

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Thayer-Martin medium and modified New York City medium for the cultural diagnosis of gonorrhoea

Sir,
Thayer and Martin's selective medium¹ (TM) with the addition of 0.5 mg/l of trimethoprim lactate has been the only medium used for the isolation of *Neisseria gonorrhoeae* at Auckland Hospital, New Zealand. A study comparing TM and modified New York City (MNYC) medium was begun here after the report by Young² that MNYC raised the isolation rate of *N gonorrhoeae* in women by approximately 30%.

Our TM medium was prepared with Gibco GC agar base with 1% haemoglobin, 1% IsoVitalax, and VCNT inhibitors. The

MNYC medium used was Young's medium B, except that IsoVitalax was substituted for the yeast dialysate, as this was shown to give comparable results by Faur *et al* in their original paper.³

Including follow-up samples, 1550 sets of parallel cultures were taken over a period of five months (table). Urethral and cervical cultures that gave positive results on TM also gave positive results on MNYC. However, this was not the case with anal cultures. Eighty-four women with positive urethral or cervical culture results also had anal cultures taken; 32 gave positive results on TM but only 21 on MNYC (owing to overgrowth by commensal bacteria). In three patients the anal canal was the only site giving growth; these three samples gave positive results on the TM only. Five rectal cultures from male homosexuals also grew gonococci on TM; four also grew gonococci on MNYC but one was completely overgrown.

Since this study was started Svarva and Maeland⁴ have reported that a reduction of the glucose content to 0.02% will limit the contamination; we are presently studying this effect.

Although our study has not shown the marked improvement in isolation rate reported by Young, we suggest this may be because our TM contains IsoVitalax and trimethoprim. We consider that our increased yield of 3.9% warrants using MNYC routinely for urethral and cervical cultures but that TM should still be used for rectal and throat cultures.

Yours faithfully,
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2. Young H. Cultural diagnosis of gonorrhoea with modified New York City (MNYC) medium. *Br J Vener Dis* 1978;54:36-40.
3. Faur YC, Weisburd MH, Wilson ME, May PS. A new medium for the isolation of pathogenic *Neisseria* (NYC medium). Formulation and comparisons with standard media. *Health Lab Sci* 1973;10:44-54.
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TABLE Results of 1550 cultures for *Neisseria gonorrhoeae* on TM and MNYC medium

	No of patients	No giving positive results for gonococci on:			% Increased yield
		TM	MNYC	MNYC only	
Women	615	94	97	3	3.1
Men	935	161	168	7	4.3
Total	1550	255	265	10	3.9

TO THE EDITOR, *British Journal of Venereal Diseases*

Subclinical pneumonia in infants due to *Chlamydia trachomatis*

Sir,
I read with great interest the recent report of Dunlop *et al*¹ of two cases of "subclinical" pneumonia in infants due to *Chlamydia trachomatis*. Up to now cases have been reported from Scandinavia² and Israel,³ confirming that the disease is not peculiar to the North American continent and is probably as widespread as chlamydial genital infection. Several prospective studies from the United States⁴⁻⁷ have found that the nasopharynx is the most common site of isolation of *C trachomatis* from an infant, although only about 10%

will subsequently develop pneumonia. It is also evident that the nasopharynx and conjunctivae are inoculated independently during parturition, as infants can develop pneumonia without having preceding conjunctivitis. We found that although the use of erythromycin as neonatal ocular prophylaxis prevented chlamydial ophthalmia it did not prevent nasopharyngeal infection or pneumonia.⁷

I do think that labelling the presentation of these infants' illnesses as subclinical is misleading. When infants born to chlamydia-positive mothers have been followed prospectively, the majority who develop pneumonia do have a relatively mild illness. In one prophylaxis study,⁷ none of the infants with chlamydial pneumonia required admission to hospital

and were managed as outpatients. However, all were tachypnoeic and had definite radiographic evidence of pneumonia and peripheral eosinophilia ($>400 \times 10^9/l$; $>400/mm^3$).

We have also found that therapy with oral erythromycin alone is adequate for the treatment of chlamydial conjunctivitis and that additional topical therapy is not necessary (Hammerschlag, unpublished data). Similar findings have also been reported by Beem⁸ and Patamassucon.⁹

Yours faithfully,
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Book review

Venereal Diseases. By A King, C Nicol, and P Rodin, 1980. Baillière Tindall, London. 4th edition. Pp 419. Price £14.00.

It is a difficult task to review an institution, especially when it reaches a fourth edition. At first glance nothing seems to change. The somewhat conservative views of the authors come to the fore in the preface, but once the text is tackled this edition is found to be just as good as previous editions and has managed to keep up to date.

Over 40% of the book is devoted to syphilis. Some may argue that nowadays this disease is only a small proportion of a venerologist's work, but I would say that at least one textbook in English must be the standard work on syphilis, and for this reason the comprehensive coverage is required.

In the section on the history of syphilis—although the passage on the recent controversy on Hunter's experiment is welcome—two mistakes remain from the first edition. Fracastorius's poem was written in 1530 not 1521. Ulrich von Hutton is a peculiar way of spelling Hutten. In the last part of the book on tests for mental status in the diagnosis of general paralysis of the insane, "date of beginning of World War II and Adolf Hitler" may require, in 1980, more than a good memory. I suppose it is the passage of time but the clarity of plates is not as good in this edition as in the first, although figure 106—a new entry—an electron microscopic photograph of the gonococcus is superb. It is a pity that the authors condemn epidemiological treatment of syphilis so readily; most clinicians could think of several reasons for its use.

The section on gonorrhoea has been rewritten, and descriptions of its sequelae and the up-to-the-minute methods of treatment are very good.

The section on non-specific genital infection is succinct and superb. The minor sexually transmitted diseases and their differential diagnoses are well covered, although it is a pity that there is less than a page on hepatitis B and less than three lines on sexually transmitted gastrointestinal parasite infections.

The authors are to be congratulated that references are as up to date as to include 1979. The strength of the text gains from its orthodox approach to the subject. The new edition is essential to everyone interested in venereology.

Michael Wauson

Notices

International Society for STD Research

The Fourth Meeting of the International Society for STD Research on "Sexually Transmitted Diseases" will be held in Heidelberg, West Germany, from 18-20 October 1981. Abstracts should be submitted by 30 June 1981 to Professor Dr D Petzoldt, Universitäts-Hautklinik, Voßstr 2, D-6900 Heidelberg, West Germany.

Cervical pathology and colposcopy

The Fourth World Congress for Cervical Pathology and Colposcopy will be held in London from 13-17 October 1981. For further information apply to: CPC Secretariat, Caroline Roney Medical Conference Organisers, 100 Park Road, London NW1 4RN (telephone: 01-723 6722).