Abstracts

This section of the JOURNAL *is published in collaboration with the two abstracting Journals,* ABSTRACTS OF WORLD MEDICINE *and* OPHTHALMIC LITERATURE, *published by the British Medical Association. The abstracts are divided into the following sections:*

Syphilis (Clinical, Therapy, Serology, Biological False Positive Phenomenon, Pathology, Experimental).
Gonorrhoea.
Non-Gonococcal Urethritis and Allied Conditions.
Reiter's Disease and Allied Conditions.
Antibiotics and Chemotherapy.
Public Health and Social Aspects.
Miscellaneous.

After each subsection of abstracts follows a list of articles that have been noted but not abstracted.

Syphilis *Clinical*

Management of Severe Deafness in Adults MORRISON, A. W. (1969) *Proc. roy. Soc. Med.*, **62**, 959 6 refs

Results of treating 22 patients with deafness due to congenital syphilis with prednisone are described. The patients, who were mostly middle-aged, were seen during the previous 3 years at The London Hospital and the Royal National Throat, Nose and Ear Hospital. They had previously received anti-treponemal therapy without any benefit.

In most cases, prednisone was given in dosage of 30 mg. daily for 1 week, followed by 25 mg. daily for 3 weeks. Patients who responded did so between 1 to 4 weeks. If there was no improvement by the end of this period the drug was rapidly withdrawn. If a response occurred the steroid was continued for a further 5 months, diminishing the dose each month, but raising it again temporarily if deterioration occurred. A further course of penicillin was then given. In some cases small maintenance doses of prednisone were required for several years.

Ten patients showed a definite hearing gain, often dramatic, and two others slight improvement. Of eighteen patients with vertigo or vestibular ataxia, ten were cured and two improved; this sometimes occurred independently of improvement in hearing. The long-term results are not yet known, but it seems likely that relapses will require further courses of prednisone.

[Apart from that of Hahn, Rodin, and Haskins (1962), this is the only series of any size describing the effect of steroids in deafness due to congenital syphilis. The number of cases showing a response is very similar in the two series, so that about half the cases can be expected to benefit.]

P. Rodin

Reference

HAHN, R. D., RODIN, P., and HASKINS, H. L. (1962) *J. chron. Dis.*, **15**, 395

Chiasmal Arachnoiditis as a Manifestation of Generalized Arachnoiditis in Systemic Vascular Disease. Clinico-Pathological Report of Two Cases OLIVER, M., BELLER, A. J., and BEHAR, A. (1968) *Brit. J. Ophthal.*, **52**, 227 11 figs, 16 refs

Two cases of this rare condition are reported with necropsy findings in which a generalized arachnoid change was found. One was a patient with tertiary syphilis. The second was a patient with polyarteritis nodosa who had had a craniotomy to exclude a space-occupying lesion. At operation arachnoid adhesions were found and divided and, post-operatively, episodes of loss of vision did not recur. This suggests that the symptoms are due to fibrotic strangling rather than vascular involvement. *J. H. Kelsey*

Bone Lesions observed in Syphilis and Yaws. Radiographic Study of 267 Cases (Les lésions osseuses observées lors des tréponématoses sérologiques: Étude de 267 sujets) DELAHAYE, R. P., MANY, P., MISSON, R., BOURSIQUOT, P., and COMBES, A. (1970) *Sem. Hôp. Paris*, **46**, 189 4 figs, 12 refs

Gumma of the Choroid [In Czech] SOUKUP, F. (1968) *Čs. Oftal.*, **24**, 438 9 refs

Involvement of the Epididymis in Secondary Syphilis (Nebenhodenbefall bei sekundärer Syphilis) KÖRTE, C., and BURCHARDT, P. (1969) *Hautarzt*, **20**, 369 2 figs, 17 refs

Labyrinthitis Luetica HAYE, R. (1969) *J. Oslo Cy Hosp.*, **19**, No. 4, 68 3 refs

Syphilis *Therapy*

Treatment of Early Syphilis with Vibramycin. Preliminary Communication (Die Behandlung der Frühsyphilis mit Vibramycin. Vorläufige Mitteilung) WODNIANSKY, P., HOLUBAR, K., and PHILIPPU, G. (1969) *Z. Haut- u. Geschl.- Kr.*, **44**, 571

At the First University Skin Clinic, Vienna, vibramycin (α-6-deoxy-5-oxytetracycline) was used in the treat-

ment of sixteen patients with primary or secondary syphilis. The antibiotic was given by mouth in two equal courses of 200 mg. daily for 14 days with an interval of 6 weeks between the courses.

Treponema pallidum disappeared from the lesions 2 to 5 days after the start of treatment – more slowly than with penicillin. The lesions were usually healed in 10 days, but adenitis persisted for about a month. Serial serological tests showed that titres were reduced by the end of the first course of treatment and markedly so after the second course. No patient had a Herxheimer reaction and no untoward side-effects of the antibiotic were reported.

