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Is a test of cure necessary follow-
ing treatment for cervical infection
with *Chlamydia trachom-
atis*?

We read with great interest, the recent
article by Radcliffe *et al*.¹ We have
undertaken a retrospective study of
chlamydial infection in female
patients.

Our policy has been to screen for
*Chlamydia trachomatis* by testing on
two occasions at an interval of one
week and to confirm cure after treat-
ment by a similar routine of two tests
undertaken within 7 and 14 days of
completion of treatment. Our findings
support the conclusion that tests of
cure may not be necessary.

During the 11 months from January
1990 to November 1990, 151 female
patients were diagnosed as *Chlamydia
trachomatis* positive by tissue culture
on irradiated McCoy cells of com-
bined genital samples from the urethra
and cervix. Following diagnosis, 150
patients were treated, one having
defaulted. The standard regimen was
doxycycline 100 mg bd for 10 days
with erythromycin stearate 500 mg bd
or qds for 10 days in the pregnant or
those who could not tolerate doxocy-
cline. Epidemiological treatment of
male partners was undertaken.

Twelve patients (8%) had repeat
positive chlamydia cultures during the
study period. Of these, five reattended
after two negative tests of cure and
another four, while not completing
two tests of cure, reattended at least
three weeks after treatment suggesting
reinfection rather than relapse. Only
three were found positive at a routine
test of cure (table).

We agree with Radcliffe *et al* that
the need for chlamydia testing twice
after treatment may not be necessary.
However, our study has indicated that
more than one screening sample is
necessary to diagnose initially
chlamydial infection. Only 131
patients (87%) were positive on first
testing with the remaining 19 (13%)
being diagnosed on the second screen-
ing test one week later.

The reasons for so many failed diag-
noses on the first visit may be due to a
number of contributory factors such as
scanty material, poor sampling or
delay in inoculating the culture
media.² Hence we suggest that the
time and money saved in not perform-
ing two routine tests of cure may be
utilised more profitably for initial
diagnosis, by undertaking two screen-
ings tests on separate occasions.
Nevertheless patients still need review to
undertake contact tracing, assess treat-
ment compliance and assess the like-
lihood of reinfection.

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¹ Radcliffe KW, Rowen D, Mercey DE, *et
al.* Is a test of cure necessary following
treatment for cervical infection with
*Chlamydia trachomatis?* *Genitourin

**Table** Results of tests of cure

<table>
<thead>
<tr>
<th>Number of patients</th>
<th>Number positive for chlamydia (%) in parentheses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients treated</td>
<td>150</td>
</tr>
<tr>
<td>First TOC</td>
<td>120</td>
</tr>
<tr>
<td>Second TOC</td>
<td>111</td>
</tr>
<tr>
<td>No TOC</td>
<td>22</td>
</tr>
</tbody>
</table>

*TOC* = *Chlamydia* test of cure.

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specimen handling in the diagnosis of
genital *Chlamydia trachomatis* in-
fection. *Scand J Infect Dis* (Suppl)

Guidance for the planning and
design of genitourinary medicine
clinics

We read with keen interest the paper
of Thin and Lamb concerning the
planning and design of genitourinary
medicine (GUM) clinics³; its guide-
lines will be very useful for providing
GUM and STD (Sexually Transmit-
ted Diseases) clinics with a proper
setting and a functional work orga-
nisation. Yet, we feel that the impor-
tance of adequate computerisation
should be more stressed.

The STD Centre of Galliera Hospi-
tal⁴ is equipped with a network of
Personal Computers (PS2 50 IBM)
connected by a Token Ring to another
Personal Computer (PS2 80 IBM)
which is the “server unit”. This hard-
ware configuration allows one to get
information from the server unit in
real time. The software package for
the management of medical records
which we ourselves have adapted to our
needs offers several advantages in com-
parison with normal filing,⁵ that is:

— the confidential nature of data,⁶
thanks to entry passwords;
— automatic graphic visualisation of
the most important laboratory
examinations; this is very useful, above all
for those therapies which require
frequent monitoring (for instance
AZT in HIV-positive patients);
— quick review of clinical and
laboratory data;
— collecting of data on sexual and
contraceptive practices and drug
abuse, which allows statistic
processing referred to STD;
— immediate reading of data from any
work station and by any authorised
physician or nurse;
— quick filing of medical written
reports.

