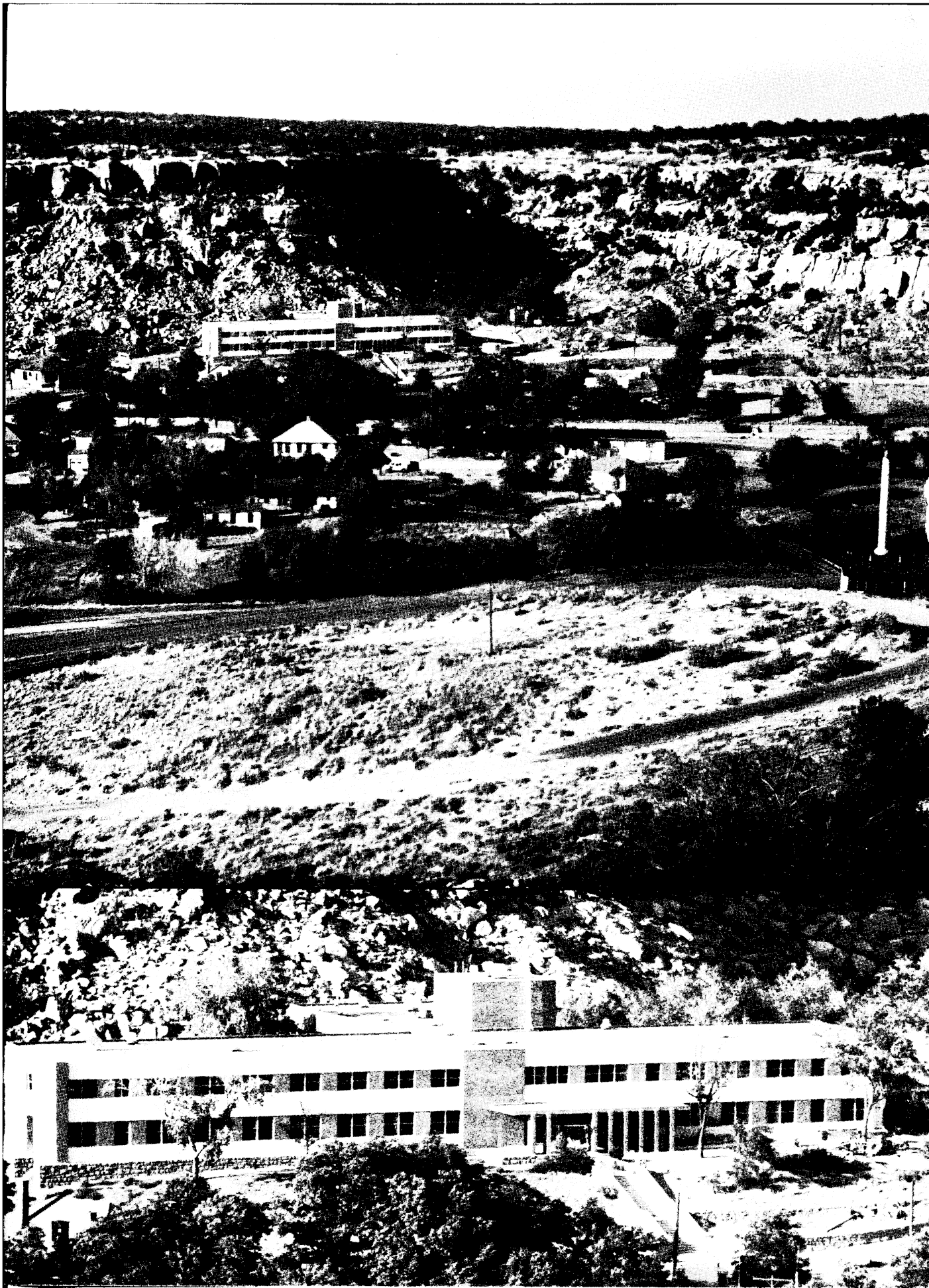

PHR SYNOPSES

RAVENHOLT, REIMERT T. (Department of Public Health, Seattle-King County, Wash.), EELKEMA, ROBERT C., MULHERN, MARIE, and WATKINS, RAY B.: *Staphylococcal infection in meat animals and meat workers. Public Health Reports, Vol. 76, October 1961, pp. 879–888.*

An outbreak of boils and carbuncles among workers in a poultry-processing plant in 1956 in Seattle, Wash., and the findings of investigations of several outbreaks of food poisoning in the community in recent years suggested that considerable staphylococcal disease may derive from nonhuman reservoirs of infection. To explore this possibility, an investigation of staphylococcal disease of meat animals and meat workers was undertaken in 1960.

Histories of suppurative illness and swab specimens of skin lesions (when present) and nostrils (routinely) were obtained from 318 meat workers in 15 meat-handling establishments in Seattle. These workers reported 124 episodes of "septicemia," an attack rate of 34 per 1,000 worker-years. Many of them stated that pork bone lacerations seemed more likely to become infected than lacerations from other causes.

