

## 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 application.*

### **Hong Kong Genitourinary Medicine Association**

On 1 October 1987 the Hong Kong Genitourinary Medicine Association was founded at Hong Kong.

The membership of this association is open to all medical staff who are interested in the study of sexually transmitted diseases.

The president is Dr H W Fung, Genitourinary Clinic, 306A Tung Ying Building, 100 Nathan Road, Kowloon, Hong Kong.

### **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:

<i>Week starting</i>	<i>Closing date for</i>
<i>1988</i>	<i>applications</i>
5 September	26 July
21 November	10 October

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).

### **Institut Alfred Fournier Prix de l'Association des Anciens Élèves et Compagnons, 1988.**

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.

La remise solennelle des Prix 1988 se fera lors de l'Assemblée Générale de l'Association des Anciens Élèves et Compagnons d'Alfred Fournier, en Novembre 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).

### **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.

## List of current publications

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

*Syphilis and other treponematoses*  
*Gonorrhoea*

*Non-specific genital infection and related disorders*  
(*chlamydial infections; mycoplasmal and ureaplasma infections; general*)  
*Pelvic inflammatory disease*  
*Reiter's disease*  
*Trichomoniasis*

*Candidiasis*  
*Genital herpes*  
*Genital warts*  
*Acquired immune deficiency syndrome*  
*Other sexually transmitted diseases*  
*Genitourinary bacteriology*  
*Public health and social aspects*  
*Miscellaneous*

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### *Syphilis and other treponematoses*

#### **Antigenic and structural characterization of *Treponema pallidum* (Nichols strain) endoflagella**

DR BLANCO, CI CHAMPION, JN MILLER, MA LOVETT (Los Angeles, USA). *Infect Immun* 1988;56:168-75.

#### **Specificity of antibodies from patients with pinta for antigens of *Treponema pallidum* subspecies *pallidum***

MJ FOHN, FS WIGNALL, SA BAKER-ZANDER, SA LUKEHART (Seattle, USA). *J Infect Dis* 1988;157:32-7.

**Use of an enzyme-linked immunosorbent assay and of inhibition studies to distinguish between antibodies to cardiolipin from patients with syphilis or autoimmune disorders**  
EN HARRIS, AE GHARAVI, GD WASLEY, GRV HUGHES (Louisville, USA). *J Infect Dis* 1988;157:23-31.

#### **Significance of false positive syphilis reactions and anticardiolipin antibodies in a nationwide series of pregnant women**

P KOSKELA, O VAARALA, R MÄKITALO, T PALOSUO, K AHO (Helsinki, Finland). *J Rheumatol* 1988;15:70-3.

#### **In vitro culture system to determine MICs and MBCs of antimicrobial agents against *Treponema pallidum* subsp *pallidum* (Nichols strain)**

SJ NORRIS, DG EDMONDSON (Houston, USA). *Antimicrob Agents Chemother* 1988;32:68-74.

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#### **In vitro assay to demonstrate high-level erythromycin resistance of a clinical isolate of *Treponema pallidum***

LV STAMM, JT STAPLETON, PJ BASSFORD (Chapel Hill, USA). *Antimicrob Agents Chemother* 1988;32:164-9.

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### *Gonorrhoea*

#### **Outer membrane protein III of *Neisseria gonorrhoeae*: variations in biological properties of antibodies directed against different epitopes**

M VIRJI, K ZAK, JE HECKELS (Southampton, England). *J Gen Microbiol* 1987;133:3393-401.

#### **Characterization of *Neisseria gonorrhoeae* reference strains used in development of serological classification systems**

GM EVANS, JS KNAPP (Irvine, USA). *J Clin Microbiol* 1988;26:358-63.

#### **Restriction of plasmid DNA during transformation but not conjugation in *Neisseria gonorrhoeae***

DC STEIN, S GREGOIRE, A PIEKAROWICZ (Maryland, USA). *Infect Immun* 1988;56:112-6.

#### **Toxic effect of calcium alginate swabs on *Neisseria gonorrhoeae***

BA LAUER, HB MASTERS (Denver, USA). *J Clin Microbiol* 1988;26:54-6.

