### MATTERS ARISING

#### Syphilis in art

The recent series of articles by Dr Morton on syphilis in art¹ have been fascinating and entertaining. The quality of illustrations has been quite impressive.

I fear that an error has crept into the very last illustration, of the final article, together with the text which refers to it ("Fig 70 Maina-Miriam Munsy. Colposcopy. 1972").¹ The picture clearly shows a surgeon using a rigid endoscope inserted into the female parts. This cannot be a colposcopic examination. The possibilities are, therefore, cystoscope; hysteroscope; or culdoscopy. The lack of an irrigating fluid or other distending medium make all but the latter unlikely. A diathermy earth plate is attached to the right thigh.

Culdoscopy is seldom performed in the United Kingdom and the "knee-chest" position is generally favoured (even less aesthetic than the Lloyd-Davies position in the illustration) together with general anaesthetic. In the case illustrated the partially flexed right forearm and absence of straps to restrict the legs suggest that this procedure was performed without general anaesthesia. The culdoscope is inserted via an incision in the posterior vaginal skin. The indications are similar to those for laparoscopy, though the hazards and poorer visualisation of culdoscopy largely account for its infrequent use.²

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#### Decreased in vitro antibiotic susceptibility of Neisseria gonorrhoeae isolates in Hong Kong

Recently, Fung and Ng² reported a decreased in vitro susceptibility to spectinomycin of penicillinase producing Neisseria gonorrhoeae isolated in Hong Kong in 1987 compared with strains isolated 3 to 4 years earlier. However, with the speed at which travellers can be moved around the world today it is desirable for current information on changing antibiotic susceptibility patterns in areas of high tourist activity to be disseminated as quickly as possible since these population movements are undoubtedly a major contributing factor in the spread of sexually transmitted diseases.³

Hong Kong certainly receives its fair share of international travellers with approximately 6 million tourists last year and without doubt some of these were exporters of Neisseria gonorrhoeae which were acquired in Hong Kong.

Current information for the first three months of this year for penicillin susceptibility based on breakpoint methods using 0·1 and 0·5 μg/ml concentrations incorporated into agar, show 13% sensitive, 31% moderately resistant and 56% resistant. Of the resistant strains almost half are penicillinase producing leaving a substantial number that are chromosomally resistant. This level of resistance has in fact been increasing steadily over the last few years despite the fact that the antibiotic of choice for the treatment of uncomplicated infections has been either spectinomycin or ofloxacin although the latter more commonly. Regarding spectinomycin, figures for this year also show a decreased in vitro susceptibility but no greater than was found in 1987. On the other hand there would appear to be a decreased in vitro susceptibility to ofloxacin. In previous years no strains were resistant in vitro to 0·5 μg/ml but this year a number of strains have been found which are resistant at this level of incorporated antibiotic. However, at the level of dosage used (400 mg stat for males and 500 mg stat for females) there has been no definite treatment failures.

Clearly there is a continued need for monitoring of antibiotic susceptibility not only at the bench but also at the patient level and the rapid dissemination of this information through international journals.

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¹ Fung HW, Ng WWS. Decreased in vitro susceptibility of penicillinase producing Neisseria gonorrhoeae in Hong Kong. Genitourin Med 1989; 65:129.
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