would like to make some comments on the reasons listed at the end of the letter, on which the authors base their conclusions not to recommend rifampicin for the treatment of lymphogranuloma venereum (LGV) despite the very encouraging results obtained.

The first reason seems to be concerned mainly with safety and is expressed in such a way as to imply indirectly that rifampicin is not safe. This is contradicted by extensive clinical evidence, including the lack of side effects reported by the authors themselves.

It should be pointed out in this context that the administration of rifampicin for relatively long periods in patients with a severe disease, such as tuberculosis, in combination with drugs such as streptomycin and isoniazid and more recently pyrazinamide is associated with an extremely low incidence of side effects. This evidence is based on data collected all over the world on hundreds of thousands of patients. A very exhaustive review of this argument has recently been made by Girling² of the British Medical Research Council. (I wonder what the data on the

safety of tetracycline would be, had it been given—as was the case for rifampicin in the early phase of use—for periods up to 24 months on a continuous daily basis in the treatment of tuberculosis.)

The second reason refers to an alleged risk of increased resistance of *Mycobacterium tuberculosis* to rifampicin as a result of the use of this antibiotic in non-tuberculous infections. On this particular point, data from various countries where rifampicin is used for both tuberculous and non-tuberculous infections show that the sensitivity of *M. tuberculosis* to rifampicin is practically 100% and very constant.³ In some of these countries, the amount of antibiotic used in non-tuberculous infections (which is a good estimate of the selective pressure exerted on the sensitive bacterial population) is much higher than that used in tuberculosis.

As far as the third reason is concerned, one would expect that a definite clinical recommendation should be based on clinical data and not extrapolated from *in vitro* data (which are valid as long as clinically confirmed).

In conclusion I think that the effective therapeutic value of rifampicin in LGV should be more appropriately established through controlled clinical trials and not by statements unsupported by adequate experimental evidence. Furthermore, since the negative attitude is based on preconceived arguments, none of which would have been modified by the results of the study, I wonder why the study was undertaken and published.

Yours faithfully,

G Acocella

European Area Medical Department,
Gruppo Lepetit,
Milan,
Italy

References

1. Menke HE, Schuller JL, Stolz E, Niemel PLA, Michel MF. *Br J Vener Dis* 1979; 55:379.
2. Girling D. *J Antimicrob Chemother* 1977; 3:115.
3. Acocella G, Hamilton-Miller JMT, Brumfitt W. *Lancet* 1977; i:740.

Book Reviews

Tropical Venereology. By O P Arya, A O Osoba, and F J Bennett. 1980. Pp 234. Churchill Livingstone, London and Edinburgh. Price £8.00.

Most books on venereology, or sexually transmitted diseases, have been written by authors whose main experience has been obtained at teaching centres in developed countries. While clinical descriptions are usually excellent, the value of sophisticated laboratory techniques for diagnosis may be emphasised. The practitioner in a tropical country, particularly outside the main centres of medicine, may find such techniques have little relevance to his practice. This book aims to fill the gap left by these previous accounts. It is a formidable task but has been ably undertaken by an eminent trio with clinical, epidemiological, and microbiological experience gained in Africa and in Britain. The usual pathological and clinical descriptions are given and the best diagnostic techniques are described. The differential diagnoses are particularly informative showing the need to consider a wider range of conditions in the tropics. Treatments follow standard patterns but

there is emphasis on economical prescribing, a practice which can be applied with advantage all over the world. In addition there are appendices on the management of common conditions in situations where facilities are limited; this advice is practical and sensible in many tropical areas where budgets are limited.

Yet another name is introduced for what is widely called non-specific genital infection—namely, non-specific genital inflammatory disease—and some may grumble at the use of an even clumsier term which does nothing to clear an already complex topic. The subject is carefully covered in 19 pages. It is a reflection of the relative importance of such conditions as candidosis in the tropics that the condition is covered in three pages. I had also anticipated more in the chapter on genital manifestations of some tropical diseases. Furthermore, lymphogranuloma venereum can present as a more dramatic systemic illness, in the Far East at least, than is indicated by the description given.

There are useful accounts on the control of sexually transmitted diseases in the tropics, including advice on setting up a

clinical service and appropriate laboratory facilities. There is a valuable section on health education and a more sophisticated account of epidemiological techniques in control. There is also a practical account on training auxiliaries who are responsible for primary health care in many rural tropical areas, where much of the population still lives.

One drawback must be mentioned and that concerns the clinical photographs. There are many black-and-white illustrations but their reproduction is of poor quality—presumably to reduce costs and so help make the book available to more readers. Despite this, I can recommend this book, for it succeeds admirably in its aim. It will be most useful to those working in the tropics. It should be read widely elsewhere for, as has been said before, sexually transmitted diseases travel the world at great speeds borne by air travellers.

R N Thin