It is concluded that these early results are promising and that vibramycin may prove to be a useful alternative drug for the treatment of syphilis in patients who are hypersensitive to penicillin. The study is continuing and a definitive report is expected in about 6 months.

G. W. Csonka

Syphilis *Serology*

Reduced Lymphocyte Transformation due to a Plasma Factor in Patients with Active Syphilis

LEVENE, G. M., TURK, J. L., WRIGHT, D. J. M., and GRIMBLE, A. G. S. (1969) *Lancet*, **2**, 246 2 figs, 6 refs

Reduced ability of lymphocytes to undergo blastic transformation in response to stimulation with phytohaemagglutinin (PHA) is found in various diseases that are associated with impairment of cell-mediated immunity.

The possibility that such impairment may occur in infectious diseases such as syphilis, resulting in increased proliferation of the infecting organism, has been investigated at St John's Hospital for Diseases of the Skin and Guy's Hospital, London. Samples of blood were obtained from 7 patients with primary syphilis, 12 with secondary syphilis, 3 with latent syphilis and 1 with an active gumma [all presumably untreated] and from 12 healthy adults as controls. The lymphocytes were separated, washed, and a suspension of known cell content incubated at 37° C for 60–66 hr in the presence of the appropriate plasma and PHA. The degree of transformation of the cells was determined in the usual way by measurement of their uptake of ^{14}C-labelled thymidine added to the culture 24 hr before harvesting. [For details the original should be consulted.]

Each patient's lymphocytes were grown in the presence of his own plasma and also of plasma obtained from a single healthy volunteer, whose cells were always grown in parallel in his own and the patient's plasma. The transformation ability (uptake of radioactive thymidine) of the patients' cells was expressed as a percentage of that of the volunteer's cells; any inhibitory effect of the patients' plasma on the transformation of the volunteer's cells was also noted. The lymphocytes of the control subjects were treated similarly.

Cells from the patients with primary and secondary syphilis and from the patient with a gumma, when cultured in their own plasma, showed significantly ($P < 0{\cdot}001$) less transformation in response to PHA than did those of the control subjects, whereas cells from the 3 patients with latent syphilis were transformed slightly better than the standard. The plasma of the patients with secondary syphilis reduced the transformation of the volunteer's cells by an average of 35% when compared with plasma from 10 normal controls ($P < 0{\cdot}001$), whereas the plasma of the patients with primary and latent syphilis had no such effect. When cells from patients with secondary syphilis were grown in plasma from the healthy volunteer partial, but significant ($P < 0{\cdot}001$), restoration of their responsiveness to PHA was seen.

It thus appears that the transformation of the lymphocytes is impaired in both primary and secondary syphilis and that in the secondary stage this is associated with the presence in the plasma of some factor which is capable of reducing the transformation ability of normal lymphocytes. The nature of this 'anti-lymphocyte factor' (which could be either a treponemal product or an autoantibody) and its possible significance in relation to the clinical manifestations of secondary syphilis are discussed.

A. E. Wilkinson

Immunoglobulins in Syphilis

DELAHANTY, J. J., and CATTERALL, R. D. (1969) *Lancet*, **2**, 1099

Quantitative estimations of serum IgM, IgG, and IgA levels were made by a radial immunodiffusion method at the Middlesex Hospital, London. The sera tested came from 23 patients with primary, eighteen with secondary, twelve with latent, and two with active tertiary syphilis. All were male Europeans except for one Pakistani and one Chinese. The results were compared with similar tests in a control group of one Indian and thirty European males attending a venereal disease clinic; these patients were judged to be healthy and their immunoglobulin levels did not differ significantly from those found in a series of blood donors.

Although the immunoglobulin levels of many of the patients with syphilis fell within the normal range, the mean IgM and IgG levels of the patients with primary, secondary, and latent syphilis were significantly greater than those of the control patients. The mean IgA levels was significantly raised in the patients with secondary syphilis, but not in the other groups. No relationship of immunoglobulin levels to VDRL titres was noted. The effect of treatment on the levels is not reported.

The effect of mercaptoethanol on the VDRL titre of sera was also studied. Seven of 48 syphilitic sera were reduced in titre by more than two dilution steps. It was also noted that the degree of flocculation might be reduced although the titre was not much affected. In contrast, only two of thirteen sera giving chronic biological false positive reactions remained substantially unchanged in titre after treatment with mercaptoethanol.

A. E. Wilkinson

[Reprinted from *Abstracts on Hygiene*, by permission of the Editor.]

