mainly in the "latent" asymptomatic group. Diagnosis in the group is by positive serology, namely Venereal Disease Reference Laboratory (VDRL) test plus Treponema pallidium immobilization (TPI) test or Fluorescent Treponemal Antibody (absorbed) (FTA-ABS) test. The TPI test and FTA-ABS test remain positive for life. Therefore a rise in incidence of syphilis is only significant if it occurs in subjects who have been shown previously to have negative serology. Therefore the increase in incidence may be due to the inclusion of old patients, or due to testing a greater number of patients than in previous years. Dr Jacobs does not give this information in his paper.

Assuming the increase in positive serology is true rather than apparent, there must be more treponemal infection. But is this infection due solely to syphilis, or could yaws be a factor? Both diseases give identical serological tests. On a visit to the Kimberleys in 1976, I found a large number of pre-pubertal aboriginal children with positive serology. Dr Jacobs explains this phenomenon on the high sexual activity of children, which seems unlikely, especially as he found gonorrhoea to be relatively uncommon. On evidence, I think it impossible to say whether there is an epidemic of syphilis or of yaws in the aborigines of Northern Australia. Fortunately Dr Jacobs has drawn attention to this important matter. I believe it warrants a combined study by the health authorities of Western Australia, the Northern Territory and Queensland.

LEAD POISONING

Sir: As I have been responsible for the health of workers in a large lead smelter for over sixteen years and therefore have made it my practice to keep up to date with the latest research work on the subject of lead, I feel I must comment on the letter by Dr P. R. James (Journal, March 11).

My initial reactions were of surprise, dismay, and alarm. My reaction of surprise was initiated by the fact that Australia's premier medical journal should permit its columns to be used for the presentation of such misinformation. As a member of the Lead Environmental Health Committee of the International Lead Zinc Research Organization I can assure you that there is not one publication of any credibility which proves that lead from automobile exhausts is harmful to health. My reaction of dismay was based on the fact that a member of our profession has obviously been influenced by the mass of heavily biased, unsubstantiated comment which is published in the lay press. Lead has always been the target of so-called scientific correspondents who feed drama and sensationalism to a gullible audience. My alarm is due to the advice handed out regarding the lavish use of chelation therapy. This is a procedure which needs expert judgement and intensive biological monitoring. Routine use for minor surgery is definitely contraindicated.

I regret the need to write to you at all on this matter, let alone in such strong terms. However, I feel that it is time that some scientific realism was applied to the subject of lead in air from automobile exhausts, and from other sources, and that this journal should assume some responsibility in ensuring that this is achieved.

A. McD. ALLAN.

M.I.M. Holdings Limited,
160 Ann Street,
Brisbane, Qld 4000.

JAMES THOMAS WILSON

Sir: I am collecting material for a biography of James Thomas Wilson, F.R.S., Professor of Anatomy of the University of Sydney from 1890 to 1920, and Professor of Anatomy of Cambridge University, United Kingdom, from 1920 to 1934. I should be grateful if any of your readers who may have information of his life, (documents, photographs, or memories) which could assist me would write to me c.o. The Basser Library, Academy of Science, P.O. Box 783, Canberra City, A.C.T. 2601. The wishes of contributors will be carefully respected.

P. N. MORISON.

22 Darling Street,
Barton, A.C.T. 2600.

SPACE WORKSHOPS AND MEDICINE

Sir: The problems of the two record breaking Russian Cosmonauts in fighting the earth's gravity and the problems of many of our patients in doing the same (for example, patients suffering from osteoarthritic knees, Reiter's feet, or in fact anyone with weak or painful legs) could be solved by the same answer. Reduction of their weight by means of a helium-filled waistcoat or, in bad cases, of an anti-G suit reversed. But keep them out of high winds!

12 The Avenue, HARRY GREGSON.
Midland, W.A. 6056.

INDOCHINESE REFUGEES

Sir: This is to advise that we are collating data on the organization of medical screening, the incidence of communicable diseases, and prophylactic drug administration for refugees from Indochina who have arrived in New South Wales since the commencement of the major refugee programme in 1977. A paper will be presented for your consideration for publication in due course.

P. J. CHRISTOPHER,
R. H. MILLSOM,
K. F. BAILEY.

Health Commission of New South Wales,
Western Metropolitan Health Region,
P.O. Box 9,
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