Correspondence

Of the 110 patients studied (75 men, 35 women), 109 (99.2%) were cured, with negative results to smears and cultures on at least two occasions after treatment (tables I and II). Side effects were mild and infrequent (3-6%). One treatment failure was identified among the 75 male patients. *Neisseria gonorrhoeae* was isolated on the ninth day at his second follow up examination, although smear and culture had given negative results at his first check up 48 hours after treatment. He emphasized denied re-exposure, but the culture isolate was sensitive to Augmentin and even to amoxycillin alone.

Isolates from 88 patients were tested for drug sensitivity; 22 isolates having failed to grow on subculture. One β-lactamase producing strain of *Neisseria gonorrhoeae* was isolated from a Nigerian patient in whom treatment was successful although the isolate was resistant to amoxycillin alone (MIC 32 mg/l.) One other isolate was resistant to amoxycillin (MIC 4 mg/l). The trial included a patient who had failed to respond to oral talampicillin 2 g, and to intramuscular spectinomycin at a dosage of 4 g but was cured by Augmentin.

As only a single β-lactamase producing strain was isolated in this trial it is not possible to generalise about the effectiveness of Augmentin against such strains. We think that this combination drug is an ideal second line single dose oral medication for use where other forms or oral preparations have failed, especially as the incidence of β-lactamase producing and other resistant strains is increasingly reported.12

Yours faithfully,

A H De Silva
S A Q Bashir
R Basu Roy

Department of Genitourinary Medicine,
Royal Victoria Hospital,
Gloucester Road,
Bournemouth BH7 6JF

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REFERENCES


TO THE EDITOR, *British Journal of Venereal Diseases*

A simple suggestion to distinguish between auxotypes of *Neisseria gonorrhoeae*

Sir,

*Neisseria gonorrhoeae* strains occur as natural auxotypes,12 and at present auxotyping is probably the only practical tool for studies on the epidemiology of gonorrhoea. The method is based on the growth of clinical isolates in a series of synthetic media with different nutrients (specific requirements) added or removed.3 A specific substrate requirement results from a block in its synthesis by the auxotypic strain. However, the specific nutrient required by an auxotype may also serve as an energy source in vivo if the organism's primary energy source is at the site of infection.4 In vitro studies have shown that glutamate dehydrogenase can serve either catabolic or anabolic functions in the gonococcus depending on the availability of glucose.5

Previous data indicate that a proline requiring (pro-) auxotype growing in a synthetic medium4 requires about twice as much proline as a non-requiring (zero) auxotype by early log phase, and needs about four times as much proline for an equivalent level of growth by stationary phase (MA Chan and M Goldner, personal communication).

In view of these data, a pro- auxotype (HGG Z5/79) and a zero auxotype (HGG Z5/79) were compared regarding the amount of carbon dioxide produced from the metabolism of proline and glucose. Classic Warburg respirometry9 and the simple barium hydroxide indicator system for the two auxotypes. Thus the pro- auxotype (HGG Z5/79) could be distinguished from the zero auxotype (HGG Z5/79) by comparing the extent of proline and glucose catabolism. A simple way to trace the more common auxotypic markers, such as proline or arginine, may be by observing their use as an energy source.

Epidemiological studies of gonorrhoea could be helped by a simpler method of distinguishing between clinical isolates. The barium hydroxide indicator system may point to an inexpensive alternative method more amenable to wider use. Other strains should be processed in order to illustrate its applicability. Auxotypes with multiple requirements could also be tested.

We thank Dr Anne Hendry of Hamilton General Hospital, Hamilton, Ontario, for providing the auxotypes.

Yours faithfully,

J A E Francyk
M Goldner

Department of Microbiology,
University of Toronto,
Toronto,
Ontario MSS 1A8, Canada

References


Notices

Society for Cutaneous Ultrastructure Research

The 11th Annual Meeting of the SCUR will be held at Helsinki University, Finland, from June 17 to 20, 1984. Dermatologists, pathologists, and other interested scientific workers are invited to participate. For details and registration forms please write to: Dr. Kirsti Maria Niemi, Secretary of the Organising Committee, Department of Dermatology, Helsinki University Hospital, Snellmaninkatu 14, Helsinki 17, Finland.

Infections of the Genital Tract

The Royal College of Pathologists is arranging a half day (2.00 to 6.00 pm) symposium on infections of the genital tract on Tuesday 17 April 1984 in London. The symposium is open to members of the college, trainee pathologists, and workers in disciplines associated with the subject.

For further information please contact: Christine Peddle, Scientific Meetings Secretary, The Royal College of Pathologists, 2 Carlton House Terrace, London SW1Y 5AF (tel: 01-930 5861).

International Conjoint STD Meeting

to be held on 17-21 June 1984 in Montreal, Quebec, Canada

32nd General Assembly of the International Union against Venereal Diseases and Treponematoses in association with the:

American Venereal Diseases Association,
STD Division of Canadian Public Health Association,
Association of Medical Microbiologists of Canada,
Canadian Infectious Diseases Society,
Canadian Society for Tropical Medicine and International Health, and
L’Association des Medecins Microbiologistes de la Province de Quebec.

Information, registration forms, and abstracts forms obtainable from:
International Conjoint STD Meeting,
c/o Dr Richard Morisset,
739 Dunlop Street, Montreal,
Quebec, Canada H2V 2W5
(Tel: 514-737-9721)

Programme will include the epidemiology, community health and social impact, pathogenesis, biology, diagnosis, management (treatment, follow up, prevention) of STD caused by Neisseria gonorrhoeae, Treponema pallidum, Chlamydia trachomatis, genital mycoplasmas, fungal and parasitic agents, viruses (including HSV, CMV, papilloma, hepatitis, etc), and enteric pathogens. Other subjects will include genital ulcers, STD in women (including vaginitis, urethral syndromes, STD in pregnancy, PID, and sterility), neoplasia and STD, STD in developing countries, and AIDS.

Abstracts to arrive by 15 February 1984 from delegates wishing to present papers. They should be typed on official forms in French or English. Papers accepted for verbal (12 minutes) or poster presentation will be printed and distributed at the start of the meeting.

Registration fees: CAN $200.00, for spouse and family member $75.00.
After 1 May 1984 $250.00 for all.
Accommodation booked direct with: Queen Elizabeth Hotel,
900 West, Dorchester Boulevard,
Montreal, Quebec, Canada H3B 4A5
(Tel: 514-861-3511).

Special flight fares from:
Always Travel,
c/o Norma Rohr,
1260 University, Suite 403,
Montreal, Quebec, Canada H3B 3J8
(Tel: 514-861-8295 or 861-2651).