

Correspondence

TO THE EDITOR, *British Journal of Venereal Diseases*

Lincomycin versus vancomycin in New York City (NYC) medium for the cultural diagnosis of gonorrhoea

Sir,
The following comments are made in response to the letter by A B Hookham (1981;57:213).

In 1978 we presented results obtained with varying concentrations of vancomycin and lincomycin incorporated separately in New York City (NYC) medium to determine the degree of their selectivity and sensitivity for isolation of *Neisseria gonorrhoeae* from clinical specimens. Those results indicated that 2 µg/ml vancomycin used in conjunction with colistin, amphotericin B, and trimethoprim lactate in the medium provided adequate selectivity and reduced the percentage of losses of vancomycin-sensitive strains of gonococci observed with 3 µg/ml vancomycin. The same medium with concentrations of 1-4 µg/ml of lincomycin substituted for vancomycin permitted more contamination and yielded fewer recoveries of gonococci compared with 2 µg/ml vancomycin.

Recently (unpublished observations), we again performed similar studies using 3 µg/ml and 4 µg/ml lincomycin in the NYC formulation together with the other

three antimicrobial agents mentioned above. In both series of the latter tests our results were in agreement with those noted by Hookham,² who used Young's modification B of NYC medium, which contains 1 µg/ml lincomycin.³

When NYC medium containing lincomycin was inoculated with anal specimens we found a high percentage of gross contamination (22.6-34%), as a result of which 3.8% of *N gonorrhoeae* strains were lost. By contrast, when anal specimens were streaked on NYC medium containing 2 µg/ml vancomycin, only 5.8% of the plates were moderately or slightly contaminated, with no losses of gonococcal strains. In addition, 1.3-2.9% of *N gonorrhoeae* strains were inhibited on media containing 3 or 4 µg/ml lincomycin. This inhibition of *N gonorrhoeae* strains in media with 3 or 4 µg/ml lincomycin, coupled with poor selectivity, resulted in an overall loss of 5.1% gonococcal strains compared with 1.4% on the medium with 2 µg/ml vancomycin.

At present, therefore, we conclude that vancomycin at 2 µg/ml is the optimal choice for the formulation of NYC medium to be used for any type of specimen. This concentration provides the highest yield of gonococcal isolates by avoiding losses of vancomycin-sensitive strains and by providing sufficient selectivity to prevent losses due to overcontamination.

Nevertheless, periodical surveys of the vancomycin sensitivity of prevailing *N gonorrhoeae* strains should be conducted in individual geographical areas, since recently the percentage of vancomycin-sensitive strains has increased in some regions.⁴

Yours faithfully,
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References

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2. Hookham AB. Thayer-Martin medium and modified New York City medium for the cultural diagnosis of gonorrhoeae. *Br J Vener Dis* 1981;57:213.
3. Young H. Cultural diagnosis of gonorrhoea with modified New York City (NYC) medium. *Br J Vener Dis* 1978;54:36-40.
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Obituary

WILLIAM HALDANE DONALD (1922-81)
William Haldane Donald died on 27 June 1981 at the age of 59 at the Derbyshire Royal Infirmary, the hospital he had served with distinction and devotion since 1950.

Educated at Epsom College and the University of Edinburgh, he qualified MB BCh in 1944. His definitive clinical interest became clear in his first appointments as house surgeon and subsequently as clinical tutor in the venereology department of the Royal Infirmary of Edinburgh. He served in the RAMC as a graded specialist in venereology and returned to Edinburgh in 1948. He obtained his Edinburgh MD in 1965 by thesis on the subject of *Trichomonas vaginalis* infection in men.

His appointment to Derby soon extended to Chesterfield, and he worked with H R M Richards, who remained his lifelong friend.



Known affectionately as 'Jock', his special qualities of calm good sense and efficiency earned him the trust and sturdy respect of his colleagues, who expressed this

by electing him president of their medical society in 1975 and chairman of the medical committee in 1976. He was also chairman of the Trent RHA advisory subcommittee in venereology from 1975 to 1979.

He supervised the planning of the new department of genitourinary medicine at the Derbyshire Royal Infirmary and saw it built and opened, and the area health authority has approved the naming of this department after him.

His family life was immensely happy and his wonderful practical abilities enabled him to carry out do-it-yourself projects with professional skill. His wife Isobel, son Iain, and daughters Helen, Sheena, and Fiona survive him. Shortly before he died, his heart was gladdened by the news that Fiona had qualified as a doctor. He is greatly missed.—VML.

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