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 application.

Second international lesbian and gay health conference

The second international lesbian and gay conference and AIDS forum will be held on 20–26 July 1988 at the Boston Park Plaza Hotel and towers in Boston, Massachusetts, USA. The conference is sponsored by the British Gay Medical Association and the American National Lesbian and Gay Health Foundation, the American Association of Physicians for Human Rights, and the George Washington University Medical Centre.

The overall goal of the conference is to constitute an international and national agenda for the next decade and will include topics such as sexual health, mental health issues, and holistic health care.

Further details can be obtained from: NLGHF/AAPHR Programming Committee, P O Box 65472, Washington DC 20035, USA.

Australian and New Zealand conference on sexually transmitted diseases

An Australian and New Zealand conference on sexually transmitted diseases will be held on 25 to 27 August 1988 at the University of Melbourne, Melbourne, Victoria, Australia.

For further information please contact: The Manager, National Australia Bank Ltd Travel Groups/Incentives, 271 Collins Street, Melbourne, Victoria, Australia 3000.

Courses on the acquired immune deficiency syndrome (AIDS)

The Royal College of Physicians of London is organising courses to train general physicians who will be concerned in the care of patients with AIDS. Each course will last for one week (Mondays to Fridays); mornings will be spent at the College and afternoons at one of four hospitals with major AIDS centres in London (St George’s, St Mary’s, St Stephen’s, and the Middlesex). Numbers on each course will be limited to 20, with groups of five attending each hospital. The fee will be £90, and buffet lunch at the College each day and coffee or tea are included.

Starting dates and closing dates for applications are as follows:

<table>
<thead>
<tr>
<th>Week starting</th>
<th>Closing date for applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 September</td>
<td>26 July</td>
</tr>
<tr>
<td>21 November</td>
<td>10 October</td>
</tr>
</tbody>
</table>

For further details and application form, please contact: The Assistant Registrar, Royal College of Physicians, 11 St Andrew’s Place, Regent’s Park, London NW1 4LE (tel: 01 935 1174).


Deux prix d’un montant de fr 15 000 chacun destinés à récompenser un travail original ou un ensemble de travaux, dans le domaine des maladies transmises par voie sexuelle (MST), —l’un en sciences fondamentales —l’autre concernant le ou les sujets suivants: Épidémiologie—Biologie—Clinique—Thérapeutique

Les candidats devront adresser le texte de leur travail définitif, dactylographié et rédigé en français, présenté sous forme d’une publication, en six exemplaires, avant le 15 Septembre 1988.


Pour toute demande de renseignements et envoi de candidature, s’adresser au: Secrétariat de l’Association, Institut Alfred Fournier, 25 Boulevard Saint-Jacques, 75680 PARIS CEDEX 14, (Tel: (1) 45 65 27 77).

Corrections

We regret that errors occurred in three letters from P Fisk and colleagues. Corrections are as follows.

Aetiology of urinary symptoms in sexually active women
(April 1987;63:137)
Specimens were taken from the urethra and cervix for Neisseria gonorrhoeae and chlamydiae and from the vagina for Trichomonas vaginalis and Candida spp.

How to maximise a limited chlamydial culture service
(December 1987;63:398–9. Coauthor DTP Evans.)

The heading of table 1 should have shown the reason for the chlamydial test being performed, not the reason for patients attending, and the number of controls was 90, rather than the 100 mentioned in the text.

Penicillinase producing gonococci: a spent force?
(February 1988;64:64. Coauthor Andrew Lewis.)

The chemotherapy given was spectinomycin or ampicillin, probenecid, and augmentin.

