 homosexual men with PGL were followed up for a mean of 20 (range 3-168) months. All but two patients had a history of previous sexually transmitted disease, and the lymphadenopathy was not due to recognizable infections or neoplastic disease. Most patients exhibited immune dysfunction of varying severity, and a detailed description of these abnormalities is presented in the paper. HLA typing was performed in 60 patients. Twenty one (35%) were DR5 antigen positive. The difference between this and the incidence found among 176 DR typed controls was significant. Antibodies to HTLV-III were found in 77 (92%) of 84 patients tested.

During the period of follow up, 11 patients progressed to full blown AIDS, characterised by Kaposi's sarcoma in seven and opportunistic infection in four. AIDS was more likely to develop in those patients who had symptoms of systemic upset (such as, fever, malaise, night sweats, weight loss). These patients also tended to exhibit a more profound lymphopenia. Lymphadenopathy resolved in six patients. All were positive for antibodies to HTLV-III. The remaining 76 patients remained stable.

This paper supports subsequent evidence suggesting that for most patients PGL carries a relatively good prognosis, at least in the short term. The combination of PGL and systemic symptoms, however, carries a higher risk of disease progression. Most authors would now place such patients in a different diagnostic category; that of AIDS related complex (ARC) in recognition of this poorer prognosis.

G R Scott

Transfusion-associated acquired immunodeficiency syndrome: evidence for persistent infection in blood donors

AIDS serology testing in low-and high-risk groups

Antibody to human T-lymphotropic virus type III in wives of homosexuals: evidence for heterosexual transmission
JK KREISS, LW KITCHEN, HE PRINCE, CK


Prevalence of antibody to human T-lymphotropic virus type III by risk group and area, United Kingdom 1978-84

Rising prevalence of human T-lymphotropic virus type III (HTLV-III) infection in homosexual men in London

The authors estimated the prevalence of antibody to HTLV-III in 153 unselected homosexual and bisexual men attending a London sexually transmitted disease clinic during one week in March 1982 and in a similar unselected group attending the same clinic in one week in June 1984. There was no difference in age or demographic characteristics between the two groups studied. Ten (6-5%) of the 1982 group and 33 (21-6%) of the 1984 group were seropositive for antibodies to HTLV-III. Among the British men the prevalence of antibodies to HTLV-III rose from 3-7% (4/107) in 1982 to 21-0% (26/124) in 1984. Notably, the prevalence of hepatitis B virus (HBV) infection in 1982 (40-5%) was not different from that in 1984 (50-3%). Antibody to the core antigen of HBV was, however, significantly associated with antibodies to HTLV-III seropositivity in 1985 (p<0.0001).

The authors conclude that HTLV-III was an initially imported but now endemic sexually transmitted infection in the United Kingdom, and therefore predict that (as of July 1984) at least 2600 homosexual men in London would already have been exposed to the virus.

F Mulcahy

Decreased helper T-lymphocytes in homosexual men. I. Sexual contact in high-incidence areas for the acquired immunodeficiency syndrome

Decreased helper T-lymphocytes in homosexual men. II. Sexual practices
List of current publications

Immune complexes in the acquired immunodeficiency syndrome (AIDS): relationship to disease manifestation, risk group and immunologic defect

Detection of coronavirus-like particles in homosexual men with acquired immunodeficiency and related lymphadenopathy syndrome

Serum lactate dehydrogenase levels in adults and children with acquired immune deficiency syndrome (AIDS) and AIDS-related complex: possible indicator of B cell lymphoproliferation and disease activity: effect of intravenous gammaglobulin on enzyme levels

An HTLV-III peptide produced by recombinant DNA is immunoreactive with sera from patients with AIDS

HLA DR4 antibodies cause positive HTLV-III antibody ELISA results

Virus envelope protein of HTLV-III represents major target antigen for antibodies in AIDS patients

Naturally occurring antibodies reactive with sperm proteins: apparent deficiency in AIDS sera

Inhibition of human T-cell lymphotropic virus type III in vitro by phosphonoformate

Inhibition of RNA-dependent DNA polymerases of AIDS and SAIDS retroviruses by HPA-23 (ammonium-21-tungsto-9-antimoniate)

Human lymphoblastoid interferon treatment of Kaposi’s sarcoma in the acquired immune deficiency syndrome: clinical response and prognostic parameters

Management of AIDS pneumonia

Other sexually transmitted diseases

Chancroid and Haemophilus ducreyi

Hepatitis B virus DNA in saliva, urine and seminal fluid of carriers of hepatitis B e antigen

Evolution of acute hepatitis B in homosexual men to chronic hepatitis B: prospective study of placebo recipients in a hepatitis B vaccine trial

Cytomegalovirus infection and abnormal T- lymphocyte subset ratios in homosexual men

Inhibition of human cytomegalovirus by combined acyclovir and vidarabine

Genitourinary bacteriology

Microbial findings in genital secretions from seven healthy fertile couples

Nonspecific vaginitis following sexual abuse in children

Isolation and identification of Gardnerella vaginalis

Phagocytosis and killing of Gardnerella vaginalis by human neutrophils

Antigenic distinctiveness of Mobiluncus curtisi and Mobiluncus mulieris

Incidence of actinomyces infection in women using intrauterine contraceptive devices

Anaerobic bacteria in urine before and after prostatic massage of infertile men

Microorganisms in semen used for artificial insemination

Association between diaphragm use and urinary tract infection
Public health and social aspects

Sexually transmitted diseases of the digestive tract in male homosexuals

Miscellaneous

Fracture of the penis

Epididymal lesion in tuberculoid leprosy

Probability of vaginal foreign body in girls with genital complaints

The potential of digitally inserted tampons to induce vaginal lesions

Epidemiology of cancer of the vulva: a case-control study

Postcoital urticaria in a penicillin-sensitive patient: possible seminal transfer of penicillin

Cryptosporidiosis in immunocompetent patients

Systemic absorption of metronidazole by the vaginal route