

still retained. Another peculiarity of spelling is "vagarities"—p. 177, line 21—presumably a combination of "vagaries" and "varieties."

Streptomycin (of which there is no mention in the index) is mentioned in the treatment of gonorrhoea, where it is stated that, as it has no masking effect on syphilis, it may become the drug of choice in the future. No warning is given as to possible serious toxic effects with this antibiotic.

In the reviewer's copy there is a fault in the binding in which pp. 233–248 are placed after p. 264.

These are but minor criticisms of a book which can be confidently recommended as a clear, unbiased exposition of modern teaching of the diagnosis and treatment of venereal diseases.

A. M. S.

CURRENT LITERATURE.

USE OF PENICILLIN O IN PATIENTS HYPERSENSITIVE TO PENICILLIN G. I. F. VOLINI, W. H. SHLAES and O. FELSENFELD. (1950) *J. Amer. med. Ass.*, **143**, 794.

Allylmercaptomethylpenicillin (penicillin O) is a crystalline penicillin prepared by a biosynthetic method. Its *in vitro* activity and absorption and excretion curves are very similar to penicillin G. Penicillin O was given to 57 patients sensitive to penicillin G. There were no reactions and the therapeutic response was satisfactory.

A. J. R.

EXFOLIATIVE DERMATITIS AND HEPATITIS DUE TO PHENOBARBITAL. D. G. WELTON. (1950) *J. Amer. med. Ass.*, **143**, 232.

A woman, aged 25, in the third month of pregnancy developed a generalized exfoliative dermatitis. She had taken phenobarbital gr. $\frac{1}{2}$ three times a day for about 5 weeks before the onset of the eruption, and she continued to take it for a further 5 days. On admission to hospital her white blood-cell count was 73,500 with 32% eosinophilia. About 20 days after the onset of the eruption she developed jaundice. Her condition was serious, but she recovered completely.

Literature on exfoliative dermatitis and jaundice caused by phenobarbital is briefly reviewed.

A. J. R.

TREATMENT OF ACTINOMYCOSIS WITH AUREOMYCIN. L. V. McVAY, D. DUNEVANT, F. GUTHRIE and D. H. SPRUNT. (1950) *J. Amer. med. Ass.*, **143**, 1067.

A case of actinomycosis of the right infra-mandibular region, uninfluenced by three courses of penicillin, responded dramatically to aureomycin. Seven hundred and fifty mg. were given 4-hourly for 10 days, after which the dose was dropped to 500 mg. 4-hourly for a further week. An aureomycin paste consisting of 500 mg. of aureomycin with 3 g. of talc was applied locally.

Six months later there had been no recurrence of the actinomycosis. Mention is made of three further cases, which one of the authors has treated successfully with aureomycin.

A. J. R.

EXOGENOUS HEMOCHROMATOSIS FOLLOWING MULTIPLE BLOOD TRANSFUSIONS.

R. P. NORRIS and F. J. McEWEN. (1950) *J. Amer. med. Ass.*, **143**, 740.

The first case of exogenous haemochromatosis was reported in 1947. By 1948 reports of 12 further cases had appeared in the literature. Of these 13 cases only 2 had clinically demonstrable diabetes and only 5 had skin changes. A new case is described in which a woman, who had received 100 transfusions of 500 ml. of blood, developed the full clinical picture of haemochromatosis, including diabetes and bronzed skin. At autopsy the characteristic changes were found. The authors point out that whereas endogenous haemochromatosis occurs very much more frequently in men, the sex incidence of the exogenous form is approximately equal.

A. J. R.

SYMPOSIUM ON LUPUS ERYTHEMATOSUS, INCLUDING RECENT DEVELOPMENTS IN DIAGNOSIS AND TREATMENT.

LUPUS ERYTHEMATOSUS : INTRODUCTION TO THE SUBJECT. HENRY SILVER. (1950) *Arch. Derm. Syph., Chicago*, **61**, 887.

This brief introduction outlines the scope of the symposium.

J. K.

BLOOD FACTOR IN ACUTE DISSEMINATED LUPUS ERYTHEMATOSUS. JOHN R. HASERICK. (1950) *Arch. Derm. Syph., Chicago*, **61**, 889.