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### *Non-specific genital infection and related disorders (chlamydial infections)*

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#### **Infertility and chlamydial infection**

G ÅNESTAD, O LUNDE, M MOEN, K DALAKER (Oslo, Norway). *Fertil Steril* 1987;48:787-90.

#### **Failure of *Chlamydia trachomatis* to pass transplacentally to fetuses of TO mice infected during pregnancy**

M TUFFREY, P FALDER, J GALE, D TAYLOR-ROBINSON (Harrow, England). *J Med Microbiol* 1987;24:1-5.

#### **Comparison between cell culture and serology for detecting *Chlamydia trachomatis* in women seeking abortion**

PA CSÁNGÓ, B SAROV, H SCHIØTZ, I SAROV, (Kristiansand, Norway). *J Clin Pathol* 1988;41:89-92.

#### **Sensitivity of mitromycin-C treated McCoy cells for isolation of *Chlamydia trachomatis* from genital specimens**

RM WOODLAND, RP KIRTON, S DAROUGAR (London, England). *Eur J Clin Microbiol* 1987;6:653-6.

#### **Multicenter comparative evaluation of two rapid microscopic methods and culture for detection of *Chlamydia trachomatis* in patient specimens**

RC TILTON, FN JUDSON, RC BARNES, RP GRUNINGER, RW RYAN, O STEINGRIMSSON (Farmingington, USA). *J Clin Microbiol* 1988;26:167-70.

## List of current publications

### Optimization of a rapid test by using fluorescein-conjugated monoclonal antibodies for detection of *Chlamydia trachomatis* in clinical specimens

P POULETTY, J MARTIN, F CATALAN, *et al* (Paris, France). *J Clin Microbiol* 1988;26:267-70.

### Recombinant murine gamma interferon inhibits *Chlamydia trachomatis* serovar L1 in vivo

G ZHONG, EM PETERSON, CW CZARNECKI, LM de la MAZA (Irvine, USA). *Infect Immun* 1988;56:283-6.

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

#### Chronic *Ureaplasma urealyticum* and *Mycoplasma hominis* infections of central nervous system in preterm infants

KB WAITES, PT RUDD, DT CROUSE, *et al* (Birmingham, USA). *Lancet* 1988;i:17-21.

#### Serotypes of *Ureaplasma urealyticum* isolated from normal pregnant women and patients with pregnancy complications

A NAESSENS, W FOULON, J BREYNAERT, S LAUWERS (Brussels, Belgium). *J Clin Microbiol* 1988;26:319-22.

### Pelvic inflammatory disease

#### Serum CRP in the diagnosis and treatment of pelvic inflammatory disease

M HEMILÄ, L HENRIKSSON, O YLIKORKALA (Helsinki, Finland). *Archives of Gynecology and Obstetrics* 1987;241:177-82.

The aim of this study was to assess the usefulness of measuring serum concentrations of C reactive protein (CRP) in assessing acute gynaecological conditions and diagnosing pelvic inflammatory disease (PID).

Fifty five women had lower abdominal pain, cervical excitation pain, bilateral adnexal tenderness, and at least one of the following: purulent cervical discharge, fever, leukocytosis, or raised erythrocyte sedimentation rate. They were diagnosed as having PID, but this was confirmed laparoscopically in only one patient. Endocervical cultures were taken, and *Neisseria gonorrhoeae* was isolated from nine patients and *Chlamydia trachomatis* from eight patients. Sixty two women had complications of the first trimester of pregnancy: threatened abortion (18), incomplete abortion (28), or tubal pregnancy confirmed by laparoscopy (16). Thirty five

women had pelvic pain or bleeding, or both, due to functional bleeding (10), functional ovarian cyst (8), uterine fibroids (2), pelvic endometriosis (1), side effects of an intrauterine device (1), or unexplained causes (13). Six of these patients underwent laparoscopy.

