patients give a history suggesting infection abroad. Some units in London, however, have reported a recent resurgence of infectious syphilis among heterosexuals.  

Although the results of this retrospective survey must be treated with caution it seems there is no link between infectious syphilis and prostitution in patients attending this unit.

Drug abuse and prostitution are strongly associated with the current heterosexual syphilis epidemic in the USA and this carries with it the risk of increasing HIV transmission within this group.  

Prospective studies are needed to assess the significance of this phenomenon in the UK.

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**MATTERS ARISING**

**Treatment of external genital warts**

Stone and colleagues state that the patient should be carefully positioned on the ground pad for electrodessication. Using the monitermal technique (as when using the hyfrecator) it is not necessary to use the ground pad. In fact electrodessication is usually described as a monitermal technique.

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**Genital warts and the need for screening**

An interesting controversy has arisen concerning the benefit of screening for concomitant sexually transmitted diseases (STD) in patients who present to genitourinary medicine departments with genital warts. Malcolm Griffiths argues that such screening of women is of limited value on the evidence of a relatively low prevalence of genital infection with Chlamydia trachomatis and other STDs in his patient population. More recently, Carne and Dockerty have confirmed the traditional view that screening is mandatory. Neither paper, however, distinguishes between patients whose sole symptom was genital warts and patients with additional genital symptoms which warrant screening for genital infection on their own account. This latter group might be anticipated to have a high rate of cointfection.

During the period April to September 1989, first presentations of genital warts were seen in 297 women and 249 men attending this genitourinary medicine department. All were screened for Neisseria gonorrhoeae, Chlamydia trachomatis (by culture in men, ELISA in women), urethritis, Candida albicans, Trichomonas vaginalis and bacterial vaginosis using standard techniques. Of these patients, 138 (46%) women and 52 (21%) men had coincidental genital symptoms necessitating full genital screening. Of the 356 patients whose sole symptom was genital warts, 69 (33%, 21%, women (F) and 36%, 18%, men (M)) were found to have asymptomatic co-infection with a sexually transmitted disease, comprising gonorrhoea (1M, 5F), chlamydial (10M, 19F), non-gonococcal urethritis (22M), trichomoniasis (9F) and genital herpes (3M). Our finding of asymptomatic cointfection with a STD in one fifth of patients whose sole symptom was genital warts confirms the importance of screening for co-infection.

Genital infection with Chlamydia trachomatis or Neisseria gonorrhoeae are infections of significant morbidity, particularly in women and every opportunity for screening the multi-partner sexually active population should be encouraged. Rather than reduce screening of patients with genital warts as advocated by Griffiths we would welcome an expansion of screening for asymptomatic genital infection in gynaeology, general practice and family planning settings, a secondary preventative measure constrained by resources and professional resistance.

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**Genital infections due to Neisseria meningitidis**

SIR,—In a recent report Wilson et al drew attention to a case of urethritis in a heterosexual male caused by Neisseria meningitidis probably acquired by...
Case of was 4: medium. Syphilis cultured tomin, cephalexin, penicillin, amoxycillin, and colonies of negative cervical material of pus cells.

An sensitive 306 and of of smear as tests evidence of other cephalxin and erythroxin. A isolate of Gram negative, microaerophilic Thayer-Martin medium, Gram revealed pus cells containing N meningitis. The original source of the infection is particularly obscure in the case of the married couple, since neither admitted any extra-marital relationships.

The failure to isolate N meningitis from genital sites in over 300 patients attending our Genitourinary Medicine clinic, even though about 15% of these were carrying the organism in the throat suggested that genital infection is not readily established by this organism. Clearly some additional factor must have predisposed for genital infection in our cases as in the others cited in the literature. The nature of this factor is unknown.

We are grateful to Dr P R Mortimer, Director, and Mr G Ackland, MLSO 3, Coventry PHL and Mr M A Bowness, MLSO 3, Rugby Pathology Laboratory for their help in this study.

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Genital herpes diagnosed by cervical cytology

A recent letter in this journal expresses the continuing concern of doctors about neonatal herpes.1 Careful research will establish the risk, if any, to a neonate born to a mother with a history of herpes, and will clarify the management of these pregnancies.

Genitourinary physicians regularly deal with newborn babies with genooccal or chlamyldial infections. They note the increasing number of cases of HIV infection in babies,2 and the re-emergence of congenital syphilis in the USA as a major public health problem. Against this background it could be argued that the ill-defined problems of herpes have been given disproportionate attention in the medical press.
Genital infections due to Neisseria meningitidis.

I Thangkhiew, S M Drake, M Walzman and A A Wade

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Notes

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