gonorrhoea, surely deserve more thorough assessment.

Yours faithfully,
A H T Sumathipala

Special Clinic Ward 19,
The General Hospital,
Birmingham B4 6NH

References

1. Klehr NW, Klehr J. The treatment of uncomplicated gonorrhoea with roxoxacin. *Therapiewoche* 1982;32:5360-3.
2. Handfield HH, Judson FN, Holmes KK. Treatment of uncomplicated gonorrhoea with roxoxacin. *Antimicrobial Agents Chemother* 1981;20:625-9.
3. Bataillard JF. Acrosoxacin in the treatment of female uncomplicated gonococcal disease. *Theorie et Pratique Therapeutiques* 1982;16:39-44.
4. Dolivo M. A new treatment for recent acute uncomplicated gonococcal disease. *Gazette Medicales de France* 1982;89:3473-5.
5. Soendjojo A, Hudiondo H, Idajadi A, Barakbah Y. Roxoxacin, a new agent for the treatment of gonorrhoea. *Asian Journal of Clinical Sciences* 1982;3:34-6.
6. Calubiran OV, Crisologo-Vizconde LB, Tupasi TE, Torres CA, Limson BM. Treatment of uncomplicated gonorrhoea in women. Comparison of roxoxacin and spectinomycin. *Br J Vener Dis* 1982;58:231-5.
7. Harrison WO, Wignall FS, Kerbs SBJ, Berg SW. Oral roxoxacin for the treatment of penicillin resistant gonorrhoea. *Lancet* 1984;i:566-7.
8. Walsh RJ, Scott R, Bittner JB, Shahidullah M, Slack RCB. Acrosoxacin in the treatment of uncomplicated gonorrhoea. *Br J Vener Dis* 1983;59:242-4.
9. Romanowski B, Austin TW, Pattison FLM, et al. Roxoxacin in the therapy of uncomplicated gonorrhoea. *Antimicrobial Agents Chemother* 1984;25:455-7.
10. Anonymous. Acrosoxacin for gonorrhoea. *Drug Ther Bull* 1982;20:10-1.

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.^{1,2} We wish to report the activity of a particular family of newer quinolones, the fluorinated 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 L₂ strain. One day old monolayers on glass cover slips of McCoy cells treated with cycloheximide were inoculated with 10³, 10⁴, or 10⁵ 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.^{1,2} 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 fluorinated 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.¹

The clinical relevance of this activity remains speculative.

Yours faithfully,
R J Van Roosbroeck
D R Provinciael
D L Van Caekenberghe

Department of Medical Microbiology,
Akademisch Ziekenhuis Antwerpen,
University of Antwerp,
Antwerp,
Belgium

References

1. Heessen FWA, Muyltjens HA. In vitro activities of ciprofloxacin, norfloxacin, pipemidic acid, cinoxacin and nalidixic acid against *Chlamydia trachomatis*. *Antimicrob Agents Chemother* 1984;25:123-4.
2. Meier-Ewert H, Weil S, Milliot G. In vitro activity of norfloxacin against *Chlamydia trachomatis*. *Eur J Clin Microbiol* 1983;2:271-2.

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.¹ 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 10 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.