Blood was taken from each of the 152 patients within 24 hours of admission to hospital, but at an unspecified time after the onset of symptoms and not necessarily before the patients started receiving antibiotic treatment. Serum was assayed for CRP, and the erythrocyte sedimentation rates and leukocyte count were measured. The sensitivity of raised CRP concentration in detecting clinical PID was 93%, its specificity was 81%, and its positive predictive value was 74%. Raised CRP concentrations correlated closely with raised erythrocyte sedimentation rates, but CRP concentrations became normal more quickly than did erythrocyte sedimentation rates. This might explain false negative CRP assay results when blood was taken a day after antibiotic treatment had been started. CRP concentrations in patients with PID were noticeably higher in those with complications of pregnancy or other non-infectious disorders. If the upper limit of the normal range of CRP concentrations were doubled, the sensitivity, specificity, and positive predictive value of this assay in detecting PID might improve. It would still, however, not be as good as clinical examination, and was not compared with laparoscopy.

P G Watson

### Trichomoniasis

#### Identification and properties of *Trichomonas vaginalis* proteins involved in cytoadherence

JF ALDERETE, GE GARZA (San Antonio, USA). *Infect Immun* 1988;56:28-33.

#### Diagnosis of trichomoniasis: comparison of conventional wet-mount examination with cytologic studies, cultures, and monoclonal antibody staining of direct specimens

JN KRIEGER, MR TAM, CE STEVENS (Seattle, USA). *JAMA* 1988;259:1223-7.

#### In vitro susceptibility of *Trichomonas vaginalis* to 50 antimicrobial agents

SD SEARS, J O'HARE (Baltimore, USA). *Antimicrob Agents Chemother* 1988;32:144-6.

### Candidiasis

#### Symptoms associated with vaginal colonization with yeast

WM McCORMACK, KM STARKO, SH ZINNER (New York, USA). *Am J Obstet Gynecol* 1988;158:31-3.

#### An iC3b receptor on *Candida albicans*: structure, function and correlates for pathogenicity

BJ GILMORE, EM RETSINAS, JS LORENZ, MK HOSTETTER (Minneapolis, USA). *J Infect Dis* 1988;157:38-46.

### Genital herpes

#### Type-specific antibodies to herpes simplex virus type 2 (HSV-2) glycoprotein G in pregnant women, infants exposed to maternal HSV-2 infection at delivery and infants with neonatal herpes

WM SULLENDER, LL YASUKAWA, M SCHWARTZ, *et al* (Stanford, USA). *J Infect Dis* 1988;157:164-71.

#### Difference between herpes simplex virus type 1 and type 2 neonatal encephalitis in neurological outcome

L COREY, RJ WHITLEY, EF STONE, K MOHAN (Seattle, USA). *Lancet* 1988;i:1-4.

Twenty four infants consecutively treated with either systemic acyclovir or vidarabine for up to 10 days after a diagnosis of neonatal herpes simplex (HSV) encephalitis were followed up for six months to three years to assess neurological and developmental outcome. Treatment was randomised for 15 infants with HSV type 2 and nine infants with HSV type 1 encephalitis. Diagnosis was based on the result of virus culture and serial serum HSV neutralising antibody titre. During the treatment period all infants underwent computed tomography, electroencephalography, and lumbar puncture for cerebrospinal fluid (CSF) before and after treatment. Follow up every six months consisted of neurological examination and developmental evaluation according to the revised Gessell developmental schedules.

Of the 14 infants with HSV type 2 encephalitis, one died, seven became microcephalic, eight developed persistent seizures, and nine suffered eye defects (chorioretinitis (5), cortical blindness (2), visual field defects (1); multiple defects (6)). None of the nine infants with HSV type 1 infection suffered any of the above disorders. Only four of the 14 infants infected with HSV type 2, compared with all nine of those infected with

HSV type 1, were completely normal neurologically and developmentally at 12 month follow up.

This study indicates that viral type strongly influences the long term outcome of treated infants with HSV encephalitis. As the study evidently set out to compare two antiviral agents, however, little is mentioned of this important variable. The authors stated that of the infants infected with HSV type 2, those treated with acyclovir did not differ from those treated with vidarabine in subsequent incidence or severity of developmental delay, although numbers of patients were too small to be conclusive.

PD Woolley

**Comparative study of inactivation of herpes simplex virus types 1 and 2 by commonly used antiseptic agents**

WS CROUGHAN, AM BEHBEHANI (Kansas City, USA). *J Clin Microbiol* 1988;26:213-5.

