

had been previously treated with podophyllin, entered the study. Of these, 35 showed complete regression; 12 had skin condylomata, nine mucosal, nine skin and mucosal, three perianal, and two anal. The six patients who showed no reaction whatsoever all had mucosal condylomata and no reaction whatsoever occurred in these patients following the application of the 5-fluorouracil cream. The condylomata were eradicated in three to seven days.

Erythema, blistering, and superficial ulceration occurred in four patients and were controlled with the local application of copper sulphate. Eleven patients complained of slight erythema and one of a stinging sensation.

It is therefore considered justifiable to use 5-fluorouracil cream in all patients with genital warts under careful medical supervision.

Yours faithfully,

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References

- Handojo, I., and Pardjono, S. (1973). Treatment of condyloma acuminata with 5% 5-fluorouracil ointment. *Asian Journal of Medicine*, 9, 162.
- Hayes, K. R. (1974). Letter: Treatment of condylomata acuminata with 5% 5-fluorouracil (5FU) cream. *British Journal of Venereal Diseases*, 50, 466.
- Dretler, S. O., and Klein, L. A. (1975). The eradication of intraurethral condyloma acuminata with 5-fluorouracil cream. *Journal of Urology*, 113, 195.
- Von Krogh, G. (1976). 5-fluorouracil cream in the successful treatment of therapeutically refractory condylomata acuminata of the urinary meatus. *Acta dermatovenereologica*, 56, 297.

TO THE EDITOR, *British Journal of Venereal Diseases*

Campylobacter species in male homosexuals

Sir,

There is growing awareness of the importance of *Campylobacter* species in the aetiology of mild diarrhoea (*British Medical Journal*, 1978). This appeared relevant to us in view of the reports of a high incidence of enteric pathogens in homosexuals in the United States (Drusin *et al.*, 1976; Meyers *et al.*, 1977; Vaisrub, 1977).

Following the unexpected growth of *Campylobacter* species on a routine specimen for culture for *Neisseria*

gonorrhoeae taken from a heterosexual man, who attended this department complaining of rectal bleeding, a prospective study of homosexual men was undertaken to see if there was any relation between *Campylobacter* species and anal intercourse.

Fifty consecutive male homosexuals from whom rectal specimens had been cultured for *N. gonorrhoeae*, were investigated. Routine charcoal swabs placed in Stuart's medium were plated on to Oxoid Base no. 2 containing 7% lysed horse blood, vancomycin 10 µg/ml, polymixin B 2.5 IU/ml, and trimethoprim 5 µg/ml (final concentrations). Plates were incubated at 40°C in an atmosphere of about 5% oxygen and 10% carbon dioxide in hydrogen in an anaerobic jar without catalyst. The plates were examined at 18 and 48 hours (Communicable Disease Surveillance Centre, unpublished report). *Campylobacter* species were not isolated from any rectal sample. It is concluded that *Campylobacter* species are uncommon organisms in male homosexuals attending this clinic.

Yours faithfully,

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References

- British Medical Journal* (1978). Editorial: *Campylobacter* infections in Britain in 1977. *British Medical Journal*, 1, 1327.
- Communicable Disease Surveillance Centre (unpublished). *Campylobacter* enteritis. Communicable Disease Report, 1977, No. 8.
- Drusin, L. M., Genvert, G., Topt-Olstein, B., and Levy-Zombek, E. (1976). Shigellosis, another sexually-transmitted disease? *British Journal of Venereal Diseases*, 52, 348.
- Meyers, J. D., Kuharic, H. A., Holmes, K. K. (1977). *Giardia lamblia* infection in homosexual men. *British Journal of Venereal Diseases*, 53, 54.
- Viasrub, S. (1977). Homosexuality—a risk factor in infectious disease. *Journal of the American Medical Association*, 238, 1402.

TO THE EDITOR, *British Journal of Venereal Diseases*

Possible suppressor T lymphocyte activity in experimental syphilis

Sir,

In relation to the comments of Pavia *et al.* (1978) on the possible role of suppressor thymus-derived lymphocytes during

syphilis, we would like to report the following experiment.

Inbred CBA mice were used and fed on autoclaved water and an antibiotic-free diet. Mice aged 6 weeks were infected intraperitoneally with 0.5 ml of a suspension of *Treponema pallidum* (Nichols strain) adjusted to 0.5×10^8 spirochaetes. The preparation of the suspensions of *T. pallidum*, the method of tissue homogenisation, and the measurement of treponemal immunofluorescent antibodies have previously been described (Wright *et al.*, 1974; Wright and Wharton, 1977).

In the first experiment 24 mice were infected and six were left uninoculated. In the second experiment 27 mice were infected, six were inoculated intraperitoneally with a heat-killed suspension of *T. pallidum*, and six were again left uninoculated. Cyclophosphamide (Wyeth Brothers, Maidenhead) 150 mg/kg was given intraperitoneally at weekly intervals from the end of the second week to the seventh week following infection. In the first experiment all but three infected mice were given cyclophosphamide and in the second all but six. In both experiments there was a group of six mice that received only cyclophosphamide. Plasma was examined from all the mice before inoculation and at weekly intervals from the third to the seventh week following inoculation. The livers, spleens, kidneys, and hearts were taken from three cyclophosphamide-treated animals at weekly intervals and homogenised. The supernatants were then examined for the presence of spirochaetes.

All plasma from the infected control mice gave an immunofluorescent titre of > 625 at the seventh week indicating that infection had taken place. No antibodies or spirochaetes were found in plasma from any other mice. No spirochaetes were seen in the supernates from homogenised tissues on darkground examination with the exception of three spirochaetes seen in the supernate of one liver homogenate taken on the third week from one of the mice in the first experiment.

The experiments indicate that cyclophosphamide does not enhance the multiplication of *T. pallidum*, and more surprisingly the infection is controlled in the absence of detectable antibody. It is relevant that in similar experiments in which some mice treated with one injection of cyclophosphamide 150 mg/kg and infected with *Borrelia duttoni* (STIB 503)