Authors of letters for publication are reminded that correspondence should be presented in the same way as papers, as outlined under Advice to authors on the inside front cover of the journal. It should be double spaced (including references), tables should have headings and be typed on separate pages, and it should be sent with a separate covering letter.
List of current publications

Selected abstracts and titles from recent reports published worldwide are arranged in the following sections:

<table>
<thead>
<tr>
<th>Syphilis and other treponematoses</th>
<th>Candidiasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genorrhea</td>
<td>Genital herpes</td>
</tr>
<tr>
<td>Non-specific genital infection and related disorders</td>
<td>Genital warts</td>
</tr>
<tr>
<td>(chlamydiaal infections; mycoplasmal and ureaplasma infections; general)</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>Pelvic inflammatory disease</td>
<td>Other sexually transmitted diseases</td>
</tr>
<tr>
<td>Reiter's disease</td>
<td>Genito-urinary bacteriology</td>
</tr>
<tr>
<td>Trichomonias</td>
<td>Public health and social aspects</td>
</tr>
<tr>
<td></td>
<td>Miscellaneous</td>
</tr>
</tbody>
</table>

Syphilis in HTLV-III infected male homosexuals

Seronegative secondary syphilis in a patient infected with the human immunodeficiency virus (HIV) with Kaposi sarcoma: a diagnostic dilemma

A man aged 31, in whom antibody to human immunodeficiency virus (HIV) had been identified in November 1985 and Kaposi’s sarcoma diagnosed in January 1986, was admitted to hospital in March 1987 and investigated for chills, fever, night sweats, and generalised malaise. Extensive investigations, including culture of body fluids for bacteria, mycobacteria, viruses, and fungi, gave negative results. After an initial spontaneous improvement in his condition he was readmitted one month later with a diffuse erythematous non-pruritic maculopapular rash of centripetal distribution, weight loss, and recurrent fever with night sweats. The patient denied recent sexual contact or previous lesions suggestive of a chancre, and routine serological screening in December 1986 had given a negative result to the venereal disease research laboratory (VDRL) and fluorescent treponemal antibody-absorbed (FTA-ABS) tests. Once again cultures were taken and VDRL and FTA-ABS tests performed on two occasions. Despite all tests giving negative results, there remained a strong clinical impression that the current illness was syphilis. Previously obtained skin biopsy samples were stained with a Warthin-Starry silver stain, and numerous spirochaetes were identified in both the epidermis and dermis. Intramuscular penicillin was administered and on the day of treatment (20 days after previous negative results) the VDRL test result was reported as being positive at a titre of 1/8 and the FTA-ABS was reactive for the first time.

Homosexual men are at increased risk of acquiring both syphilis and HIV infection. The latter is known to reduce the immune response to many infections, and this patient was at risk, having decreased numbers of T helper cells and being non-reactive for skin test antigens at diagnosis. Not only does this impairment of the immune repair have important consequences regarding the diagnosis of syphilis in patients with HIV infection, as the symptoms and signs of syphilis could easily be mistaken for the manifestations of progressive HIV infection itself, but also in the potential for the rapid progression of syphilis in the immunocompromised host. This has already been reported in the case of the accelerated development of neurosyphilis in four homosexual men.

W Stack

Evaluation of cerebrospinal fluid in asymptomatic late syphilis

Identification of Treponema pallidum penicillin-binding proteins

Gonorrhoea

Gonococcal endocarditis: a case report and review of the literature
JV JURCA, CA BOMZER, AC ENGLAND (Urbana, USA). Sex Transm Dis 1987;14:231-3.

Bactericidal properties of urine for Neisseria gonorrhoeae.
RC NOBLE, MC PAREKH (Lexington, USA). Sex Transm Dis 1987;14:221-6.