**Placebo-controlled trial of topical interferon in labial and genital herpes**

M GLEZERMAN, E LUNENFELD, V COHEN, *et al* (Beer Sheva, Israel). *Lancet* 1988;i:150-2.

**Herpes simplex virus glycoprotein treatment of recurrent genital herpes**

LR STANBERRY, RL BURKE, MG MYERS (Cincinnati, USA). *J Infect Dis* 1988;4:156-63.

**Genital warts**

**Characterization of human papillomavirus type 45, a new type 18-related virus of the genital tract**

ZS NAGHASHFAR, NB ROSENSHEIN, AT LORINCZ, J BUSCEMA, KV SHAH (Baltimore, USA). *J Gen Virol* 1987;68:3073-9.

**Histological and cytological evidence of viral infection and human papillomavirus type 16 DNA sequences in cervical intraepithelial neoplasia and normal tissue in the west of Scotland: evaluation of treatment policy**

JB MURDOCH, LJ CASSIDY, K FLETCHER, JW CORDINER, JCM MACNAB (Glasgow, Scotland). *Br Med J* 1988;296:381-5.

**Identification of the human papillomavirus E2 protein in genital tract tissues**

C-CH LI, RV GILDEN, SD SHOWALTER, KV SHAH (Frederick, USA). *J Virol* 1988;62:606-9.

**Accumulation of RNA homologous to human papillomavirus type 16 open reading frames in genital precancers**

CP CRUM, G NUOVO, D FRIEDMAN, SJ SILVERSTEIN (New York, USA). *J Virol* 1988;62:84-90.

**Demonstration of human papillomavirus Types 6 and 11 in juvenile laryngeal papillomatosis by *in-situ* DNA hybridization**

RM TERRY, FA LEWIS, S GRIFFITHS, M WELLS, CC BIRD (Leeds, England). *J Pathol* 1987;153:245-8.

**Evaluation of methods for detecting human papillomavirus deoxyribonucleotide sequences in clinical specimens**

D CAUSSY, W ORR, AD DAYA, P RUTH, W REEVES, W RAWLS (Hamilton, Canada). *J Clin Microbiol* 1988;26:236-43.

**Natural interferon alfa for treatment of condylomata acuminata**

AE FRIEDMAN-KIEN, LJ ERON, M CONANT, *et al* (New York, USA). *JAMA* 1988;259:533-8.

**Acquired immune deficiency syndrome**

**The brain in AIDS: central nervous system HIV-1 infection and AIDS dementia complex**

RW PRICE, B BREW, J SIDTIS, M ROSENBLUM, AC SCHECK, P CLEARY (New York, USA). *Science* 1988;239:586-92.

**Chronic HIV encephalitis—I. Cerebrospinal fluid diagnosis**

W LÜER, S POSER, T WEBER, *et al* (Göttingen, Federal Republic of Germany). *Klin Wochenschr* 1988;66:21-5.

**Chronic HIV encephalitis—II. Clinical aspects**

S POSER, W LÜER, E EICHENLAUB, *et al* (Göttingen, Federal Republic of Germany). *Klin Wochenschr* 1988;66:26-31.

**Neurological complications of human immunodeficiency virus infection in patients with lymphadenopathy syndrome**

RS JANSSEN, AJ SAYKIN, JE KAPLAN, *et al* (Atlanta, USA). *Ann Neurol* 1988;23:49-55.

**Intrathecal production of HIV antibodies in suspected AIDS encephalopathy**

R BINIEK, M BARTHOLOME, M SCHULZ, *et al* (Essen, Federal Republic of Germany). *J Neurol* 1988;235:131-5.

**AIDS commentary: toxoplasmic encephalitis**

BJ LUFT, JS REMINGTON (Palo Alto, USA). *J Infect Dis* 1988;157:1-6.

**The acquired immunodeficiency syndrome dementia complex as the presenting or sole manifestation of human immunodeficiency virus infection**

BA NAVIA, RW PRICE (New York, USA). *Arch Neurol* 1987;44:65-9.

