Hodgkin's "sarcoma." The commonest histological type ("nodular sclerosis") not unnaturally yields the largest numbers of long-term survivors.

It is curious how many studies of the prognostic significance of different histological features have been published in which the efficacy of treatment has been either ignored or discounted as unimportant or at best ineffective. Such, indeed, are the preconceived notions of the inevitable lethality of Hodgkin's disease that H. F. Smetana analysed his series of surviving patients, reviewed the original histological findings, and concluded that the long survivors either had "atypical" Hodgkin's disease or did not have Hodgkin's disease at all. That patients with equally equivocal histological features have died of unequivocal Hodgkin's disease is apt to be ignored in retrospective analyses of this kind. Prognostic considerations must, of course, depend on precise diagnosis, and the problem has been further complicated by a recent report13 that Reed-Sternberg cells, long considered pathognomonic of Hodgkin's disease, have been demonstrated in patients with glandular fever. And what is the significance of the undoubted immunological abnormalities in patients diagnosed as Hodgkin's disease,13-18 or of the excreted endogenous pyrogens17 said to be peculiar to Hodgkin's disease, or of changes in serum copper levels18—just a few of the many "associated abnormalities"?

The "Hodgkin Maze"19 becomes more complex each month, but what the clinician hopes and needs to identify are prognostic features over which he might exercise some control. So far, the only practical conclusion is the need to avoid lengthy histological disputation and to start effective radiation therapy while there is still a chance of curing the patient.

Spiramycin in the Treatment of Gonorrhoea

Venereologists have long preferred parenteral to oral treatment of gonorrhoea for outpatients so that they can be sure the patients have the treatment at the dosage and times prescribed. Penicillin by injection offers the advantages of certainty of administration, lack of toxicity, and cheapness, but its efficacy is becoming blunted by the emergence of relatively insensitive strains of gonococci. These are widely distributed, and they are said to be specially prevalent and to have reached higher levels of resistance in the Far East than elsewhere. Despite these strains, T. F. Keys, and colleagues1 have reported cure rates of 98% in U.S. naval personnel serving in the Pacific who were treated with 2-4 megunits of procaine penicillin given one hour after an oral dose of 1 g. probenecid to delay excretion. Sensitivity studies showed that 73% of 242 strains of gonococci isolated from their patients required 0-25-1-0 μg. penicillin per ml. serum for inhibition.

The need to use such large doses of penicillin—which must sometimes strain the tolerance of the human buttock—has led to the search for alternative modes of treatment. E. Heinke and colleagues10 have reported on the use of spiramycin, a member of the erythromycin group of macrolides, when given by mouth. They gave 2-5 g. to 135 soldiers and assessed 113 (84%) as being cured. Two doses of 2-5 g. three hours apart was reported to give a 95% cure rate when given to a second group of 41 soldiers and 76 prostitutes with gonorrhoea. Serious side-effects were not seen. These authors noted in three patients given the single dose and in nine given the divided dose that smears and cultures taken the day after treatment were still positive, though they subsequently became negative without further treatment. Spiramycin did not cause the disappearance of treponemes from the lesions of two patients with dark-field-positive early syphilis.

This report agrees with earlier findings. R. R. Willcoxon2 gave 4-12 g. spiramycin in divided doses over one to two days with one failure out of 26 patients followed up. With single doses of 3-4 g. he had no failures in 25 patients, but when the dose was dropped to 2 g. there were 6 failures out of 22 patients followed up. A. Siboulet and P. Durel4 treated 784 men and 58 women with 2-5 g. spiramycin in a single dose and reported cure rates of 97-4% and 98% respectively. Of 61 of the strains 60 had a minimum inhibitory concentration in vitro of 0-12-0-5 μg. per ml., and the median serum level in 13 patients 6 hours after a dose of 2 g. was 1-5 μg. per ml. H. Schmidt and colleagues3 treated 30 women and 66 men with a single dose of 2-5 g. Eighteen of the patients defaulted, but 83% of those remaining under observation were classed as cured. No correlation was found between the outcome of treatment and the sensitivity of the infecting strains to spiramycin in vitro, but all the strains from treatment failures were found to show a reduced sensitivity to penicillin.

Spiramycin has a substantially lower activity in vitro against many organisms than erythromycin,5 but it persists for exceptionally long in the tissues. The reports cited show that it can be used effectively to treat gonorrhoea and is thus a useful antibiotic to have in reserve. It is unfortunate that the term "one minute" treatment has sometimes been applied, as this may carry the implication that this is all that is needed in the management of a patient with gonorrhoea. The necessity for careful clinical and bacteriological follow up to ensure that one minute's treatment has in fact cured the patient cannot be stressed too highly.

Prognosis in Stroke

Studies of prognosis after cerebrovascular accidents have given conflicting results in recent years. J. Marquardsen's longitudinal study1 of 769 patients carefully observed in the acute phase of the stroke and then followed up for 10 to 23 years is a major contribution in this field, and he has, moreover, suggested explanations for the apparent discrepancies between the findings of earlier surveys. The study was done in the small Danish town of Frederikssberg. Almost all cases of stroke requiring admission were referred directly to the hospital department of neurology, and since there was no shortage of beds every patient with a cerebrovascular accident, however mild, was accepted as an emergency. The study comprised 303 men (mean age 67-3 years) and 466 women (mean age 69-9 years).