Coagglutination identification of *Neisseria gonorrhoeae*

Sir,

We have recently had the opportunity of evaluating two coagglutination tests for the identification of *Neisseria gonorrhoeae*. The Phadebact kit uses a conventional polyvalent antibody while the Gono Gen system uses monoclonal antibodies directed against gonococcal outer membrane protein I.

The table shows the results obtained using the two kits to test strains isolated in the diagnostic laboratory. A further 26 penicillinase producing *N. gonorrhoeae* (PPNG) and six *N. lactamica* strains from our collection were also tested. The Gono Gen reagent identified all the PPNG correctly and showed no cross reactions with *N. lactamica* strains. Phadebact failed to identify 4 PPNG and gave a cross reaction with one *N. lactamica* isolate. In general the Gono Gen reactions were more clear and easy to read after one minute than Phadebact reactions were after three minutes. Gonococci must be boiled before testing with either kit. Since completing this comparison we have used Gono Gen extensively in the diagnostic laboratory and obtained complete agreement with carbohydrate utilisation tests.

The success of this monoclonal antibody as a diagnostic bacteriological reagent is important because of the doubts that have been expressed about the diagnostic sensitivity of these highly specific reagents. The price of the monoclonal reagent is no higher than that of the polyvalent one.

Yours faithfully,

S Kessock Philip
C A Tan
C S F Eastman

Department of Bacteriology,
St Mary's Hospital Medical School,
Wright-Fleming Institute,
London W2 1PG

<table>
<thead>
<tr>
<th>Organism</th>
<th>Beta lactamase producing</th>
<th>Identification using:</th>
<th>Carbohydrate tests</th>
<th>Phadebact*</th>
<th>Gono Gen</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>N. gonorrhoeae</em></td>
<td>No</td>
<td></td>
<td>50</td>
<td>43</td>
<td>48</td>
</tr>
<tr>
<td><em>N. gonorrhoeae</em></td>
<td>Yes</td>
<td></td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td><em>N. meningitidis</em></td>
<td>No</td>
<td></td>
<td>24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><em>N. lactamica</em></td>
<td>No</td>
<td></td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Results after three minutes' mixing.*

Calling patients by name or number in STD clinics

Sir,

One of the advantages of attending the recent conference for junior staff in venereology (Oxford, April 1983) was learning of different procedures in various clinics. I was particularly interested to hear that in some clinics patients are invariably called in by name, rather than by their clinic number which is the normal practice in our clinic. Using names may well promote a better relationship between patient and doctor, and one cannot deny the emotional coldness of using numbers. One can, however, use the patient's name in the privacy of the consulting room, and I wondered whether the often quoted 'de-humanising' effect of using numbers affected the doctor rather than the patient.

I therefore carried out a small study of this problem within the confines of our clinic. Patients attending the clinic were always called by the doctor into his or her room by their clinic number. When they left the clinic the receptionist asked them "When the doctor calls you into the consulting room, would you prefer to be called by your name or by your number?" The following figures were obtained. Of 296 patients included in the study, 186 (62·8%) preferred to be called in by number and 110 (37·2%) by their name. This ratio was very closely maintained on analysis of patient information such as sex, marital status, age, new patient or reattender, and even coded diagnosis (the D group (those with proved STD) preferred numbers to names in the ratio of 67·33). Parity between numbers and names was most closely found in men and women aged 19 and under, where the ratio was 57·43 in favour of numbers.

These figures contain the obvious bias that patients have a tendency to follow the current practice in a clinic, in this case tending to make them favour numbers. I still feel, however, they indicate that anonymity may still be the paramount consideration for a substantial number of people attending STD clinics. It would be interesting to learn whether this preference is repeated in other clinics.

Yours faithfully,

C Jones,
Cardiff Royal Infirmary,
Newport Road,
Cardiff

Book review


This reasonably priced, well bound hard back is a selection of papers presented at the First International Conference on Psychosexual Medicine held in July 1982 at Brighton and other recent papers presented to the Institute of Psychosexual Medicine (IPM).

In 1958 doctors seeing women in the Family Planning Association (FPA) clinics with sexual problems started to be supervised by Michael Balint using his form of patient management. The IPM was finally formed from this expanding group in 1974. Its aims and functions are described throughout the book, but particularly in the appendix. The IPM now trains and accredits doctors in psychosexual treatment of patients without severe psychiatric illness or personality disorder—that is, where the main problem is psychosexual. The book describes patients in three main settings—family planning clinics, general practice and obstetric and gynaecology hospital...