

bacteria disappear from the urine during therapy only to reappear after treatment is discontinued. On the other hand, extirpation of a severely damaged and non-functioning kidney cleared 12 out of our 16 patients from the chronic infection.

The patient, reported above, received 84 g ampicillin and stopped excreting *Salmonella* in his urine. However, ample growth of *Salm. cholerae-suis* var. *kunzendorf* was obtained from multiple samples taken from the removed kidney. On the other hand antibiotic therapy may be successful if tissue damage is reversible and there is no obstruction. One of our patients, successfully treated in this way, was a man with well functioning kidneys without stones, with an unilateral relative stricture of the uretero-pelvic junction. The infection was terminated after a course of 200 g ampicillin (2). Similarly, *Adam* and *Daschner* (3) reported a chronic infection due to *Salm. brandenburg* in a child with bilateral calyceal dilation and vesico-ureteral reflux, but without obstruction. The infection was terminated after a four months course of trimethoprim/sulfamethoxazole. This confirms that non-obstructive reflux observed in children can be stopped by clearing the infection. The fact that *Salmonella* can be a causative organism in

vesico-ureteral reflux with infection should be kept in mind.

Salm. typhi was the dominant species in our two series (12 out of 16 cases) but *Salm. typhimurium* and *Salm. enteritidis* were also encountered. *Salm. cholerae-suis* differs from other *Salmonellae* from animal sources because of the high frequency of septicemia and focal infections it may cause in man. Nearly every organ may be invaded but localisation is most frequent in the lung, bones and joints. Infections of the kidney have been reported before (4) but are rare.

Literature

1. *Melzer, M., Altmann, G., Rakowszczyk, M., Yosipovitch, Z. H., Barsilai, B.*: *Salmonella* infections of the kidney. *J. Urolog.* 94 (1965) 23—27.
2. *Dinbar, A., Altmann, G., Tulcinsky, D. B.*: The treatment of chronic biliary *Salmonella* carriers. *Amer. J. Med.* 47 (1969) 236—242.
3. *Adam, D., Daschner, F.*: Relapse in chronic urinary tract infection in a child due to *Salmonella brandenburg*. *Infection* 1 (1973) 126—128.
4. *Saphra, I., Wassermann, M.*: *Salmonella cholerae suis*. *Amer. J. med. Sci.* 228 (1954) 525—533.

Erratum

Following is the correct version of Table 1 in the article "Properties of Lymphocytes in Chronic HBAg-Positive Hepatitis" by P. Tolentino, M. Pasino, A. Braito, R. Giacchino,

A. Astaldi published in the previous issue of *INFECTION*: 3 (1975) 78—82.

Table 1: Results with surface markers

	Chronic hepatitis patients	Controls
Total number of Lymphocytes		
mean values	3315/mm ³	2300/mm ³
range	2000—5500/mm ³	1890—2800/mm ³
E-rosette forming cells		
Percentage: mean values	49.3 %	60.8 %
range	41.0—66.5 %	57.8—83.2 %
Total number: mean values	1693/mm ³	1675/mm ³
range	886—2668/mm ³	1387—1997/mm ³
Membrane immunofluorescence		
Percentage: mean values	19.7 %	19.4 %
range	6.0—35.4 %	8.0—32.6 %
Total number: mean values	788/mm ³	466/mm ³
range	334—1753/mm ³	192—782/mm ³