Coagulase-positive staphylococci were obtained from the nostrils of 102 (32 percent) of the 318 workers.

A considerable variety of staphylococci were isolated from lesions of meat animals and meat workers. But type 80/81 staphylococcus, which was isolated from lesions of four workers, was not isolated from any of the animal lesions.

From these and other findings reported in the literature, we suggest that type 80/81 staphylococcus is primarily a human pathogen, with unique pathogenic and especially mammopathic qualities, and that its relationship to other staphylococci and man may be somewhat analogous to that of *Salmonella typhi* to other *Salmonella* and man. Conversely, certain other types of staphylococci may primarily parasitize certain animal species and humans only secondarily.

PIER, A. C. (University of California at Davis), and ENRIGHT, J. B.: *Oral infectivity and thermal resistance of Nocardia asteroides in milk. Public Health Reports, Vol. 76, October 1961, pp. 889–895.*

Because of an increase in reported cases of nocardial mastitis in dairy cattle, the oral infectivity of milkborne *Nocardia asteroides* and the susceptibility of the organism to pasteurization were investigated.

No infection was caused by oral transmission of infectious milk to normal calves, guinea pigs, and swine. Lung lesions developed only in those animals in which aspiration was induced.

Simulated pasteurization experiments revealed that the organism is effectively destroyed at temperatures below those recommended for pasteurization of commercial milk.

KIMBALL, ANNE C. (Minnesota Department of Health); BARR, ROBERT N.; BAUER, HENRY; KLEINMAN, HERMAN; JOHNSON, EUGENE A.; and COONEY, MARION K.: *Minnesota studies of oral poliomyelitis vaccine: Community spread of orally administered attenuated poliovirus vaccine strains. Public Health Reports, Vol. 76, October 1961, pp. 903–914.*

The three types of oral live attenuated vaccines were fed separately to 20 percent of the 371 families in a small community. The spread of the three vaccine strains to a placebo-fed control group constituting an additional 20 percent of the community was observed for a period of 8 weeks. Spread to the control group was measured by isolation of the viruses from stool specimens and serologically.

Type 3 vaccine spread the most and type 2 the least. Usually no more than one type of vaccine spread to any individual or family. More children (23 percent) and infants (17 percent) were infected by spread of the vaccine strains than were adults (6 percent). The observed spread represented 11 percent of the total potential community spread. No clinical illnesses attributable to the vaccine were observed in the individuals or families who acquired the vaccine strains by natural spread.

CONTENTS *continued*

Published concurrently with this issue:

PUBLIC HEALTH MONOGRAPH No. 66. . . . Baccalaureate Origins of 1950–59 Medical Graduates. *William A. Manuel and Marion E. Altenderfer.*

Summary and information on availability appear on page 937.

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PHR

SYNOPSES

GREAVES, ASTON B. (District of Columbia Department of Public Health): *Treatment of early syphilis with erythromycin. Public Health Reports, Vol. 76, October 1961, pp. 929–932.*

Twenty-nine dark-field positive primary and secondary syphilis patients were treated with a total dose of 10 gm. of propionyl erythromycin orally over an 8-day period. Serologic examinations were performed each month for 6 months after completion of treatment and at the end of the 9th and 12th months. The genitalia, skin, mucosa, and anus were inspected each time a blood specimen was taken.

Half of the patients tolerated the medication well. Drug intolerance when present was referable to the gastrointestinal tract. *Treponema pallidum* usually disappeared from lesions 3 or 4 days after treatment.

Of the original 29 patients studied, 5 were recalcitrant and were lost from the project, 4 became reinfected, and 3 were treatment failures. The failure rate was 3 in 20 cases, or 15 percent. Seventeen patients completed the 1-year study. Nine of these became seronegative and the serum of another, weakly reactive.

It is concluded that propionyl erythromycin shows significant promise as an antisyphilitic drug, but a dose of 10 gm. does not produce a cure comparable to that obtained with the best schedules of penicillin.

PORTNOY, JOSEPH (Public Health Service), BOSSAK, HILFRED N., FALCONE, VIRGINIA H., and HARRIS, AD: *Rapid reagin test with unheated serum and new improved antigen suspension. Public Health Reports, Vol. 76, October 1961, pp. 933–935.*

Lack of uniformity in techniques for performing rapid reagin tests with unheated serum has hindered syphilis control measures. With the development of a new improved antigen suspension of greater stability, it seemed appropriate to evaluate its reactivity with unheated serum. At the same time, three methods of performing the unheated serum reagin test were compared in order to select a single technique for use with unheated serum.

No significant difference in reactivity between these methods was observed. In the interest of uniformity, it is recommended that the unheated serum reagin test be performed on a 14 mm. paraffin-ringed slide, using 0.05 ml. of serum and $\frac{1}{45}$ ml. of new improved antigen suspension.

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