**Cholangitis in the acquired immunodeficiency syndrome: report of two cases and review of the literature**

D ROULOT, D VALLA, F FRUN-VEZINET, *et al* (Clichy, France). *Gut* 1988;28:1653-62.

**Upper gastrointestinal Kaposi's sarcoma in patients positive for HIV antibody without cutaneous disease**

IG BARRISON, S FOSTER, JW HARRIS, AJ PINCHING, JG WALKER (London, England). *Br Med J* 1988;296:92-3.

**Generalized granuloma annulare in a patient with acquired immunodeficiency syndrome (AIDS)**

L BAKOS, S HAMPE, JL da ROCHA, AS PIRES, M ZAMPESE (Porto Alegre, Brazil). *J Am Acad Dermatol* 1987;17:844-5.

**Dermatophytosis and HIV infection: a study in homosexual men**

J TORSSANDER, A KARLSSON, L MORFELDT-MÅNSON, P-O PUTKONEN, J WASSERMAN (Stockholm, Sweden). *Acta Derm Venereol (Stockh)* 1988;68:53-6.

**Pediatric acquired immunodeficiency syndrome: neurologic syndromes**

AL BELMAN, G DIAMOND, D DICKSON, *et al* (Stony Brook, USA). *Am J Dis Child* 1988;142:29-35.

**Lack of evidence for craniofacial dysmorphism in perinatal human immunodeficiency virus infection**

QH QAZI, TM SHEIKH, S FIKRIG, H MENIKOFF (New York, USA). *J Pediatr* 1988;112:7-11.

**Prior herpes simplex virus type 2 infection as a risk factor for HIV infection**

SD HOLMBERG, JA STEWART, R GERBER, *et al* (Atlanta, USA). *JAMA* 1988;259:1048-50.

**The human immunodeficiency virus: infertility and mechanisms of pathogenesis**

AS FAUCI (Bethesda, USA). *Science* 1988;239:617-22.

**The syphilis epidemic and its relation to AIDS**

AM BRANDT (Boston, USA). *Science* 1988;239:375-80.

**Does infection with HIV affect the outcome of pregnancy?**

FD JOHNSTONE, L MACCALLUM, R BRETTELL, JM INGLIS, JF PEUTHERER (Edinburgh, Scotland). *Br Med J* 1988;296:467.

**Transmission of human immunodeficiency virus (HIV) by blood transfusions screened as negative for HIV antibody**

JW WARD, SD HOLMBERG, JR ALLEN, *et al*

(Atlanta, USA). *N Engl J Med* 1988; **318**:473-8.

**Human immunodeficiency virus and hepatitis delta virus in homosexual men: a study of four cohorts**

RE SOLOMON, RA KASLOW, JP PHAIR, *et al* (Bethesda, USA). *Ann Intern Med* 1988; **108**:51-4.

**Human immunodeficiency virus infection among patients attending clinics for sexually transmitted diseases**

TC QUINN, D GLASSER, RO CANNON, *et al* (Baltimore, USA). *N Engl J Med* 1988; **318**:197-203.

**Effect of HIV antibody disclosure on subsequent sexual activity in homosexual men**

R FOX, NJ ODAKA, R BROOKMEYER, BF POLK (Baltimore, USA). *AIDS* 1987; **1**:241-6.

To test the hypothesis that knowledge of human immunodeficiency virus (HIV) serological status affects subsequent sexual behaviour, 1001 homosexual or bisexual men who were serologically stable for HIV antibody were enrolled in a study from April 1984 to April 1986. Each participant was seen four times at intervals of six months, and a comprehensive sexual history and blood for HIV antibody testing were taken at each visit. Each man was individually counselled regarding safe sex practices and given written information. At the third visit they were given the option to learn their HIV status. At the fourth visit therefore, the differences between the three groups (those unaware of result, those aware that it was positive, and those aware that it was negative) could be compared in terms of their risk reduction. The men who elected to remain unaware of their HIV status tended to be more educated than those who chose to be told their results, but otherwise were similar. Throughout the study there was a noticeable drop in the number of sexual partners reported; using their initial visit as a baseline, the percentage decrease by the fourth visit was 55% for those aware that they were seronegative, 47% for those who were unaware, and 45% for those aware that they were seropositive. That is, men who knew that they were seronegative showed a smaller decline in the number of sexual partners than those who were unaware of their serological status.