Anticomplementary Activity in Serological Tests for Syphilis as a Clue to Connective Tissue Diseases of an Autoimmune Nature

LASSUS, A., and MUSTAKALLIO, K. K. (1969) *Ann. clin. Res.*, **1**, 74

Kolmer and Reiter protein complement-fixation tests were performed on

9,101 patients attending the Department of Dermatology and Venereology, University Central Hospital, Helsinki, between 1964 and 1967. Tests for cryoglobulins were also performed on 2,351 of the sera. Seventy (0·8 per cent.) of the sera gave anticomplementary results with one or both of the two screening tests for syphilis; 23 of the patients concerned had some connective tissue disorder, such as lupus erythematosus (8), scleroderma (2), chronic polyarthritis (2), or rheumatoid arthritis (3). Thirteen had syphilis as judged by the history and/or positive TPI or FTA-ABS tests (one of these also had SLE according to the tabulated results). Biological false positive results were found with fourteen sera. Tests for cryoglobulins were positive in 21 of 41 sera tested, γ-globulins were increased (⩾ 2·0 g. per cent.) in 25 of 47 sera, and tests for rheumatoid factor were positive in 18 of 43 sera examined. Some of the sera showed multiple abnormalities.

The results suggest that anticomplementary activity in complement-fixation tests may be found not only in the presence of raised γ-globulin levels, but also when these are within normal limits but the serum contains antigen-antibody complexes such as theumatoid factors of cryoglobulins. Anticomplementary results in screening tests for syphilis may thus give a clue to the presence of an underlying disorder which merits further investigation.

A. E. Wilkinson

Fluorescent Treponemal Antibody (FTA) Reaction in Sera with Antinuclear Factors

JOKINEN, E. J., LASSUS, A., and LINDER, E. (1969) *Ann. clin. Res.*, **1**, 77 11 refs

Sera from 123 females and 12 males with definite or suspected systemic lupus erythematosus (SLE) were studied at the University of Helsinki, Finland. All the sera contained antinuclear factor, often to a high titre. VDRL slide, FTA-200, and FTA-ABS tests were performed on all the sera. The VDRL test was found reactive on 29 sera and the FTA-200 on nine; six of these nine gave positive FTA-ABS tests. TPI tests performed on these six sera were positive in two instances, presumably indicating coincidental syphilitic infection. The four TPI-negative, FTA-ABS-positive sera (which also gave positive Reiter protein complement-fixation tests) were absorbed with cell nuclei. In three, this absorption converted the originally weakly-positive FTA-ABS test to negative; it had no effect on the moderately-positive FTA-ABS test result given by the fourth serum; this came from a woman who had been treated for darkground positive early syphilis 44 years previously.

The authors conclude that non-specific FTA-ABS test results can occur in SLE and that they are probably connected with the presence of anti-nuclear factor.

A. E. Wilkinson

[Reprinted from *Abstracts on Hygiene*, by permission of the Editor.]

Experimental and Clinical Observations: Persistence of Particular Forms of *Treponema pallidum* in Syphilitics detected in the Late Stages of an Untreated Infection (Observations expérimentales et cliniques: Persistence de formes particulières de *Treponema pallidum* chez des syphilitiques dépistés dans les phases tardives de leur infection et non traités à temps) NICOLAU, ST. G., BADANOIU, AL., NICOLAU, GH. G., and GAVRILESCOU, M. (1969) *Ann. Derm. Syph. (Paris)*, **96**, 253 3 figs, 19 refs

This paper from the Dermatological and Venereological Centre, Bucharest, reviews the literature on sero-resistant late syphilis and outlines the experimental work which has led to the demonstration of persistent treponemes in the lymph nodes, CSF, and aqueous humour of the eye in patients treated late in the course of the disease.

The authors then describe their own experiments, in which they were able to demonstrate persistent treponemes, with a reduced number of spiral and thickened bodies, in nine out of sixteen rabbits with persistently positive serological reactions. In an attempt to show that the lymphatic material was still immunocompetent they cultured lymph node cells *in vitro* and used agglutination and immunochromatographic techniques. They claim to have demonstrated immunocompetence in both rabbit and human lymphatic tissue. Sub-scrotal inoculation into healthy rabbits of material from lymph nodes of syphilitic rabbits and human patients did not produce any local lesions, but the inoculated rabbits became seropositive in 10 to 16 weeks.

Attempts were made to find a form of therapy capable of completely removing the few living treponemes in fourteen sero-resistant patients. A combination of corticosteroids with penicillin and tetracycline is described and repeated courses of treatment are recommended. After one to three courses there was a significant fall in the titre of the treponemal immobilization test, and after four or five courses the tests gave negative results in five cases. The others became discouraged and defaulted.

The authors conclude by confirming the current view that, in late syphilis with persistently positive serological reactions, treponemes remain in the lymph nodes in modified forms and appear to have lost their virulence but to have retained their antigenicity. This explains the persistence of the positive immunoserological reactions. They also suggest that the treponemes are probably alive, because the serological tests can be made to give negative results with repeated courses of corticosteroids plus antibiotics; this indicates that the remaining germs are destroyed by the treatment. Subscrotal inoculation of pieces of lymph node tissue into healthy rabbits usually results in the development of positive findings and is thought to be a useful method of demonstrating persistent treponemes.

