

gonorrhoea, surely deserve more thorough assessment.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

#### Activity of the newer quinolones against *Chlamydia trachomatis*

Sir,  
The activity of ciprofloxacin and norfloxacin against *Chlamydia trachomatis* have been described.<sup>1,2</sup> We wish to report the activity of a particular family of newer quinolones, the fluorated piperazinyl substituted derivatives (ciprofloxacin, norfloxacin, ofloxacin, and pefloxacin) against *Chlamydia trachomatis*.

The antibiotics mentioned as well as two earlier analogues, nalidixic acid and oxolinic acid, and two drugs established in the management of chlamydial infections

(erythromycin and tetracycline) were tested in vitro on a *Chlamydia trachomatis* serotype L<sub>2</sub> strain. One day old monolayers on glass cover slips of McCoy cells treated with cycloheximide were inoculated with 10<sup>3</sup>, 10<sup>4</sup>, or 10<sup>5</sup> chlamydia inclusion forming units. Inoculation and incubation were standard. After 48 hours the cover slips were stained with iodine and examined for inclusions. In a second experiment, minimum bactericidal concentrations (MBCs) were measured after four passages.

TABLE MICs and MBCs of eight drugs for *Chlamydia trachomatis*

| Drugs          | MIC (mg/l) | MBC (mg/l) |
|----------------|------------|------------|
| Ciprofloxacin  | 1          | 2          |
| Norfloxacin    | 8          | 8          |
| Ofloxacin      | 0.5        | 0.5        |
| Pefloxacin     | 2          | 2          |
| Nalidixic acid | >128       |            |
| Oxolinic acid  | 32         |            |
| Erythromycin   | 0.125      | 0.250      |
| Tetracycline   | 0.032      | 0.064      |

Our results for ciprofloxacin and norfloxacin confirm those of other workers.<sup>1,2</sup> In the group of new quinolones tested, ofloxacin showed the highest activity. MBCs were found to be very close to the MICs, which should prove to be clinically relevant. No inoculum effect was seen.

Data from this and other studies suggest that the fluorated piperazinyl substituted quinoline derivatives are the only quinolones to display antichlamydial activity. Nalidixic acid and oxolinic acid were found to be inactive in this study; and cinoxacin and pipemidic acid were found to be inactive by Heessen and Muyltjens.<sup>1</sup>

The clinical relevance of this activity remains speculative.

Yours faithfully,

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TO THE EDITOR, *British Journal of Venereal Diseases*

#### Use of air dried vaginal specimens in the diagnosis of candidiasis and anaerobic vaginosis (non-specific vaginitis): effects of storage at room temperature

Sir,  
Vaginal discharge constitutes one of the most common reasons for attendance at departments of genitourinary medicine and is a frequent presentation in general practice. Microscopical examination of stained vaginal secretions has been shown to be an extremely sensitive method of diagnosis in anaerobic vaginosis, which our experience is a more common infection than candidiasis or trichomoniasis.<sup>1,2</sup> However, facilities and expertise are not generally available outside specialist clinics and laboratories for such examination.

To assess the viability of unfixed unstained slides (such as might be taken in general practice and forwarded to a laboratory or clinic), we have looked at 100 vaginal preparations taken from 25 new patients attending a department of genitourinary medicine at this hospital. Four vaginal specimens taken from each of the 25 women were air dried at room temperature. One of the specimens was immediately Gram stained and examined microscopically ( $\times 100$  oil immersion objective) while the remaining three preparations were stored, then Gram stained and read at 24 hour intervals. The microscopist was in all cases unaware of any previous microscopical findings. The table shows that there was no loss of diagnostic sensitivity for either anaerobic vaginosis or candidiasis.

TABLE Slide diagnoses in 25 patients

|   | Slides Gram stained and read at: |          |          |          |
|---|----------------------------------|----------|----------|----------|
|   | 0 hours                          | 24 hours | 48 hours | 72 hours |
| Anaerobic vaginosis*                    | 11                               | 11       | 11       | 11       |
| Candidiasis*                            | 5                                | 6        | 6        | 6        |
| Normal flora only                       | 6                                | 5        | 5        | 5        |
| Other (postcoital or menstrual smear)** | 4                                | 4        | 4        | 4        |

\*One patient had candidiasis and anaerobic vaginosis.

\*\*Three of these patients had *Candida albicans* on culture only.