

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

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- 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

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gay lifestyles so they can understand (and treat) gay patients better.

Chapters have titles that, mostly, promise more than they deliver. And careless writing does not help: "Oriël... argued such variables as compulsive promiscuity are... due to emotional insecurity or personality disorders" is on page 16. On page 17 the same sentence appears, but this time Oriël "suggested" it. Equally some of the medicine is suspect: "the rectal mucosa is in many places only one cell thick" and "oroanal contact... provides an excellent route of transmission for... proctitis", for instance.

Ross falls into the trap of concluding that certain psychosocial variables are causally related to various venereal diseases or sexual activities. In reality they are merely associations. And unfortunately some of these associations themselves are questionable—is  $p > 0.1$  significant, for example?

Survey work is about figures, yet this book gets them wrong time and again. It is also littered with spelling errors and has been very amateurishly typeset. Sloppily written, shoddily typeset, and printed on the worst quality paper, this book does the author a great disservice. And that is a shame, because the hypotheses underlying the work are most interesting.

David Goldmeier  
Peter Holmes

**Sexually transmitted diseases.** By D Goldmeier and S Barton. (Pp 187; £7.95.) Berlin: Springer Verlag, 1987.

This new volume on sexually transmitted diseases (STD) examines the subject in the form of multiple choice questions and aide memoires, such as limericks, poems, and a mnemonic. It makes a pleasant change from the burgeoning issue of new books on STD, and the authors are to be congratulated on dreaming up 122 different stem questions. As well as covering STD, other topics encountered by those working in genitourinary medicine are included, such as colposcopy, psychological and sexual problems, and basic immunology.

The true or false format used is unavoidably rigid and, although the authors attempt to qualify their answers when appropriate, there is a tendency to consider issues as black or white without the interesting shades of grey. This is particularly relevant in the final section on case histories, which the authors appreciate as they invite comments so that they "can be persuaded by" their critics' "viewpoints". The response to this challenge will be interesting. Open debate on clinical matters may be contentious but is also healthy. There are, however, several minor inconsistencies in the text that are irritating. For example, ampicillin or amoxycillin is advocated in the treatment of acute prostatitis but later on it is stated that ampicillin does not penetrate into the prostate gland. The sensitivity of the Gram stain in the diagnosis of gonorrhoea in women is given as 40–50% in one question and 60% in another. Respected authorities would question that the intrauterine contraceptive device has not been implicated as an important risk factor for the development of bacterial vaginosis and that vulval warts *only* have an incubation period of up to 90 days. The use of a three week course of oral acyclovir to prevent recurrence of genital herpes may be admirable but, at a cost of £84 and with little measurable benefit, would not find favour in hospital budgets. These are small points, and others found may act as a stimulus to the reader.

This book will undoubtedly be of most value as last minute revision for candidates sitting the diploma in venereology examination. It should also be available in all genitourinary medical clinics so that junior staff can assess their knowledge and consultants can rediscover the full extent of their speciality.

R S Pattman

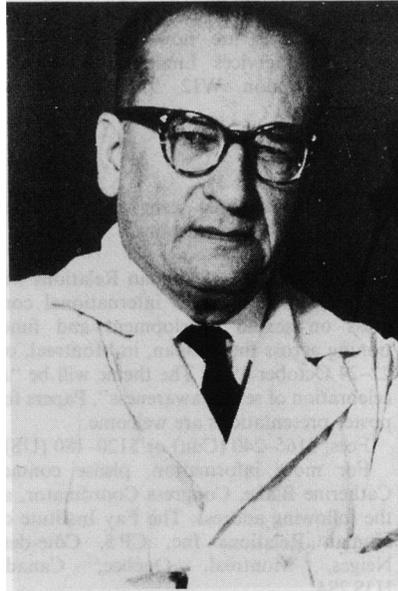
## Obituary

### Professor Kazimierz Lejman MD

Kazimierz Lejman was born in Kraków on 16 January 1907. He studied medicine at the Jagiellonian University, where he took the degree of MD in 1931. His initial dermatology training was in the dermatology clinic of this university headed by Professor F Walter, a famous syphilologist.

In 1938 Dr Lejman moved to Wilno, where he worked in the dermatology clinic of Stephen Batory's University. In 1944 he returned to Kraków, and after then end of the second world war he resumed his work in the dermatology clinic. After the sudden death of Professor Walter in May 1950, Dr Lejman became his successor. In 1954 the title of professor of dermatovenereology was conferred on him and he was the director of the clinic until 1977, when he retired.

Professor Lejman was the author of 145 publications, of which 105 concern der-



matovenereology, and the remaining 40 are on the history of medicine. A total of 35 of his papers were published in medical journals abroad.

Professor Lejman was an expert in venereology with particular reference to microbiology and clinical syphilology. He took a great interest in the biomorphology of *Treponema pallidum*, and he investigated its ultrastructure and distribution in early secondary syphilis. He also examined the influence of antibiotics on treponemes in man and rabbits, which lead to the involutions changes of *T pallidum*—that is, to their lysis or to the formation of granular forms and argentophilic globular bodies (cysts). He described the histopathological picture of late serpiginous syphilis and the phenomenon of the subdued febrile Herxheimer reaction after the first injection of penicillin in patients reinfected with syphilis. Moreover, he gave much consideration to patients representing either particular clinical features or an atypical course of syphilitic infection, such as syphilitic balanitis of