[This paper contains an excellent review of the literature and discusses some original and interesting ideas. It is impossible to judge the quality and extent of the experimental work because of inadequate detail.]

R. D. Catterall

Usefulness of the Isotope-labelled Lymphocyte-transformation Test in the Diagnosis of Syphilis (Die Brauchbarkeit der mit Isotopen markierten Lymphocyten-Transformationstestes in der

Syphilisdiagnostik) SIMON, N., DOBOZY, A., and HUNYADI, J. (1969) *Arch. klin. exp. Derm.*, **236**, 1 5 refs

Treated Late Syphilis: Immunoglobulin Class of Antibodies Reactive with *Treponema pallidum* LOGAN, L. C., NORINS, L. C., ATWOOD, W. G., and MILLER, J. L. (1969) *J. Invest. Derm.*, **53**, 300 7 refs

Syphilis *Experimental*

Contribution to the Study of the Treponeme isolated from the Monkey by A. Fribourg-Blanc (Contribution à l'étude du treponeme isolé du singe par A. Fribourg-Blanc) SERPETJIAN, M., GUERRAZ, F. T., SALUSSOLA, D., THIVOLET, J., and MONIER, J. C. (1969) *Bull. Wld Hlth Org.*, **40**, 141

The behaviour *in vivo* of the strain of treponemes isolated from African monkeys by Fribourg-Blanc and Mollaret has been compared with that of *Treponema pallidum* (Nichols strain) and *Treponema pertenue* (Bangkok strain) at the University of Lyons. Intradermal inoculations were made into the shaved skin of the back of Asiatic macaques *(Macaca mulatta)* and the course of the infection was followed clinically and serologically by the Kline, TPI, and quantitative FTA tests. The animals were all seronegative by these tests before inoculation.

T. pallidum produced lesions in seven of ten monkeys; the lesions were minimal, consisting of an area of erythema or macules, and in one animal of papules. They appeared after 2 to 3 weeks and lasted a few weeks. In contrast, *T. pertenue* produced large vegetating hyperkeratotic lesions in the four monkeys inoculated. The base of the lesions showed little or no induration and they did not ulcerate. Inoculation into the skin of the eyelid produced lesions in two of these animals, one being extensive. The F-B treponemes produced lesions which resembled those produced by the yaws strain rather than those produced by *T. pallidum*, although the incubation period was longer. [This may have been due to a smaller inoculum being used.]

The serological responses after inoculation with the three strains of treponemes showed some differences. FTA titres were higher after infection with *T. pallidum* than with *T. pertenue*, and antibody detected by this test was developed more slowly and to a much lower titre in the monkeys infected with the F-B treponeme. The same was broadly true of the results of the Kline and TPI tests. The authors conclude that the F-B treponeme is more closely related to *T. pertenue* than to *T. pallidum*.

FTA tests on sera from twenty monkeys captured in an area where yaws is endemic were positive in seventeen, and all twenty were TPI-positive. In contrast, no positive FTA tests were found on testing sera from 91 monkeys from an area where syphilis was endemic.

A. E. Wilkinson

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Gonorrhoea

Observations on the Culture Diagnosis of Gonorrhoea in Women SCHMALE, J. D., MARTIN, JR., J. E., and DOMESCIK, G. (1969) *J. Amer. med. Ass.*, **210**, 312 11 refs

Material from 206 consecutive female patients who attended a local clinic for venereal disease was studied at the Venereal Disease Research Laboratory, Atlanta. Specimens for culture were obtained from the cervix, urethra, vagina, and rectal crypts with sterile cotton-tipped applicators. When patients were seen one week later, fresh specimens were taken, and those patients in whose cases initial cultures had given positive results were treated. Thayer-Martin medium was inoculated immediately, and identification of oxidase-positive cultures of Gram-negative diplococci was confirmed by means of direct fluorescent antibody staining or sugar fermentation reactions.

Tests of the cervix were most effective in diagnosing gonorrhoea: positive results were obtained from this site in 93·8 per cent. of cases with positive findings at the first visit and in 88·8 per cent. of those with positive findings at the second visit. Approximately 50 per cent. of patients yielded positive cultures from the rectum. Specimens from the urethra and vagina were less likely to show gonococcal infection than specimens from the cervix. Obtaining material from two sites increased the effectivity of detection of the disease. The optimum combination of sites to be positive was cervix and rectum: this combination yielded 112 positive cases at the first visit, compared with 105 for tests of the cervix and urethra, and the same number for tests of the cervix and vagina.

Positive cultures from the rectum were obtained from approximately 50 per cent. of infected patients. At the first visit the only positive finding in seven cases was from rectal material.