Underlying complement deficiency in patients with disseminated gonococcal infection
RT ELLISON, JG CURD, PF KOLHER, B KELLER, FN JUDSON (Denver, USA). Sex Transm Dis 1987;14:201-4.
Preliminary observations on lactoferrin secretion in human vaginal mucus: variation during the menstrual cycle, evidence of hormonal regulation and implications for infection with *Neisseria gonorrhoeae*

Rapid identification of pathogenic *Neisseria* species and *Branhamella catarrhalis*

A recombinant molecule from a disseminating strain of *Neisseria gonorrhoeae* that confers bactericidal resistance

Spectinomycin-resistant gonococcal infections in the United States, 1985–1986

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

The role of mycoplasmas, ureaplasmal and chlamydial in the genital tract of women presenting in spontaneous early preterm labour

Transmission rate of *Ureaplasma urealyticum*, *Mycoplasma spp*, *Gardnerella vaginalis*, *B. stearothermophilus*, *Candida* spp and *Chlamydia trachomatis* from the mother to the newborn

Non-specific genital infection and related disorders (general)


Roxithromycin in non-gonococcal urethritis

Pelvic inflammatory disease

The use of pelvic ultrasonography in the evaluation of adolescents with pelvic inflammatory disease

Reiters disease


Trichomoniasis

Enzyme-linked immunosorbent assay for the diagnosis of trichomoniasis in women

Candidiasis

Evidence for a correlation between proteinase secretion and vulvovaginal candidosis

Genital herpes

Acute ascending necrotizing myelopathy caused by herpes simplex virus type 2

Effects on infants of a first episode of genital herpes during pregnancy

Improved DNA hybridization method for detection of acyclovir-resistant herpes simplex virus

Leukocyte interferon for treating first episodes of genital herpes in women

Efficacy of interferon and placebo in the treatment of recurrent genital herpes: a double-blind trial
Genital warts

Symptomatic and asymptomatic cervical infections with human papillomavirus during pregnancy

Colposcopic correlates of cervical papillomavirus infection

Human papillomavirus deoxyribonucleic acid in lesions of the female genital tract: evidence for type 6/11 in squamous carcinoma of the vulva

The aim of this study was to assess the distribution of human papillomavirus (HPV) types in condylomata acuminata and in invasive lesions of the cervix and vulva. The authors report the results obtained from selected patients—10 with condylomata, two with carcinoma-in-situ of the cervix, two with carcinoma-in-situ of the vulva, 27 with invasive carcinoma of the cervix, and nine with invasive vulvar carcinoma (total = 50). Analysis of specimens by dot blot hybridisation for HPV types 6, 16, or 18 is described in detail. The number of genomes (viral copy number) per cell was estimated by comparing the hybridisation signal found with the total cellular DNA and that obtained with standard viral DNA. A copy number of one genome or more per cell was considered positive, and when there were four or more genomes per cell the results were confirmed by reverse blot technique. The patients were analysed in three groups and the results tabulated for DNA related to each HPV type—6/11, 16, and 18.

The predominant HPV type in condylomatous and pre-invasive disease was related to 6/11 (found in 11/14, and types 18 or 16, or both, were found in 8/14, although the authors suggest that this may reflect cross hybridisation between types 6 and 16 when large copy numbers of type 6 are present (which might account for three cases). In keeping with previous reports, DNA related to HPV 16 was more common in invasive cervical carcinoma (found in 15/27) with six of these patients showing evidence of mixed infection with type 6/11. Only three of 27 had related to DNA HPV 6/11 in isolation.

The important finding in this study was that evidence of DNA related to HPV 6/11 was found in seven of nine patients with proved invasive carcinoma of the vulva, whereas evidence of DNA related to HPV 16 or 18 was found in only three, and in each case, as part of a mixed infection. The difference in distribution of type 6/11 between vulvar and cervical carcinomas was significant (p = 0.029) although that of type 16 was not. The authors conclude by stating that care must be taken not to interpret the presence of DNA related to HPV 6/11 alone as an indicator of non-invasive disease. This interesting finding is in contrast to other published reports and will need further study for confirmation. C Thompson

High prevalence of papillomavirus-associated penile intraepithelial neoplasia in sexual partners of women with cervical intraepithelial neoplasia

Several recent papers have highlighted the usefulness of the colposcope as a diagnostic tool in examining male sexual partners of women with evidence of human papillomavirus (HPV) infection or cervical intraepithelial neoplasia (CIN). In this large study from Paris, the authors report their findings in a group of 480 men, 294 of whom were sexual partners of women with cervical flat condylomas, and 186 of women with CIN. All were examined by colposcopy before and after application of 5% acetic acid. In addition to colposcopy, 267 biopsies were performed on 255 of the men to analyse morphological and histological features. Sixty of these biopsy specimens were also analysed for the presence of HPV DNA and to identify subtypes.

