gonorrhoea, surely deserve more thorough assessment.

Yours faithfully,
A H T Sumathipala

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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.^{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,
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D R Provinciael
D L Van Caekenberghe

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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 in our experience is a more common infection than candidiasis or trichomoniasis.^{1,2} 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, 48 and 72 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.

Correspondence

We are also currently investigating the incidence of anaerobic vaginosis in a local general practice using the method outlined above, and have found that specimens which have been air dried and stored for up to 14 days before Gram staining show no deterioration.

We suggest that doctors concerned with the management of vaginal discharge who do not have immediate access to clinic or laboratory facilities might find this a cost effective alternative to the high vaginal swab.

Yours faithfully,

A Blackwell
D Barlow

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St Thomas' Hospital,
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TO THE EDITOR, *British Journal of Venereal Diseases*

Treatment of anogenital warts with trichloroacetic acid and podophyllin

Sir,

I read with interest the article by Gabriel *et al*¹ on the treatment of anogenital warts comparing the effect of trichloroacetic acid and podophyllin with podophyllin alone. In their study they report no appreciable difference except that fewer applications of trichloroacetic acid and podophyllin were necessary than with podophyllin alone.

I report on two patients (one Turkish and another Somalian) whose warts resolved completely after three applications of trichloroacetic acid (100%) and podophyllin (25%) at weekly intervals. The two preparations were not mixed together and were applied from different bottles (first trichloroacetic acid and then podophyllin).

What prompted me to use this combination was that both patients were resistant to treatment first with podophyllin alone for two months (eight applications) and then with trichloroacetic acid alone for another month (four applications).

Although I have treated only resistant cases with this combination (with higher concentration of trichloroacetic acid than was used by Gabriel *et al*), the dramatic improvement, in my opinion, is important.

Yours faithfully,
Malkit Singh

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Reference

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TO THE EDITOR, *British Journal of Venereal Diseases*

Buschke-Loewenstein tumour of the penis

Sir,

We agree with the letter from Ingber *et al*¹ (*Br J Vener Dis* 1984;60:205) stating that laser treatment would be the treatment of choice if it were available. Only one laser unit was available elsewhere, and the surgeons concerned were not convinced that it was suitable in this particular case.

Penile lesions are more difficult to operate on than scrotal lesions due to vascularity and the effect of urine.

Our patient's subtotal amputation was unavoidable because of his presentation, and the massive involvement of the shaft of the penis.

Yours faithfully,
Janina M Harvey
G Watsore

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Falkirk

Correction

There was an error in the paper by S Hafiz *et al* on Sheffield medium for cultivation of *Haemophilus ducreyi* (1984;60:196-8). The last three sentences of the second paragraph in the Results section should have read: "In this respect the new medium was superior to the other three media tested. This is shown in the figure, which illustrates the colonial appearance. Gram stained smears of colonies from the new medium more often showed the typical "rail road tracks" appearance." The legend for the figure should have read: "Colonial appearance on Sheffield medium."

Notice

Conference of the African Union Against Venereal Diseases and Treponematoses

The African Union Against Venereal Diseases and Treponematoses will be holding a conference on 1-5 April 1985 in Libreville, Gabon. There will be a workshop on chlamydial infections on 1 and 2 April and a conference on infertility and STD in Africa from 3 to 5 April.