Six of 93 patients from whom at least one positive culture had been obtained at the first visit had material cultured with negative result at the second visit; seven of 81 patients had negative cultures initially but positive cultures at the second visit.

[The importance of rectal examination for gonorrhoea is once again emphasized by this study. It is not unexpected that twelve patients found to have the disease at the first visit did not return. The practice of examining smears before the patient leaves the clinic might have led to the treatment and cure of some patients and have cut short the infectivity of the others who were not treated until the second visit.]

Eric Dunlop

Credé in Memoriam VELHAGEN, K. (1969) *Klin. Mbl. Augenheilk.*, **155**, 288 1 fig

Velhagen gives an appreciation of the work of Carl Credé and his predecessors who tried to find an effective prophylaxis against gonorrhoea neonatorum. Credé was born 150 years ago in Berlin. He became surgeon at the Leipzig University Maternity Clinic, and in 1881 published his method of instilling 2 per cent. silver nitrate solution into the eyes of a baby immediately after delivery.

H. Lytton

Resurgence of Gonorrhoea: Diagnosis by Serology [In Portuguese] RUSSO, E. (1969) *Hospital (Rio de J.)*, **76**, 1693 13 refs

***In vitro* Susceptibility of *Neisseria gonorrhoeae* to Different Antiobiotics** HALVERSON, C. W., KEYS, T. F., and CLARKE, E. J., Jr. (1969) *Milit. Med.*, **134**, 1427
4 figs, 9 refs

Gonococcal Urethritis with Special Reference to Penicillin Resistance BAI, K. V., SAHAY, B. K., and ITIGI, A. (1969) *Antiseptic*, **66**, 784 7 refs

Non-gonococcal urethritis and allied conditions

Detection of Chlamydia (Bedsonia) in Certain Infections of Man
I. Laboratory Procedures: Comparison of Yolk Sac and Cell Culture for Detection and Isolation GORDON, F. B., HARPER, I. A., QUAN, A. L., TREHARNE, J. D., DWYER, R. ST. C., and GARLAND, J. A. (1969) *J. infect. Dis.*, **120**, 451
3 figs, 13 refs

A total of 37 specimens derived from suspected cases of chlamydial infection, together with appropriate control specimens, was examined for the presence of micro-organisms of the genus Chlamydia by two different laboratory procedures performed in parallel: namely, three passages in cell cultures [irradiated McCoy cells] and three passages in yolk sacs. Of fifty tests performed by the cell culture technique, nineteen (38 per cent.) were positive; of fifty tests in yolk sacs, five (10 per cent.) were positive. The corresponding figures for clinical specimens alone were fifteen of 37 (41 per cent.) for cell culture, and three of 37 (8 per cent.) for yolk sac. Most positive tests by either method were first recognized as positive in the initial or in the second passage.

Presence of the infectious agent in the cell cultures was detected by recognition of the characteristic inclusion bodies in cells of the inoculated monolayer. Staining with iodine solution or with Giemsa stain gave approximately equal results with the isolates encountered, all of which were of the chlamydial Subgroup A (prototype strain, *Chlamydia trachomatis*). Approximately half of the specimens tested were fresh; the others had been stored for varying periods at −70°C. In the small number tested it was not possible to detect any reduction in rate of isolation due to storage.

In comparison with culture in yolk sac, detection in cell culture was four times more sensitive in this series; it is quicker, is relatively unaffected by bacterial contamination, allows measurement of the infectivity of clinical specimens, and has potential logistic advantage. *Authors' summary*

II. Clinical Study of Genital Tract, Eye, Rectum, and Other Sites of Recovery of Chlamydia DUNLOP, E. M. C., HARE, M. J., DAROUGAR, S., JONES, B. R., and RICE, N. S. C. (1969) *J. infect. Dis.*, **120**, 463
11 refs

This report describes the clinical aspects of a study of 25 persons, comprising patients with proven or suspected chlamydial infections and, in many instances, their sexual contacts, in relation to laboratory tests to demonstrate Chlamydia (Bedsonia). The presenting conditions were conjunctivitis, urethritis (in males), arthritis, proctitis, and trachoma (3 children). Specimens were obtained in which chlamydiae were demonstrated by direct smear and by culture in cell monolayers *in vitro* and in yolk sac of fertile eggs.

The following groups of persons were studied, with the results indicated, of which the details are presented in the Tables:

(1) A baby suffering from chlamydial ophthalmia neonatorum, and her parents. Chlamydiae were demonstrated in the baby's eye, the mother's cervix and rectum, and the father's urethra.

(2) Two adult women, presenting because of chlamydial infection of the eye (follicular conjunctivitis and punctate keratoconjunctivitis), and the husband of one of them in whom nonspecific urethritis was found. Chlamydiae were demonstrated in the conjunctiva, genital tract, and rectum of both, in a mixed specimen of preauricular lymph node and throat of one, and in the urethra of the husband of one.