Looking at the change in the number of sexual partners with whom they practised receptive anal intercourse, the decrease from the initial baseline was to 62% for men who knew that they were seronegative, 57% for those who were unaware of their status, and a significant decrease to 42% for men who knew that they were seropositive. This

showed the same trend, men who knew that they were seronegative showed smaller reduction in the number of their sexual partners than the other men. Considering that this sexual practice is considered to be most risky, it is perhaps surprising that there was not a greater reduction. The actual mean numbers of partners of men who knew that they were seronegative reduced from 1.0 to 0.4 in the six months.

The results for insertive anal intercourse were more disturbing as, although men who knew that they were seropositive showed a 42% reduction in numbers of sexual partners compared with a 52% reduction by men who did not know their serological status, a significant difference ( $p < 0.01$ ), these results showed that men who knew that they were seropositive had still had unprotected insertive anal intercourse with an average of 0.3 partners in the six months.

In summary, the study showed little extra benefit in the homosexual men knowing their serological status, and actually showed a trend that the knowingly seronegative subjects tended to more promiscuous than those who were unaware of their HIV status. Men who were aware of being HIV positive showed a small, just significant decline in numbers of sexual partners and risk behaviour. What stands out in comparison to these small changes is the impressive trend of fewer partners as a result of health education and counselling. This study, which was designed to show the benefits of HIV testing, have thus indirectly shown the more important benefit of counselling and education. Another aspect of this report is that there is still a lot to be done in reducing risk behaviour.

RI Lindley

**Human immunodeficiency virus infection, hepatitis B virus infection, and sexual behaviour of women attending a genitourinary medicine clinic**

BA EVANS, SM McCORMACK, RA BOND, KD MacRAE, RW THORP (London, England). *Br Med J* 1988; **296**:473-5.

**Human retroviral infections in the Gambia: prevalence and clinical features**

DCW MABEY, RS TEDDER, ASB HUGHES, *et al* (London, England). *Br Med J* 1988; **296**:83-6.

**The prevalence of infection with human immunodeficiency virus over a 10 year period in rural Zaire**

N NZILAMBI, KM DE COCK, DN FORTHAL, *et al* (Atlanta, USA). *N Engl J Med* 1988; **318**:276-9.

**HIV-2 in Britain: no evidence, yet**

GJ BAYLISS, JV BARRY, PP MORTIMER (London, England). *Lancet* 1988; **i**:120.

**Low occupational risk of human immunodeficiency virus infection among dental professionals**

RS KLEIN, JA PHELAN, K FREEMAN, *et al* (New York, USA). *N Engl J Med* 1988; **318**:86-90.

**Legal rights and duties in the AIDS epidemic**

BM DICKENS (Toronto, Canada). *Science* 1988; **239**:580-6.

**Surgical gloves as a mechanical barrier against human immunodeficiency viruses**

AG DALGLEISH, M MALKOVSKY (Harrow, England). *Br J Surg* 1988; **75**:171-2.

**The *art* gene product of human immunodeficiency virus is required for replication**

E TERWILLIGER, R BURGHOFF, R SIA, J SODROSKI, W HASELTINE, C ROSEN (Boston, USA). *J Virol* 1988; **62**:655-8.

**Immunological study of the rectal mucosa of men with and without human immunodeficiency virus infection**

PE BISHOP, A McMILLAN, HM GILMOUR (Edinburgh, Scotland). *Gut* 1987; **28**:1619-24.

**Summary of the Centres for Disease Control human immunodeficiency virus (HIV) performance evaluation survey for 1985 and 1986**

RN TAYLOR, VA PRZYBYSZEWSKI (Atlanta, USA). *Am J Clin Pathol* 1988; **89**:1-13.

**Reliable detection of individuals seropositive for the human immunodeficiency virus (HIV) by competitive immunoassays using *Escherichia coli*-expressed HIV structural proteins**

GJ DAWSON, JS HELLER, CA WOOD, *et al* (North Chicago, USA). *J Infect Dis* 1988; **157**:149-55.

