Urinary symptoms, sexual intercourse and significant bacteriuria in male patients attending STD clinics

We read with interest the recent paper by David et al. on urinary symptoms and bacteriuria among male STD clinic attenders. The authors state that urethral and UTI cannot be distinguished on clinical grounds and/or urethral smears. We were surprised that no mention was made of the "two glass urine test" as a means of distinguishing pure urethritis from a combined urethritis/cystitis. We find this a useful test—from January to July this year 11 men attended our department with a documented UTI; nine of these had a cloudy second catch urine (not due to phosphaturia). We would, therefore, be interested to hear whether the authors can provide details of the two glass urine test results in their patients with both bacteriuric and non-bacteriuric urinary symptoms.

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Antibiotic treatment for gonorrhoea in the UK

The emergence of resistance to quinolones in Neisseria gonorrhoeae was highlighted in the review by Ison and in the report by Abeywickermere and others. However, in the UK quinolones are becoming ever more widely used and have now overtaken penicillin as the drug of first choice. The National Audit of gonorrhoea management questioned all clinics in the UK about cases diagnosed in the first three months of 1995 and received data on 1308 cases. 59% of all reported in the quarter. The antibiotics used fell into the following classes: quinolones 48%, penicillins 40%, spectinomycin 3%, others/not recorded 9%. For those patients known to have gonococcal infection outside Europe, and when penicillin producing Neisseria gonorrhoeae (PPNG) was presumed thought to be more likely, the choice (ignoring single use and unspecified drugs) was: quinolones 73%, penicillins 23%, spectinomycin 4%.

Ciprofloxacin resistance is still rare in the UK, but in 1995 the highest ever annual total of ciprofloxacin resistant strains was identified by the Gonococcus Reference Unit, while PPNG isolates were still below their 1992 figure. The Reference Unit data rely on voluntary reporting with its attendant limitations. The National Audit figures show that antibiotic choice has moved away from penicillins, so it is now particularly important that information monitoring the extent of ciprofloxacin resistance is available to UK genitourinary physicians.

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Epidemiological treatment and tests of cure in gonococcal infection: evidence for value

In his otherwise excellent review article, Carne makes the classic mistake in his conclusions of quoting somewhat spurious percentages rather than absolute values. He says that 42-6% of treatment failures will be missed if tests of cure are not routinely performed on male gonococcal infection. However, a closer look at these figures shows that out of the original 4897 men, only 183 (3-7%) were treatment failures, of whom only 78 (1-6%) were asymptomatic; therefore only 12 (1-6%) of the total would remain infected after treatment if a policy of test of cure for asymptomatic men were not followed; a more meaningful statistic. As Carne himself points out in the article, the cost of identifying each of these very small numbers of cases in America was estimated to be in the range $4900 to $109 800 per case. It might therefore be argued that a more cost effective use of this money would be to
channel it into effective contact tracing which Mark Fitzgerald’s paper in the same issue of the journal2 shows to be an area in which the UK genitourinary service is underperforming.

In this clinic we routinely perform tests of cure on all patients with gonorrhoea but I firmly believe that we should continue to assess even our most ingrained practices and ensure that if at all possible they are evidence based.

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1 Carne CA. Epidemiological treatment and tests of cure in gonorrhoea, with a brief account of the remedies which have been used in Lues Venerea. Clare was a surgeon working in London. This book contains his views on treating gonorrhoea by urethral injections, a method he had devised for the treatment of syphilis by oral applications of calomel ointment, and a collection of letters between Clare and his patients. Turnbull, William. A letter to Mr Clare. Turnbull was a naval surgeon, and in this letter he discussed the value of Clare’s mercutial treatment on board ship. This little book is a delight to read.


Noguchi, Hideyo. Serum diagnosis of syphilis, 2nd ed. Philadelphia & London, J B Lipincott, 1911. Noguchi was a pathologist, working in New York. The book was published five years after the original description of the Wassermann reaction, and contains much detail of the early studies of syphilis serology.

Lee, Henry. Statistical analysis of 166 cases of secondary syphilis observed at the Lock Hospital. London, Richards, 1849. The author argues that the treatment of primary syphilis with mercury is effective in preventing secondary syphilis, but only if this is prolonged and thorough.

Innes Williams, David. The London Lock. A charitable hospital for venereal diseases, 1746–1952. This is a detailed and entertaining account of the staff and activities of this famous hospital during the years of its existence.

McDonagh, J E R. The biology and treatment of venereal diseases. London, Harrison & Sons, 1915. This is a comprehensive text, with far more detail of current beliefs on the pathology and microbiology of the diseases than was usual at the time.

Falk, Nicolai Detlef. A treatise on the venereal disease. London, Law, 1774. This is a scarce work. Little is known about the author, who seems to have practised in London. The book opens with an illustrated description of genital anatomy. The account of aetiology and clinical features which follows is conventional; like most of his contemporaries, Falk was a unist. His treatment was compound mercuric nitrate, but he wrote a discursive and almost stylistic style which makes the chapters on management of particular interest.