(3) Three Iranian children with trachoma, in two of whom laboratory tests for Chlamydia were positive.

(4) Seven men with nonspecific urethritis and three of their sexual consorts. Three of the male urethras and one genital tract of a consort were positive for Chlamydia.

(5) Three men with polyarthritis and evidence of genital tract infection and two of their wives. One male urethral specimen only was positive.

(6) A male with proctitis in whom treatment had begun; tests for chlamydiae were negative.

The results of additional laboratory examinations, including complement-fixation and intradermal tests with chlamydial antigens, are reported.

The presence of chlamydiae in the genital tract in men and women and in the rectum in women, which was demonstrated by culture in yolk sac in previous studies, has been confirmed by isolation in cell culture under carefully controlled conditions. The results of the culture methods used indicate that the cell culture method of detection and isolation of chlamydiae in ocular and genital tract material may be more effective than yolk sac culture in each disease studied *Authors' summary*

Influence of Oral Contraceptives on the Presence and Persistence of *Candida albicans* and β-haemolytic Streptococci in the Vagina MORRIS, C. A. (1969) *J. clin. Path.*, **22**, 488 12 refs

In this study women attending a Bristol family planning clinic were observed over a 2-year period to assess the incidence and persistence of *C. albicans* and β-haemolytic streptococci in the vagina, and to relate the presence of these organisms to the type of contraception used. At first examination *C. albicans* was isolated from 13·5 per cent. of women using oral contraceptives and 9·1 per cent. of those using other methods. These incidences were approximately the same on testing the same groups between 12 and 24 months later. About 3 per cent. harboured *C. albicans* at both examinations. β-haemolytic streptococci were isolated from 10·9 per cent. of the group, and were found more commonly in patients infected with *C. albicans*. Nine patients required treatment for vaginal discharge during the observation period; *C.*

albicans had been isolated previously from two of them.

The author concludes that asymptomatic infection with *C. albicans* and β-haemolytic streptococci is common and need not be treated. He also finds that women taking oral contraceptives are no more likely to develop symptomatic vaginal moniliasis than those using other methods. *M. J. Hare*

TRIC Isolation from the Genital Tract AGARWAL, L. P., and DHIR, S. P. (1969) *Orient. Arch. Ophthal.*, **7**, 68 4 refs

TRIC agent was isolated from women with a history of leucorrhoea and cervical erosions—10 out of 115 vaginal swabs and 7 out of 56 cervical scrapings.

Since the aetiological agent of trachoma could be detected and isolated even from vaginal swabs and cervical scrapings, should *Chlamydia trachomatis* and *Chlamydia oculogenitale* be considered as separate agents? The TRIC agent could be a major aetiological agent in 'non-specific' vaginitis and cervicitis. *S. N. Cooper*

Haemagglutination of Trachoma Agent ZAKAY-RONES, Z., KATZNELSON, E., and LEVY, R. (1967) *Israel J. med. Sci.*, **4**, 305 10 refs

The authors describe the haemagglutinating activity present in purified elementary bodies of the trachoma agent. The trachoma haemagglutinin resembles, in all its characteristics, the haemagglutinin which has been described for the psittacosis agent. The authors' data support the hypothesis that the trachoma agent agglutinin might be a group-specific antigen common to members of the psittacosis-lymphogranuloma venereum-trachoma group. *Terry Rothstein*

Vulvovaginitis in the Premenarcheal Child HELLER, R. H., JOSEPH, J. M., and DAVIS, H. J. (1969) *J. Pediat.*, **74**, 370 3 figs, 17 refs

Study of Virus (Chlamydozoan) Blennorrhoea [In Russian] ZHODZISHSKY, I. A. (1968) *Vestn. Derm. Vener.*, **42**, No. 5, 50

Cytomegalovirus Infection of the Cervix: An 'Incidental' Finding of Possible Clinical Significance. Report of a Case GOLDMAN, R. L., BANK, R. W., and WARNER, N. E. (1969) *Obstet. and. Gynec.*, **34**, 326 3 figs, 7 refs

Non-Gonococcal Urethritis acquired concomitantly with Gonorrhoea in Males MAHONY, J. D. H. (1969) *Ulster med. J.*, **38**, 148 6 refs

Reiter's disease and allied conditions

Bacterial L-Forms in the Blood and Joint Fluids of Arthritic Subjects PEASE, P. (1969) *Ann. rheum. Dis.*, **28**, 270

Antibiotics and chemotherapy

Jaundice occurring during Treatment with Rifampicin (Les ictères au cours du traitement par la rifampicine) LESOBRE, R., RUFFINO, J., TEYSSIER, L., ACHARD, F., and BREFORT (1969) *Rev. Tuberc.*, **33**, 393 12 refs

Public health and social aspects

Epidemiology of Syphilis in Brisbane, 1968–1969 SMITHURST, B. A. (1969) *Med. J. Aust.*, **2**, 1143 4 figs, 10 refs