We feel that a computer system like
this could be very helpful in the man-
gagement of GUM and STD clinics
and that the planning and design of
these centres should consider this
need.

LUIGI MASSONE
GIUSEPPE SOLARI
BOOK REVIEWS


At last, a book in print which deals with the subject of herpes aimed specifically at the individual infected. Adrian Mindel and Orla Carney have set out to dispel myths and present the facts about herpes without causing panic or unnecessary stress. The book covers all aspects of the disease in a factual and understandable manner and there is an equal mix of up to date information and self help. The text includes the whole spectrum of herpes with sections on virology, transmission, clinical picture, diagnosis, treatments, associated problems, psychological aspects concluding with self help and support. Each section is presented in a clear concise way.

Herpes is an ever increasing problem in society and for many people diagnosed it can have devastating effects both psychologically and sexually. Until now most of the literature available has either been too medically orientated or not detailed enough to satisfy the client’s need for knowledge. The advantage of this book is that it addresses the problems of herpes in an holistic way combining a vast amount of information in a logical order.

Obviously this is a tremendous resource for clients, although a word of caution is needed—the first section deals with virology in some depth; some clients may be deterred by the amount of medical terminology. It is worthwhile pointing out that subsequent sections are more readable. This book is a definite must for clinic and practice libraries.

Owing to the quality of information contained in this book I would also recommend it to staff working with clients who have herpes. It deals so thoroughly with the psychology of herpes, highlighting many problems which perhaps to a non sufferer are not apparent. The section on treatments is extremely detailed and covers a whole spectrum of drug therapy, but is carefully complemented with a section on self help. The reference to support groups is invaluable to both clients and staff alike.

My overall impression of this book is that it could have an important role in the education and management of people with herpes and is a useful aid to discussion and counselling. Like all of the Positive Health guides it is easy to read, technical but without being boring.

KATE EMERSON


At the time of being asked to review this book I had already leafed through a volume at our local academic bookshop and was seriously considering whether to obtain my own copy or to encourage and wait for the department to buy one. It was therefore with great pleasure that I set about reading the copy that arrived courtesy of Genitourinary Medicine.

The book is the fourth in this series of Recent Advances. To reflect the growing importance of HIV infection the title of the series has been revised.

The format as with previous issues is that of a number of review articles. In the 11 chapters a wide range of subjects are covered, virtually all of relevance to daily genitourinary practice. The contents are about equally divided between HIV related topics and other sexually transmitted diseases. Most of the contributors are UK based, many of whom are distinguished "household names".

Topics covered include: common clinical AIDS manifestations, HTLV 1 and 2 infection, prostitution, intravenous drug use, prostatitis, sexually transmitted diseases in the third world, and the diagnosis and treatment of gonorrhoea and chlamydial infection.

Most of the articles are well written and excellently referenced. A model review is that by Professor Taylor Robinson who in 44 pages draws together over 360 references mostly of work in the last five years. He covers clinical aspects of genital chlamydial infection as well as developments in diagnostic methods and current treatment regimes.

Of the sections that deal with HIV related problems a number of articles are particularly noteworthy. The section on injection drug use and HIV written by Dr Brettle and his colleagues in Edinburgh is packed with practical insights and should appeal to anyone who deals with the occasional intravenous drug user. The review includes an extensive discussion of the development of HIV in the IVDU population around Europe and a collation of the limited data on IVDU and HIV in prisons.

Advances in our understanding and refinements for the treatment of HIV infection are being made rapidly. It is therefore not surprising that certain sections, particularly those on clinical management of AIDS, already appear a little dated. However, both the sections on Pneumocystis carinii pneumonia and on Kaposis's sarcoma do still provide highly readable and concise accounts of developments to the start of last year.

In the short time I have had this book I have found it both interesting and useful. I have referred to it a number of times to get a reference or to bring up to date a lecturer to students or staff (I have even attended a meeting
Guidance for the planning and design of genitourinary medicine clinics.

L Massone, G Solari, V Isola and S Borghi

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