gonorrhoea, surely deserve more thorough assessment.

Yours faithfully,
A H T Sumathipala

Special Clinic Ward 19,
The General Hospital,
Birmingham B4 6NH

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to the editor, british journal of venereal diseases

Activity of the newer quinolones against 
Chlamydia trachomatis

Sir,
The activity of ciprofloxacin and 
norfloxacin against Chlamydia trachomatis 
have been described.1 2 We wish to report 
the activity of a particular family of newer 
quinoles, the fluorated piperoxyl substituted 
derivatives (ciprofloxacin, 
norfloxacin, ofloxacin, and pefloxacin) 
against Chlamydia trachomatis.

The antibiotics mentioned as well as two 
earlier analogues, nalidixic acid and 
oxolinic acid, and two drugs established in 
the management of chlamydiad infections 
(erythromycin and tetracycline) were tested 
in vitro on a Chlamydia trachomatis 
serotype L2 strain. One day old monolayers 
on glass cover slips of McCoy cells treated 
with cycloheximide were inoculated with 
10^3, 10^4, or 10^5 chlamydia inclusion 
forming units. Inoculation and incubation 
were standard. After 48 hours the cover 
slips were stained with iodine and examined 
for inclusions. In a second experiment, 
minimum bactericidal concentrations 
(MBCs) were measured after four passages.

<table>
<thead>
<tr>
<th>Drugs</th>
<th>MIC (mg/l)</th>
<th>MBC (mg/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ciprofloxacin</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Norfloxacin</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Ofloxacin</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Pefloxacin</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Nalidixic acid</td>
<td>&gt;128</td>
<td></td>
</tr>
<tr>
<td>Oxolonic acid</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Erythromycin</td>
<td>0.125</td>
<td>0.250</td>
</tr>
<tr>
<td>Tetracycline</td>
<td>0.032</td>
<td>0.064</td>
</tr>
</tbody>
</table>

Our results for ciprofloxacin and 
norfloxacin confirm those of other 
workers.1 2 In the group of new quinolones 
tested, ofloxacin showed the highest 
activity. MBCs were found to be very close 
to the MICs, which should prove to be 
clinically relevant. No inoculum effect was 
seen.

Data from this and other studies suggest 
that the fluorated piperazinyl substituted 
quinoline derivatives are the only quinolines 
to display anti-chlamydial activity. Nalidixic 
acid and oxolinic acid were found to be 
inactive in this study; and cinoxacin and 
pipemidic acid were found to be inactive by 
Heessen and Muyljtens.1

The clinical relevance of this activity 
remains speculative.

Yours faithfully,
R J Van Roosbroeck
D R Provinciael
D J Van Caeckenbergh

Department of Medical Microbiology,
Akademisch Ziekenhuis Antwerp,
University of Antwerp,
Antwerp, Belgium

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British Journal of Venereal Diseases

TO THE EDITOR, British Journal of Venereal Diseases

Use of air dried vaginal specimens in the diagnosis of candidiasis and anaerobic vaginosis (non-specific vaginitis): effects of storage at room temperature

Sir,

Vaginal discharge constitutes one of the most common reasons for attendance at 
departments of genitourinary medicine and is a frequent presentation in general 
practice. Microscopical examination of unstained vaginal sections has been shown to 
be an extremely sensitive method of diagnosis in anaerobic vaginosis, which in 
our experience is a more common infection than candidiasis or trichomoniasis.1-4 
However, facilities and expertise are not generally available outside specialist 
clinics and laboratories for such examination.