Socio-Medical Study of V.D. Cases in Two Industrial Cities SIDDHU, C. M. S., MAHAJAN, R. C., and SRIVASTAVA, B. C. (1969) *Antiseptic*, **66**, 843 2 refs

Miscellaneous

Lymphogranuloma Venereum. I. Comparison of the Frei Test, Complement-Fixation Test, and Isolation of the Agent SCHACHTER, J., SMITH, D. E., DAWSON, C. R., ANDERSON, W. R., DELLER, J. J. JR., HOKE, A. W., SMART, W. H., and MEYER, K. F. (1969) *J. infect. Dis.*, **120**, 372 10 refs

Since 1963 the authors of this paper from the G. W. Hooper Foundation, San Francisco, have been attempting to isolate the causative agent of lymphogranuloma venereum (LGV), but lack of clinical material has hitherto hampered their efforts.

Twelve patients (11 men and 1 woman) aged 18 to 45 years with clinical LGV became available for study, most of them being servicemen or seamen recently returned from Asia. Ten had unilateral and one bilateral inguinal adenopathy; one may have had Reiter's disease as well. The woman had late LGV, an inflamed rectal stricture, and a perirectal lymph node which was removed.

Attempts at isolation of the causative organism were made by inoculation of the yolk sac of fertile hens' eggs and by the intracerebral inoculation of mice. In complement-fixation tests, a boiled phenolized group antigen made from the 6BC psittacosis isolate was used, titres of 1 : 16 or greater being regarded as positive. Intradermal tests with a commercial Frei antigen were also performed.

The intradermal tests were positive in four of eleven patients tested, the complement-fixation tests were positive in ten of the twelve patients, and Bedsoniae were isolated from six of eleven patients. Treatment was with sulphonamides [not further defined] or tetracycline (250 mg. four times daily for 30 days), but laboratory follow-up and evaluation of the results of treatment were incomplete since several of the patients moved away. It is felt that a greater awareness of LGV and a more comprehensive investigation of suspected cases may show that the disease is no longer rare. *A. E. Wilkinson*

Tyson's 'Glands' – Ectopic Sebaceous Glands and Papillomatosis Penis HYMAN, A. B., and BROWNSTEIN, M. H. (1969) *Arch. Derm.*, **99**, 31 7 figs, 22 refs

This study deals with two conditions – papillomatosis corona penis and ectopic sebaceous glands. The former was found in nearly a quarter and the latter in about a third of men attending a dermatology clinic for unrelated conditions. Both conditions are almost always asymptomatic and require no treatment.

Tyson described protrusions on the corona which he thought were the source of smegma. Later authors

described the condition as papillomatosis corona penis. When ectopic sebaceous glands were found on the prepuce and the glans they were referred to as Tyson's glands because Tyson had used the term 'gland'.

Microscopically papillomatosis corona penis shows fibrous and angiomatous proliferations without sebaceous or other glandular structures. The lesions are usually neatly arranged, of uniform size and shape, and do not change with time. They have been mistaken for warts and podophyllin applied without benefit. The aetiology is unknown, but is probably of hamartomatous nature.

Sebaceous glands appear as slightly elevated discrete yellowish papules on the hairless part of the penis. Ectopic sebaceous glands occur on the inner aspect of the prepuce with a tendency to grouping.

The authors believe that smegma is not a secretion but the result of desquamated epithelial cells, maceration, and contamination with bacteria. They suggest that the expressions, papillomatosis corona penis and ectopic sebaceous glands, should replace the term Tyson's glands in the appropriate case.

[The Tyson's glands discussed here do not refer to the parafraenal glands which are known to venereologists as Tyson's glands]. *C. S. Ratnatunga*

Herpes-like Virus Particles associated with Cat-Scratch Disease KALTER, S. S., KIM, C. S., and HEBERLING, R. L. (1969) *Nature (Lond.)*, **224**, 190

This report is from the Division of Microbiology and Infectious Diseases, Southwest Foundation for Research and Education, San Antonio, Texas. Material from lymph node biopsies of patients with a clinical diagnosis of cat-scratch disease was examined with the electron microscope. Tissues from eight randomly selected patients with positive skin tests were examined. Lymph nodes from normal individuals served as controls [number not stated]. Numerous herpes-like virus particles measuring approximately 100 μμ were seen in the cell cytoplasm adjoining the nucleus in tissues from all the infected subjects. So far, similar particles have not been found in control lymph nodes, but further studies are needed. *P. Rodin*

Cat-Scratch Disease. Its Natural History CARITHERS, H. A., CARITHERS, C. M., and EDWARDS, R. D. (1969) *J. Amer. med. Ass.*, **207**, 312 1 fig., 6 refs