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Clare, Peter. A practical treatise on the gonorrhoea, with a brief account of the remedies which have been used in Lues Venerea. Clare was a surgeon working in London. This book contains his views on treating gonorrhoea by urethral injections, a method he had devised for the treatment of syphilis by oral applications of calomel ointment, and a collection of letters between Clare and his patients. Turnbull, William. A letter to Mr Clare. Turnbull was a naval surgeon, and in this letter he discussed the value of Clare’s mercutial treatment on board ship. This little book is a delight to read.


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BOOK REVIEW


Although atlasses of vulval disease and skin manifestations of HIV are available, there is little catering, in a general way, for the needs of genitourinary physicians wishing an overview of the skin diseases they may encounter. This book goes part way to addressing that need.

This is a slim, well presented volume with glossy, illustrated pages, that attempts to appeal to a wide audience. In doing so it may have become too simplistic for genitourinary physicians. For example, in the chapter on normal variants of genital anatomy it states the testes lie in the scrotum. However, other chapters are much more detailed, as well as being written in a clear, informative style. Numerous illustrations and concise tables (especially the table listing common genital skin disorders) make this a useful and enjoyable book.

The title is slightly misleading as, in addition to the chapters covering genital ulcers, melanocytic lesions, tumours, and other genital lesions, cutaneous manifestations of HIV disease are also included, suggesting a bias towards dermatology for genitourinary physicians. Genital warts are also mentioned, as are molluscum, scabies, and pediculosis pubis and, although important, they do not seem to fall under the subtitle of A guide to non-sexually transmitted conditions. Other topics include diseases of the skin appendages, autoimmune and bullous conditions, and systemic diseases affecting the genital skin, and a useful chapter on the psychosocial aspects of genital skin disease.

Despite these criticisms, the book covers the range of dermatology which a genitourinary physician might expect to see and is provided with a comprehensive index, so “dipping in” is easy. Unfortunately, the price seems high for such a slim volume (which has frequent typographical errors), and this may persuade readers to opt for a more comprehensive dermatological text.

SARAH EDWARDS

NOTICES

ISBS Symposium on Skin Imaging, 16–18 April 1997

The International Society for Bioengineering and the Skin will hold a symposium on skin imaging in Casablanca, Morocco. Further details: Christiane Grillier-Mayran Gruner, Service Congres, Universite de Franche-Comte, 1 rue Claude Goudemil, F-25050 Besancon, France. Tel: +33 3 81 66 58 10; Fax: +33 3 81 66 58 12; email: grillier@univ-fcomte.fr

Second International Conference on Nutrition and HIV Infection, 23–25 April, 1997, Cannes France

Further details: Dr Thierry Saint Marc, Pavillon P, Hospital E Herriot, 69437 Lyon Cedex 03, France. Tel: 33-72-11-01-95; Fax 33-72-33-00-44.


A one day conference to share the experiences of setting up and running an integrated sexual health service. The conference will be held at the Royal Post Graduate Medical Centre, Wexham Park Hospital, Slough, Berkshire on Wednesday 30 April 1997: Further details: Val Britton, Sexual Health Service, The Garden Clinic, Upton Hospital, Slough, Berks SL1 2BJ, Tel: 01753 635603; Fax 01753 536938.

9th General Meeting of the American Society for Microbiology, 4–8 May, 1997, Miami Beach, Florida, USA

Further details: American Society for Microbiology (ASM), Meetings Dept, 1325 Massachusetts Avenue NW, Washington, DC 20005-4171, USA. Tel 202-942-9297 or 202-942-9206; Fax 202-942-9267.


Further details: Michael Stephens, SIGMA Research, Eurolink Centre, 49 Effra Road, London SW11 8AE. Tel +44 171 7376225; Fax +44 171 7377798.

3rd International Conference on Home and Community Care for Persons Living with HIV/AIDS, 21–24 May, 1997, Amsterdam, the Netherlands

Further details: Bureau PAOG, Ms Mariska Timmers/Mr Clemens Walta, Tafelbergweg 21, 1105 BC, Amsterdam, the Netherlands. Tel +31 20 566 4801; Fax +31 20 696 3228.

8th European Congress of Clinical Microbiology and Infectious Disease, 25–28 May, 1997, Lausanne, Switzerland

Further details: Administrative Secretariat, c/o AKM Congress Service, PO Box, CH-4005 Basel, Switzerland. Tel +41 61 691 51 11; Fax +41 61 691 81 89.

18th Annual Congress of the European Society of Mycobacteriology (ESM-97), 17–18 June, 1997, Cordoba, Spain

Further details: Congress Secretariat of ESM-97 and ISM-97, Vincit International, Plaza de España no LI3T18, Tore de Madrid, Planta no 10, 28008 Madrid, Spain. Tel 34–1–5590426; Fax 34–1–5592505.
Epidemiological treatment and tests of cure in gonococcal infection: evidence for value.

G Brook

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