To assess the viability of unfixed, 
unstained slides (such as might be taken in 
general practice and forwarded to a labora-

ory or clinic), we have looked at 100 
unstained preparations taken from 25 
new patients attending a department of genito-

urinary medicine at this hospital. Four 
vinginal specimens taken from each of the 
25 women were air dried at room tempera-
ture. One of the specimens was immediately 
Gram stained and examined microscopically 24 
hour intervals. The microscopist was in all 
cases unaware of any previous micro-

scopic findings. The table shows that there was no loss of diagnostic sensitivity 
for either anaerobic vaginosi or candid-

The table shows a list of the diagnoses 
and their frequencies. The diagnoses 
are categorized as follows: 

- Anaerobic vaginosis: 11
- Candidiasis: 6
- Normal flora only: 6
- Other (postcoital or 

menstrual smear): 4

*One patient had candidiasis and anaerobic 
vaginosis.

**Three of these patients had Candida albicans on culture only.
Correspondence

We are also currently investigating the incidence of anaerobic vaginosis in a local general practice using the method outlined above, and have found that specimens which have been air dried and stored for up to 14 days before Gram staining show no deterioration.

We suggest that doctors concerned with the management of vaginal discharge who do not have immediate access to clinic or laboratory facilities might find this a cost effective alternative to the high vaginal swab.

Yours faithfully,
A Blackwell
D Barlow

Department of Genitourinary Medicine, St Thomas’ Hospital, London SE1 7EH

References

TO THE EDITOR, British Journal of Venereal Diseases

Treatment of anogenital warts with trichloroacetic acid and podophyllin

Sir,
I read with interest the article by Gabriel et al. on the treatment of anogenital warts comparing the effect of trichloroacetic acid and podophyllin with podophyllin alone. In their study they report no appreciable difference except that fewer applications of trichloroacetic acid and podophyllin were necessary than with podophyllin alone.

I report on two patients (one Turkish and another Somalian) whose warts resolved completely after three applications of trichloroacetic acid (100%) and podophyllin (25%) at weekly intervals. The two preparations were not mixed together and were applied from different bottles (first trichloroacetic acid and then podophyllin).

What prompted me to use this combination was that both patients were resistant to treatment first with podophyllin alone for two months (eight applications) and then with trichloroacetic acid alone for another month (four applications).

Although I have treated only resistant cases with this combination (with higher concentration of trichloroacetic acid than was used by Gabriel et al.), the dramatic improvement, in my opinion, is important.

Yours faithfully,
Malkit Singh

Department of Medicine, Division of Dermatology, University of Garyounis, PO Box 6674, Benghazi, Libya

Reference

TO THE EDITOR, British Journal of Venereal Diseases

Buschke-Loewenstein tumour of the penis

Sir,
We agree with the letter from Ingber et al. (Br J Vener Dis 1984;60:205) stating that laser treatment would be the treatment of choice if it were available. Only one laser unit was available elsewhere, and the surgeons concerned were not convinced that it was suitable in this particular case.

Penile lesions are more difficult to operate on than scrotal lesions due to vascularity and the effect of urine.

Our patient’s subtotal amputation was unavoidable because of his presentation, and the massive involvement of the shaft of the penis.

Yours faithfully,
Janina M Harvey
G Watson

Falkirk and District Royal Infirmary, Falkirk

Correction

There was an error in the paper by S Hafiz et al on Sheffield medium for cultivation of Haemophilus ducreyi (1984;60:196-8). The last three sentences of the second paragraph in the Results section should have read: “In this respect the new medium was superior to the other three media tested. This is shown in the figure, which illustrates the colonial appearance. Gram stained smears of colonies from the new medium more often showed the typical "rail road tracks" appearance.” The legend for the figure should have read: “Colonial appearance on Sheffield medium.”

Notice

Conference of the African Union Against Venereal Diseases and Treponematoses

The African Union Against Venereal Diseases and Treponematoses will be holding a conference on 1-5 April 1985 in Libreville, Gabon. There will be a workshop on chlamydial infections on 1 and 2 April and a conference on infertility and STD in Africa from 3 to 5 April.
Use of air dried vaginal specimens in the diagnosis of candidiasis and anaerobic vaginosis (non-specific vaginitis): effects of storage at room temperature.

A Blackwell and D Barlow

Br J Vener Dis 1984 60: 350-351
doi: 10.1136/sti.60.5.350-a