Cat-Scratch Disease: Nonbacterial Regional Lymphadenitis. Study of 145 Patients and a Review of the Literature MARGILETH, A. M. (1968) *Pediatrics*, **42**, 803 6 figs, 30 refs

Cat-Scratch Disease JOHNSON, W. T., and HELWIG, E. B. (1969) *Arch. Derm.*, **100**, 148 12 figs, 15 refs

Brown-Séquard Syndrome with Behçet's Meningomyelitis. Syndrome of the Sulcocommissural Artery (Brown-Séquardsches Syndrom bei Behçet-Meningomyelitis. Syndrome der A. sulcocommissuralis) SUCHENWIRTH, R., BECK, B., and WOLLENSAK, J. (1968) *Dtsch. Z. Nervenheilk.*, **193**, 256

Behçet's syndrome is known to affect the small blood vessels and a case is described in which a patient with this condition developed a rapid Brown-Séquard syndrome with selective disturbances of the long tracts. The cause of symptoms was thought to be involvement of the sulco-commissural artery. The differential diagnosis of this presentation includes trauma and syphilis. *T. J. ffytche*

Contribution of Ocular Symptoms in the Diagnosis of Behçet's Disease HAIM, S. (1968) *Arch. Derm.*, **98**, 478 22 refs

In this report of 23 cases of Behçet's disease, in contrast to the usual high incidence of ocular pathology the author found a surprisingly low incidence of ocular involvement (23 per cent.). Of the 23 patients, 22 showed a hyperreactivity of the skin to an intracutaneous saline injection [a hallmark of the disease]. Various signs and symptoms of the disease are discussed. *J. L. Baum*

Electron-microscopic Study of Inclusions in Macrophages found in the Synovial Fluid in Behçet's Syndrome (Etude en microscopie électronique des inclusions présentes dans les cellules de type macrophagique du liquide synovial au cours d'un cas de syndrome de Behçet) MITROVIC, D., KAHN, M. F., RYCKEWAERT, A., and DE SÈZE, S. (1968) *Sem Hôp. Paris*, **44**, 2527 8 figs, 30 refs

In a case of Behçet's syndrome, inclusion bodies identical with those of Reiter's syndrome were found in the mononuclear cells of synovial fluid; their virus nature seems to be proved but a firm conclusion cannot be drawn without further studies. *S. Vallon*

Behçet's Syndrome: Virus Infection or Allergy? (Syndrome de Behçet: virose ou allergie) CABANEL, G., PHELIP, X., RENAUDET, J., GRAS, J.-P., VERDIER, J.-M., and SEIGNEURIN, J.-M. (1969) *Rev. Rhum.*, **36**, 673 7 figs, 40 refs

Symptomatology and Course of Central Nervous Disturbances in Behçet's Disease (Über Symptomatologie und Verlauf zentralnervöser Störungen beim Morbus Behçet) EGGERTH, H., and SUMMER, K. (1968) *Wien. Z. Nervenheilk.*, **26**, 130

***Phthirus pubis* from Human Eyelashes in the Philippines** VELASQUEZ, C. C. (1968) *J. Parasit.*, **54**, 1140

A claimed first report of *Phthirus pubis* in the eyelashes of a Filipino woman. This species of human louse is considered to be almost exclusively confined to Caucasians *Peter Fells*

Psittacosis-Lymphogranuloma Venereum (PL) Agents (Bedsonia, Chlamydia) in Ticks, Fleas, and Native Mammals in California EDDIE, B., RADOVSKY, F. J., STILLER, D., and KUMADA, N. (1969) *Amer. J. Epidem.*, **90**, 449 1 fig., 27 refs

Priapism HOWE, G. E., PRENTISS, R. J., COLE, J. W., and MASTERS, R. H. (1969) *J. Urol. (Baltimore)*, **1**, 576

Giant Condylomata Acuminata
BECKER, F. T., WALDER, H. J., and LARSEN, D. M. (1969) *Arch. Derm.*, **100**, 184 1 fig., 6 refs

Genital Herpetic Infection. Association with Cervical Dysplasia and Carcinoma
NAIB, Z. M., NAHMIAS, A. J., JOSEY, W. E., and KRAMER, J. H. (1969) *Cancer (Philad.)*, **23**, 940 4 figs, 12 refs

Posterior Urethral Valves in Adults MARSDEN, R. T. H. (1969) *Brit. J. Urol.*, **41**, 586 9 figs, 28 refs

Congenital Diaphragmatic Obstruction of the Male Posterior Urethra ROBERTSON, W. B., and HAYES, J. A. (1969) *Brit. J. Urol.*, **41**, 592 4 figs, 34 refs

Two-Stage Urethroplasty for Stricture: Results and Technical Considerations COLAPINTO (1969) *Brit. J. Urol.*, **41**, 494

Diagnosis and Management of Venereal Disease SMITHURST, B. A. (1969) *Med. J. Aust.*, **1**, 308 5 refs