This paper deals with the L.E. factor in the blood, closely related to the gamma globulin factor which produces in the bone marrow of the patient or, *in vitro*, in normal human or animal bone marrow, leucocytic clumping and the "Tart" and L.E. cells. This reaction does not occur in other forms of the disease.

J. K.

DEPOLYMERIZATION OF NUCLEIC ACID IN ACUTE DISSEMINATED LUPUS ERYTHEMATOSUS. BORIS GUEFT. (1950) *Arch. Derm. Syph., Chicago*, **61**, 892.

Haematoxylin-staining bodies are found in the cardiac lesions and other sites, such as lymph nodes, kidneys, lungs and spleen, in cases of acute disseminated lupus erythematosus. They are of nuclear origin, and are identical with the phagocytosed material in the L.E. cell. It is concluded that one of the factors in the morbid process of lupus erythematosus is a disturbance of the nucleic acid metabolism manifested as a depolymerization of the desoxyribosenucleic acid. Along with this is associated fibrinoid alteration and disintegration of the nearby collagen fibres, and an increase in the surrounding ground substance.

J. K.

LUPUS ERYTHEMATOSUS : SEROLOGICAL AND CHEMICAL ASPECTS. CHARLES R. REIN and GEORGE H. KOSTANT. (1950) *Arch. Derm. Syph., Chicago*, **61**, 898.

Serological tests for syphilis in 178 patients with lupus erythematosus gave 35% false positive reactions; 83% of these showed low titres of reactivity.

J. K.

LUPUS ERYTHEMATOSUS : PHYSIOLOGICAL ASPECTS. NORMAN B. KANOF. (1950) *Arch. Derm. Syph., Chicago*, **61**, 904.

Functional vascular changes, such as alterations in pulse tracings, slow peripheral reflex temperature response and areas of increased capillary permeability are found in lupus erythematosus. There is an association of the disease with menstruation and pregnancy, but castration or interruption of pregnancy as therapeutic measures are not warranted.

J. K.

THERAPY OF LUPUS ERYTHEMATOSUS : BISMUTH SODIUM TRIGLYCOLLAMATE, SODIUM PARA-AMINOBENZOATE AND THE TOCOPHEROLS (VITAMIN E). HERMAN H. SAWICKY. (1950) *Arch. Derm. Syph., Chicago*, **61**, 906.

Bismuth sodium triglycollamate ("bistriurate") by mouth is at least as effective as parenteral bismuth in chronic discoid lupus erythematosus. Poor results were obtained with sodium para-aminobenzoate in 13 cases, and the author failed to substantiate reported benefit with vitamin E in 45 patients.

J. K.

TREATMENT OF LUPUS ERYTHEMATOSUS WITH CALCIFEROL, ANTIBIOTICS AND GOLD PREPARATIONS. FRANCES PASCHER. (1950) *Arch. Derm. Syph., Chicago*, **61**, 909.

Calciferol appears to be ineffective in the treatment of this disease, as does penicillin. No reports have appeared of benefit with streptomycin, but in chronic discoid lupus erythematosus chloromycetin has produced complete regression in 5 cases, improvement in 6 and no benefit in 1 case. Gold preparations undoubtedly remain among the best therapeutic agents for chronic discoid and chronic disseminated lupus erythematosus. Gold sodium thiosulphate is at least as good as colloidal gold.

J. K.

EFFECT OF PITUITARY ADRENOCORTICOTROPIC HORMONE (ACTH) ON DISSEMINATED LUPUS ERYTHEMATOSUS. CHARLES M. PLOTZ, J. WALLACE BLUNT and CHARLES RAGAN. (1950) *Arch. Derm. Syph., Chicago*, **61**, 913.

ACTH in 3 cases of acute disseminated lupus erythematosus exerted a powerful but temporary beneficial effect; further investigation with this or other steroids may result in a safer and more satisfactory method of treatment.

J. K.

ACTION OF CORTISONE ON MESENCHYMAL TISSUES. CHARLES M. PLOTZ, EDWARD L. HOWES, J. WALLACE BLUNT, KARL MEYER and CHARLES RAGAN. (1950) *Arch. Derm. Syph., Chicago*, **61**, 919.

Preliminary data from animal experiments on the effects of various steroids on connective tissue indicate that cortisone inhibits the development of granulation tissue. It is suggested that the beneficial action of cortisone and ACTH in the "mesenchymal diseases" may be related to this restraint on the activity of connective tissue.

J. K.

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