In 309 (64.4%) of the 480 men examined, clinical or colposcopic evidence of HPV associated lesions were found, figures that conform with findings in previous studies. In 204 (43%) of these men the lesions were visible only after the application of 5% acetic acid, which underlines the value of this procedure. Clinical or histological evidence of condylomata acuminata were found in 121 (41.2%) partners of women with condylomata, but in only 10 (5.4%) partners of women with CIN. In contrast, penile lesions showing features of intraepithelial neoplasia were found in 61 (32.8%) partners of women with CIN but in only 4 (1.4%) of women with condylomata. The high incidence of penile intraepithelial neoplasia seen in the study, 73 (29%) out of 255 men studied, is surprising considering the relatively low incidence of penile carcinoma. Thirty six (60%) of the 60 biopsy specimens analysed contained HPV DNA sequences. HPV types 16 and 33 were almost exclusively found in penile intraepithelial neoplasia. Types 6, 11, and the newly recognised type 42 were found in lesions showing condylomata or minimal histological changes. Ten of the 12 penile lesions containing HPV types 16 or 33 showed histological features of intraepithelial neoplasia. The correlation between intraepithelial neoplasia and the potentially oncogenic HPV types seems as close as in women. Also nine of the 11 partners of men with penile intraepithelial neoplasia associated with HPV 16 and HPV 33 themselves had CIN. These findings support the theory of sexual transmission of potentially oncogenic HPV types and the existence of a male reservoir of such viruses.

The natural history of penile intraepithelial neoplasia remains to be elucidated. The extent to which clinically invisible HPV lesions should be sought by colposcopy and how aggressive the treatment of such lesions should be also has yet to be defined.

S V Devendra

A one-step method for detecting and typing human papillomavirus DNA in cervical scrape specimens from women with cervical dysplasia

Quantitative DNA analysis of low grade cervical intraepithelial neoplasia and human papillomavirus infection by static and flow cytometry

Tissue macrophage response in human papillomavirus infection and cervical intraepithelial neoplasia

The clinical management and laboratory assessment of anal warts

Infrared coagulation in the treatment of condyloma acuminata in the female genital tract
Acquired immune deficiency syndrome

Surveillance of AIDS in the United Kingdom

AIDS in Africa: a public health priority

Campaign against AIDS in Switzerland: evaluation of a nationwide educational programme

AIDS in prison

Acute infection with the human immunodeficiency virus (HIV) associated with acute brachial neuritis and exanthematous rash

Severe herpes zoster ophthalmicus in young African adults: a marker for HTLV-III seropositivity

Cancer in a group at risk of acquired immunodeficiency syndrome (AIDS) through 1984

Cytomegalovirus esophagitis in AIDS: radiographic features in 16 patients

Hepatic disease in patients with the acquired immunodeficiency syndrome (AIDS)

Major histocompatibility antigen expression in the liver in acquired immunodeficiency syndrome

Salmonellosis during infection with human immunodeficiency virus

Incidence of salmonellosis in patients with AIDS

Pathology of the spleen in the acquired immunodeficiency syndrome

Pathology of the heart in acquired immunodeficiency syndrome

Acquired immunodeficiency syndrome-associated psoriasis and Reiter’s syndrome

Serosurvey of human immunodeficiency virus infection in parturients: implication for human immunodeficiency virus testing programs of pregnant women

More on human immunodeficiency virus embryopathy

Abnormal sweat electrolytes in symptomatic human immunodeficiency virus infection in a child