**Antigen detection in early HIV infection**

M von SYDOW, H GAINES, A SÖNNERGORG, M FORSGREN, PO PEARSON, O STRANNEGÅRD (Stockholm, Sweden). *Br Med J* 1988; **296**:238-40.

**Decline of anti-p24 antibody precedes antigenaemia as correlate of prognosis in HIV-1 infection**

SM FORSTER, LM OSBORNE, R CHEINGSONG-POPOV, *et al* (London, England). *AIDS* 1987; **1**:235-40.

**Decline of antibody reactivity to outer viral core protein p17 is an earlier serological marker of disease progression in human immunodeficiency virus infection than anti p24 decline**

JMA LANGE, F de WOLF, WJA KRONE, SA DANER, RA COUTINHO, J GOUDSMIT (Amsterdam, The Netherlands). *AIDS* 1987; **1**:155-9.

**Serum  $\beta_2$ -microglobulin and human immunodeficiency virus infection**

CJN LACEY, MA FORBES, MA WAUGH, EH COOPER, MH HAMLING (Leeds, England). *AIDS* 1987;1:123-7.

**Itraconazole as maintenance treatment for cryptococcal meningitis in the acquired immune deficiency syndrome**

J de GANS, JKME SCHATTEKERK, RJ van KETEL (Amsterdam, The Netherlands). *Br Med J* 1988;296:339.

**Regression of oral hairy leukoplakia after orally administered acyclovir therapy**

L RESNICK, JS HERBST, DV ABLASHI, et al (Miami Beach, USA). *JAMA* 1988;259:384-8.

**Evaluation of antiviral drugs and neutralizing antibodies to human immunodeficiency virus by a rapid and sensitive microtiter infection assay**

DC MONTEFIORI, WE ROBINSON, SS SCHUFFMAN, WM MITCHELL (Nashville, USA). *J Clin Microbiol* 1988;26:231-5.

**Phase I studies of 2', 3'-dideoxycytidine in severe human immunodeficiency virus infection as a single agent and alternating with zidovudine (AZT)**

R YARCHOAN, CF PERNO, RV THOMAS, et al (Bethesda, USA). *Lancet* 1988;i:76-81.

**Human immunodeficiency virus (HIV) antigenemia (p24) in the acquired immunodeficiency syndrome (AIDS) and the effect of treatment with zidovudine (AZT)**

CG JACKSON, DA PAUL, LA FALK, et al (Chicago, USA). *Ann Intern Med* 1988;108:175-80.

**Persistence of human immunodeficiency virus antigenemia in patients with the acquired immunodeficiency syndrome treated with a reverse transcriptase inhibitor, suramin: ten-patient case-control study**

J KAREL, E SCHATTEKERK, SA DANNER, et al (Amsterdam, The Netherlands). *Arch Intern Med* 1988;148:209-11.

*Other sexually transmitted diseases*

**Molluscum contagiosum: characterization of viral DNA and clinical features**

CD PORTER, MF MUHLEMAN, JJ CREAM, LC ARCHARD (London, England). *Epidemiology and Infection* 1987;99:563-7.

Restriction endonuclease analysis of molluscum contagiosum virus (MCV) DNA revealed two subtypes. In a study of 46 isolates from 41 patients, some with no other disorder and some with atopic dermatitis, the ratio of MCV I isolates to MCV II was 34:12.

Multiple clustered lesions removed at the same time from an individual patient yielded only one type of MCV. Lesions induced by MCV I or MCV II were indistinguishable on the basis of size and form. Neither subtype was associated exclusively with lesions at certain sites or with other clinical features. Heterogeneity of DNA restriction endonuclease cleavage patterns amongst isolates of the same subtype was observed, this being greatest for MCV II.

*Authors' summary*

**Duration of immunity after hepatitis B vaccination: efficacy of low-dose booster vaccine**

MM HOROWITZ, WB ERSHLER, P MCKINNEY, RJ BATTIOLA (Milwaukee, USA). *Ann Intern Med* 1988;108:185-9.

