

significant changes in any of the patients studied; the ratio in percentages of OKT4:OKT8 in the original study of this group was 37:22 and on this occasion it was 33:19.

The number of patients attending for follow up was small, but some conclusions could be drawn from the study with validity. The apparent rise in numbers of sexual contacts compared with those reported in the previous study was contradicted by the fact that no patient admitted on direct questioning to having increased his number of partners, and 11 had substantially decreased the number. It is obvious retrospectively that the number of sexual contacts quoted in our original study was an underestimate, and this must be a hazard of many similar studies.

The incidence of new STDs, as shown in tables 1 and 2, indicates a continued low prevalence of STD in this group of patients. The HIV serological results are particularly encouraging if they reflect a similar picture in the homosexual community in Northern Ireland.

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References

- 1 Maw RD, Connolly JH, McFerran K, *et al*. Sexually transmitted diseases, T cell subsets, and sexual practices in homosexual men attending an STD clinic. *Genitourin Med* 1985;61:197-201.
- 2 Anonymous. *AIDS: more facts for gay men*. London: Terence Higgins Trust, 1986. Pamphlet. 5th ed.

Book reviews

Sexually transmitted diseases. 3rd edition. By RC Noble (Pp 344 and index; £20.00.) London: Medical Examination Publishing Company, 1986.

Some godfathers make offers one cannot refuse, while most others have the pleasure of watching another person's progeny grow into graceful maturity. In a similar fashion

having reviewed the first two editions it gives me great pleasure to see how much the third edition of Professor Noble's book has improved in comparison with the previous two. There has been an increase in size by 120 pages excluding the index while the book is still in a format that could fit the pocket of a clinical coat.

The first chapter has been expanded to give more useful lists of differential diagnoses for signs found when examining patients. The chapter on gonorrhoea now includes the 1982 Centers for Disease Control's guidelines for treatment with useful tables on the pros and cons of commonly used drug regimens. The chapter on chlamydial infections now includes a section on cervicitis and the first of several algorithms to help in the management of conditions, in this case urethral discharge. Gardnerella infections are clearly dealt with, but I think there is a mistake on page 67 line 10 where "in vitro" should read "in vivo". Chapters on trichomonal and candidal infection follow with current treatments clearly given. In the next edition a description of the management of urinary retention in women with primary infection with herpes would complete an otherwise well written chapter. In adding this the author might spare some poor woman being catheterised. The chapter on genital warts is up to date and concise.

One of the main improvements in this edition is the chapter on syphilis. The section on clinical findings in all the stages has been extended, and a useful section added on the various serological tests used in the United States of America. In an otherwise excellent chapter the section on obtaining dark ground specimens could with advantage precede the section on method of laboratory approach, and table 10.3 should come later in the text than it does. Another useful algorithm is given to help with positive results to the Venereal Disease Research Laboratory test. The current American treatment schedules for primary and secondary syphilis, long regarded as inadequate in Britain, are given along with recommendations for the later stages, in which the author points out the necessity for very high doses to ensure penetration of cerebrospinal fluid.

Enteric problems found in homosexual men are dealt with, including another algorithm to help with diagnoses. Hepatitis B infection is also covered in the same chapter, which has been enlarged since the second edition.

Another useful chapter is the one on pelvic inflammation. Although some of its contents appear elsewhere in the book, concentrating the mind on this particular

complication of gonococcal and chlamydial infection is helpful.

The rest of the chapters are up to date and of considerable use. This book can now be recommended to any venereologist, with the slight proviso that the therapeutic regimens in Europe will differ from those given. Professor Noble is to be congratulated on a greatly improved third edition, though he will have to keep up the good work to avoid the extensive lists of references at the end of each chapter from becoming outdated in the next few years.

GD Morrison

Semen Analysis. A Practical Guide. By Anne M Jequier and Joan P Crich. (£25.00.) Blackwell Scientific Publications, 1986.

This economical volume is directed to those who analyse semen and also to clinicians who treat infertile couples. Its subtitle "A practical guide" is perhaps misleading, as it tends to give guidance to what tests can be done and why, but would not serve as a bench manual. Nevertheless, it is a useful addition to the semenology laboratory, and one that should help the clinician and laboratory staff to understand one another's problems.

Mary McParland

Psychovenereology: personality and lifestyle factors in sexually transmitted diseases in homosexual men. By Michael W Ross. (Pp 228 and index, bound; £32.75.) London: Praeger Publishers, Greenwood Press, 1986.

Not many people have researched the links between the psychosocial pressures on gay men and their sexual practices and venereal disease. Michael Ross has tried to do this in his new book. He suggests that a society determines the psychosocial reaction of its gay men by societal attitudes to that population. The evidence for this has been reported, Ross tells us repeatedly, in his four country study of gay men that surveyed Australia, Finland, Ireland, and Sweden, or at least their capitals. That study was the basis for a series of papers published, some of them in what was then the *British Journal of Venereal Diseases*, in 1984 and 1985.

To his credit, Ross wants to put right what he sees as medicine's historical sexual bias, with most doctors and most patients apparently being heterosexual. And he wants to give doctors a series of snapshots of