Care of pregnant women infected with human immunodeficiency virus

Transmission of the human immunodeficiency virus

Factors associated with prevalent human immunodeficiency virus (HIV) infection in the multicenter AIDS cohort study

Heterosexual transmission of acquired immunodeficiency syndrome: International perspectives and national projections

Heterosexually acquired infection with human immunodeficiency virus (HIV): a view from the III international conference on AIDS

Cultural practices contributing to the transmission of human immunodeficiency virus in Africa

Patient safety and doctors with HIV infection

Risk of human immunodeficiency virus (HIV-1) infection among laboratory workers

Acquired immunodeficiency syndrome and the clinical laboratory worker

Survival with the acquired immunodeficiency syndrome: experience with 5833 cases in New York city

The immunological and clinical outcome of HIV infection: 31 months of follow-up in a cohort of homosexual men

Long term evaluation of HIV antigen and antibodies to p24 and gp41 in patients with hemophilia: potential clinical importance

Correlation of serum HIV antigen and antibody with clinical status in HIV-infected
List of current publications

patients

The metabolic pathology of the AIDS dementia complex

Pathogenesis of HIV and its implications for serodiagnosis and monitoring of antiviral therapy

Activation of the human immunodeficiency virus by herpes simplex virus type 1

Infection of the retina by human immunodeficiency virus type 1

Isolation of human immunodeficiency virus (HIV) from plasma during primary HIV infection

Persistant productive infection of human glial cells by human immunodeficiency virus (HIV) and by infectious molecular clones of HIV

Superinfection of a chimpanzee with a second strain of human immunodeficiency virus

Blocking of HIV-1 infectivity by a soluble, secreted form of the CD4 antigen

Detecting human immunodeficiency virus RNA in peripheral blood mononuclear cells by nucleic acid hybridization

Comparison of antigen assay and reverse transcriptase assay for detecting human immunodeficiency virus in culture

Antibody that inhibits human immunodeficiency virus type B reverse transcriptase and association with inability to isolate virus

Anti-class II antibodies in AIDS patients and AIDS-risk groups

Human immunodeficiency virus (HIV) antibody testing

New developments in ELISA verification of anti-HIV screening in blood donors

Immunoassay based on HIV antibodies and their value as confirmatory tests

The latex condom, an efficient barrier against sexual transmission of AIDS-related viruses

Perspectives of HIV vaccine developments

Neutralisation of HIV isolates by antidiotype antibodies which mimic the T4 (CD4) epitope: a potential AIDS vaccine

Potential use of serotherapy in the prevention and treatment of infection with the human immunodeficiency virus

Treatable aspects of infection due to human immunodeficiency virus

AIDS-related malignant lymphoma: results of prospective treatment trials

Alfa-2a recombinant interferon in HIV-associated thrombocytopenia

Rebavirin treatment of the acquired immunodeficiency syndrome (AIDS) and the acquired immunodeficiency syndrome-related complex (ARC): a phase I study shows transient clinical improvement associated with suppression of the human immunodeficiency virus and enhanced lymphocyte proliferation

Resumption of virus production after human immunodeficiency virus infection of T lymphocytes in the presence of azidothymidine

Other sexually transmitted diseases

Chancroid in the United States: re-establishment of an old disease

Outbreak of severe hepatitis due to delta and hepatitis B viruses in parenteral drug abusers and their contacts

Perinatal transmission of hepatitis B virus in high-incidence countries

Detection of hepatitis B virus DNA in asymptomatic hepatitis B surface antigen carriers: relation to sexual transmission
Efficacy of commercial condoms in the prevention of hepatitis B virus infection

Genitourinary bacteriology

Gardnerella vaginalis in prepubertal girls

Two hundred and fifty six children were enrolled into this prospective study to establish the importance of isolating Gardnerella vaginalis from the vagina of prepubertal children. Group I consisted of 137 girls being evaluated for known or suspected sexual abuse. The authors stated that 117 of these had a definite history or physical findings, or both, consistent with sexual abuse, with the other 20 being included as being at high risk because a sibling had been sexually abused. The criteria for diagnosing sexual abuse were not defined. Group 2 consisted of 48 girls being evaluated for genitourinary complaints, such as vaginitis, in whom "experienced physicians" found no historical or physical evidence of sexual abuse. Group 3 consisted of 71 girls who were symptom free and for whom there was no suspicion of sexual abuse.