*Genitourinary bacteriology*

***Gardnerella vaginalis* in the urinary tract: incidence and significance in a hospital population**

S JOSEPHSON, J THOMASON, K STURINO, R ZABRANSKY, J WILLIAMS (Milwaukee, USA). *Obstet Gynecol* 1988;71:245-50.

**Isolation of *Gardnerella vaginalis* in pure culture from the uterine cavity of patients with irregular bleedings**

FV KRISTIANSEN, S ØSTER, L FROST, Y BOUSTOULLER, B KORSAGER, BR MØLLER (Aarhus, Denmark). *Br J Obstet Gynaecol* 1987;94:979-84.

Since the recovery of *Gardnerella vaginalis* from vaginal discharge was reported more than 70 years ago, several studies have tried to incriminate the bacterium as a causative agent in vaginitis, urethritis, and puerperal infection. Although the presence of *G vaginalis* in the uterine cavity has been shown previously, the association of its presence with endometritis has not been reported so far.

In a study of three patients who underwent hysterectomy because of persistent irregular vaginal bleeding, samples were obtained from the cervical os immediately before, and from the uterine cavity after, hysterectomy. Due care was exercised to avoid cervical contamination of the uterine material. The samples were microbiologically examined using culture techniques for the presence of *G vaginalis*, *Chlamydia trachomatis*, aerobic and anaerobic bacteria, yeasts, and viruses. Sections were taken for histologic examination. Serum samples were obtained to measure antibodies to *G vaginalis*. *G vaginalis* was grown in pure culture from the uterine fundus in all three patients. A mixed growth including *G vaginalis* was obtained

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from the cervical sample from each patient. Antibody to *G vaginalis* at a titre of 1/64 or more was found in all three patients. Histology showed a mononuclear infiltrate in the endometrium of each patient.

The association of these microbiological, serological and histological findings is interesting, but data from more patients are necessary before any assumption about the pathogenicity of this organism can be made.

*K Sankar*

***Gardnerella vaginalis* chorioamnionitis: a report of two cases and a review of the pathogen role of *G vaginalis* in obstetrics**

W LEE, LE PHILLIPS, RJ CARPENTER, MG MARTENS, S FARO (Houston, USA). *Diagn Microbiol Infect Dis* 1987;8:107-11.

**Relationships of vaginal *Lactobacillus* species, cervical *Chlamydia trachomatis*, and bacterial vaginosis to preterm birth**

J MARTIUS, MA KROHN, SL HILLIER, WE STAMM, KK HOLMES, DA ESCHENBACH (Seattle, USA). *Obstet Gynecol* 1988;71:89-95.

**Group B streptococci in the lower urogenital tract and late abortions**

HO DAUGAARD, AC THOMSEN, U HENRIQUES, A ØSTERGAARD (Aarhus, Denmark). *Am J Obstet Gynecol* 1988;158:28-31.

**Bacterial flora of the cervix in women using an intrauterine device**

M HAUKKAMAA, P STRANDEN, H JOUSIMIES-SOMER, A SIITONEN (Helsinki, Finland). *Contraception* 1987;36:527-34.

*Miscellaneous*

**Vaginal parasitosis: an unusual finding in routine cervical smears**

BN MALI, JV JOSHI (Bombay, India). *Acta Cytol (Baltimore)* 1987;31:866-8.

**Relationship of chronic pelvic pain to psychiatric diagnoses and childhood sexual abuse**

E WALKER, W KATON, J HARROP-GRIFFITHS, L HOLM, J RUSSO, LR HICKOK (Seattle, USA). *Am J Psychiatry* 1988;145:75-80.

**A comparison of the Papanicolaou smear and the cervigram: sensitivity, specificity, and cost analysis**

K TAWA, A FORSYTHE, JK COVE, A SALTZ, HW PETERS, WG WATRING (Los Angeles, USA). *Obstet Gynecol* 1988;71:229-35.

**Proctitis and fatal septicemia caused by *Plesiomonas shigelloides* in a bisexual man**

FS MOLTE, RM POOLE, GW MURPHY, C CLARK, BJ PANNER (Rochester, USA). *J Clin Microbiol* 1988;26:388-91.