LETTERS TO THE EDITOR

Health of the nation and gonorrhoea

In the 1992 Government White Paper "Health of the Nation" ¹(HoN), HIV/AIDS and Sexual Health was identified as one of the five Key Areas. One of the targets in this Area is to reduce the incidence of gonorrhoea among men and women aged 15-64 years by at least 20% by 1995.

In late 1992, we reviewed the episodes of gonorrhoea seen in this clinic between 1990 and 1992 and found a 54% reduction from 63 new cases per 100 000 population of 15-64 year olds in West Berkshire in 1990, to 29 new cases per 100 000 in 1992. No change in our practice had occurred during this time, and we consistently aim to provide accurate diagnosis, adequate treatment, tests of cure, contact tracing and health education of patients with gonorrhoea, and we also attempt recall of patients who default. Although we have an appointment system, patients wanting urgent appointments are usually seen on the same day.

The Department of Health Handbook² states that good quality surveillance data is essential for the accurate monitoring of trends and also suggests that studying local genitourinary medicine (GUM) clinic figures may give a poor indication of the success of the local STD prevention strategies. Have we missed cases? In 1992 the local microbiology laboratory was fully computerised, and by cross referencing their data we noted that all cases of gonorrhoea diagnosed by the microbiology department of this hospital, but from samples taken outside this clinic, were subsequently referred to this clinic for further management. Although other cases in the community may have been treated without having had diagnostic tests, the data we have suggest that there may be a real reduction in the number of episodes of gonorrhoea.

The emerging resistance pattern of *Neisseria gonorrhoeae* has not been highlighted as a potential threat to the future sexual health of the Nation. In 1991 14% of our isolates were resistant to penicillin and in 1992 this had gone up to 21%. Details are set out in the table. Recent Communicable Disease Report Weeklys also show an increase in the number of penicillin-resistant cases of gonor-

rhoea. If the number of cases of gonorrhoea is decreasing (as we hope) then the increasing trend in gonococcal resistance is even more alarming. Also only 30% of patients with gonorrhoea in 1991 and 24% in 1992 accepted the offer of HIV testing. It may be appropriate for more patients with sexually transmitted diseases to consider HIV testing.

The lag in collating data from KC60 reports (that is, statistics on diagnoses in GUM Clinics for the Department of Health) is significant and if monitoring is to be done by GUM clinics, as suggested in HoN, more up-to-date figures will be essential. For the future, we shall continue to monitor all gonorrhoea cases on a monthly basis, but at this stage we hope more current surveillance data from other regions will be made available promptly, if we are to work towards having a sexually healthy population in this nation.

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1 Secretary of State for Health. *The health of the nation: a strategy for health in England*. London: HMSO, 1992 (Cm 1986).

2 Department of Health. *The health of the nation. Key area hand book: HIV/AIDS and sexual health*. Department of Health: January 1993.

Severe genital ulceration in two females following self-treatment with podophyllin solutions

We report two cases of severe genital ulceration in female patients prescribed podophyllin for self-treatment of genital warts.

Case 1: A 36 year old woman was diagnosed by her general practitioner (GP) as having genital warts. She was given a prescription for 10% podophyllin for self-application. Apparently, the only instruction she was given was to wash off the solution after four hours. The chemist dispensed a 50% podophyllin solution in error. The patient subsequently applied the solution to the warts on a daily basis, using her fingers as applicators. After three days of treatment she developed ano-genital chemical burns which caused retention of urine and resulted in a four day hospital admission during which she required urinary catheterisation and opiate analgesia. She subsequently made a full recovery.

Case 2: An 18 year old women was diagnosed by her GP as having perianal and vulval warts. The patient was prescribed a solution

Table Annual episodes and penicillin sensitivity of gonorrhoea at this clinic per 100 000 population of West Berkshire, aged 15-64

	Total no	Sensitive to penicillin mic $\leq$ 0.64 mg/l	Resistant to penicillin (CMRNG) mic $\geq$ 1.25 mg/l	PPNG
1991	151	130 (86.1%)	2 (1.3%)	19 (12.6%)
1992	90	71 (78.9%)	4 (4.4%)	15 (16.7%)

CMRNG = Chromosomally mediated resistant *N gonorrhoeae*
PPNG = Penicillinase producing *N gonorrhoeae*.