G vaginalis was isolated from 20 patients (14.6%) in group 1, two patients (4.2%) in group 2, and three patients (4.2%) in group 3. Isolation of G vaginalis is therefore not a specific marker of sexual abuse. Several statistical analyses are then described. Possibly the most interesting of these is that there was no correlation between G vaginalis colonisation and either symptoms or physical findings.

The weakness of the study (and most other studies of child sexual abuse) is in defining whether or not sexual abuse has taken place. Some patients in group 1 will almost certainly not have been abused, and it is probable that some patients in groups 2 and 3 will have suffered sexual abuse. These difficulties aside, this paper presents no evidence to suggest that routine screening for G vaginalis is of significant benefit in the assessment of suspected child sexual abuse. The search for reliable bacteriological markers of sexual abuse must therefore continue.

G R Scott

Local treatment for bacterial vaginosis

Amoxycillin, amoxycillin-clavulanic acid and metronidazole in the treatment of clue-cell positive discharge. A comparative clinical and laboratory study

Sexual activity, contraceptive use, and other risk factors for symptomatic and asymptomatic bacteriuria: a case-control study

Quantitative bacteriology of the vaginal flora during the menstrual cycle

Quantitative assessment of vaginal microflora during use of tampons of various compositions

Public health and social aspects

Gonorrhea and syphilis in incarcerated urban adolescents: prevalence and physical signs

Miscellaneous

Diagnosis of ophthalmia neonatorum

Lichen sclerosus et atrophicus

Penile cancer: is there an epidemiological role for smoking and sexual behaviour?

Sexual practices, sexually transmitted dis-

cases, and the incidence of anal cancer

To elucidate the risk factors for anal cancer, the authors interviewed and obtained blood specimens from 148 people with anal cancer and from 166 controls with colonic cancer, who were identified from records of population-based cancer registers from 1978 to 1985. Their study was based on a patient interview (focussing on sexual orientation and practices), a history of genital infections (particularly genital warts) and the use of alcohol, tobacco, and "social" drugs. Evaluation of differences between patients and controls was examined by uncontrolled logistic regression. As further evidence of past sexually transmitted infections, serological assays were performed to measure antibodies to herpes simplex virus (HSV) types 1 and 2, cytomegalovirus, hepatitis A and B, Treponema pallidum, and Chlamydia trachomatis.

The results showed that in men a history of receptive anal intercourse was strongly associated with the occurrence of anal cancer (relative risk 33.1), whereas in women there was only a weak association. In both sexes, squamous cell tumours of the anus were strongly associated with a history of genital warts. The high relative risk applied only to squamous cell cancers, and not to transitional cell cancer of the anus. In patients with no history of genital warts, an interesting finding was that anal cancer was associated with a history of gonorrhoea in heterosexual men (relative risk 17.2) but not in women, although in women there was an association between seropositivity for HSV type 2 and C trachomatis and anal cancer. Current cigarette smoking was found to be a substantial risk factor in both sexes; this association did not apply to former smokers. Patients with cancer of a nearby site, the colon, had been chosen as controls to minimise potential case control differences and to avoid selection bias, in that the incidence of colonic cancer does not appear to be related to either homosexual behaviour or cigarette smoking.

The authors concluded that anal intercourse may predispose to anal cancer as a result of transmission of an infection, and that, because squamous cell tumours of the anus were associated with a history of genital warts, this is most probably human papillomavirus infection. Their data also suggested that certain other sexually transmitted infections may play a part in the development of anal cancer.

J Forrer