

## Correspondence

Letters should not exceed 400 words and should be typed double spaced (including the references) and be signed by all authors

TO THE EDITOR, *Genitourinary Medicine*

### Antibodies to *Chlamydia trachomatis*

Sir,  
Meyer and colleagues (*Genitourin Med* 1987;63:22-5) evaluated a whole inclusion assay for detecting IgG antibodies to *Chlamydia trachomatis* and found its value to be questionable. In 1975 Richmond and Caul<sup>1</sup> reported that this technique detects antibodies to both *C psittaci* and *C trachomatis*. I have also found this test to be genus specific, capable of detecting antibodies to both chlamydial species as well as to an atypical chlamydial strain (*C IOL-207*) now tentatively designated as a "TWAR" strain of *C psittaci*. TWAR agents appear not to be sexually transmitted but to cause respiratory disease in adults. Antibodies to these agents are common in human populations and have been detected in groups from Great Britain, western and eastern Europe, the Middle East, and Africa<sup>2</sup> as well as from the United States of America.<sup>3</sup> Serological tests that detect genus specific chlamydial antibodies, such as inclusion assays and some enzyme linked immunosorbent assays (ELISAs) will give positive results with antibodies to TWAR agents. In one study we estimated that around 50% of antibodies detected by an inclusion assay were due to exposure to TWAR agents and not *C trachomatis*.<sup>4</sup> Schachter has also reported that repeat testing of serum samples from early antibody studies has shown that seroconversions attributed to *C trachomatis* were actually due to cross reacting antibodies to TWAR agents.<sup>5</sup>

Several kits are now commercially available for detecting antibodies to *C trachomatis*. I would urge that the specificity of any serology test be considered carefully when evaluating the results obtained.

Yours faithfully,  
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### References

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- 2 Forsey T, Darougar S, Treharne JD. Prevalence in human beings of antibodies to Chla-

mydia IOL-207, an atypical strain of chlamydia. *J Infect* 1986;12:145-52.

- 3 Grayston JT, Kuo C-C, Wang S-P, Altman J. A new *Chlamydia psittaci* strain, TWAR, isolated in acute respiratory tract infections. *N Engl J Med* 1986;315:161-8.
- 4 Forsey T, Stainsby K, Hoger PH, Ridgway GL, Darougar S, Fischer-Brugge U. Comparison of two immunofluorescence tests for detecting antibodies to *C trachomatis*. *European Journal of Epidemiology* 1986;2:163-4.
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TO THE EDITOR, *Genitourinary Medicine*

### Follow up study of sexually transmitted disease (STD), sexual practice and human immunodeficiency virus (HIV) serology in homosexual men attending an STD clinic

Sir,

We report here on a two year follow up study of the male homosexual patients who originally participated in our study in 1984.<sup>1</sup> Of the original 63 men, 30 completed the two year follow up. Patients were asked to answer questionnaires about their sexual practices and the number and origin of sexual partners during the two year period. A record was kept of sexually transmitted disease (STDs) acquired during the two years, including results of serological testing for syphilis, hepatitis B surface antigens and antibodies, and cytomegalovirus antibody titre. Lymphocyte T cell OKT4 and OKT8 subsets were counted two years after the original count. All tests were carried out in accordance with the methods in our original study. In addition all 63 stored sera from our original study were tested for HIV antibodies using the enzyme linked immunosorbent assay (ELISA) (Organon Teknika) and, if positive, results were confirmed by other tests (by the Department of Virology, Middlesex Hospital). All patients participating in follow up consented to HIV serology tests being repeated.

Sexual contact had been completely discontinued by two of the 30 patients. The mean number of sexual partners of the 28 patients continuing sexual contact was 20.8 a year during the previous two years compared with 16.6 in the year before the original questionnaire. This apparent rise in number of partners was confounded by the replies to the question "has your estimated

number of partners changed during the two year period?" Eleven of the 28 claimed they had reduced their number of partners in the interim period and none claimed to have increased their number of partners. The sexual practices of these 28 patients showed that one was now practising safer sex (no active or passive oral or anal intercourse),<sup>2</sup> (two had stopped all anal intercourse, and five had reduced the incidence of anal sex. One patient now used condoms for anal intercourse.

In the 1983-4 study, 18 of these patients had had sexual contact with someone from outside the British Isles in the previous year. In the present study 10 had had such a contact and in addition five others had had a sexual contact who lived in the London area during the two year period.

Table 1 shows the rates of seroconversion to syphilis (3%), hepatitis B (7%), and cytomegalovirus (CMV) (0%) infections during the two year follow up period. All 30 patients' stored sera were negative for HIV antibodies in the original study and none had seroconverted in the interim. Of the 33 stored sera from patients not participating in the follow up study, one was seropositive for HIV, and this was confirmed by other tests. Little change was noted in the episodes of gonorrhoea, non-specific genital infection, and anogenital warts comparing the two questionnaires (table 2). OKT4 and OKT8 T cell subset ratios did not show any

Table 1 Serological evidence of syphilis, hepatitis B, cytomegalovirus (CMV), and human immunodeficiency virus (HIV) infections in 30 homosexual men

	No positive in:		
	1984	1985-6	% Change
Syphilis	1	2	3
Hepatitis B	6	8	7
CMV	17	17	0
HIV	0	0	0

Table 2 Episodes of gonorrhoea, non-specific genital infection (NSGI), and anogenital warts in 30 homosexual men

	No during:	
	1984	1985-6
Gonorrhoea	4	4
NSGI	36	37
Anogenital warts	5	3

significant changes in any of the patients studied; the ratio in percentages of OKT4:OKT8 in the original study of this group was 37:22 and on this occasion it was 33:19.

The number of patients attending for follow up was small, but some conclusions could be drawn from the study with validity. The apparent rise in numbers of sexual contacts compared with those reported in the previous study was contradicted by the fact that no patient admitted on direct questioning to having increased his number of partners, and 11 had substantially decreased the number. It is obvious retrospectively that the number of sexual contacts quoted in our original study was an underestimate, and this must be a hazard of many similar studies.

The incidence of new STDs, as shown in tables 1 and 2, indicates a continued low prevalence of STD in this group of patients. The HIV serological results are particularly encouraging if they reflect a similar picture in the homosexual community in Northern Ireland.

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#### References

- 1 Maw RD, Connolly JH, McFerran K, *et al*. Sexually transmitted diseases, T cell subsets, and sexual practices in homosexual men attending an STD clinic. *Genitourin Med* 1985;61:197-201.
- 2 Anonymous. *AIDS: more facts for gay men*. London: Terence Higgins Trust, 1986. Pamphlet. 5th ed.

## Book reviews

**Sexually transmitted diseases.** 3rd edition. By RC Noble (Pp 344 and index; £20.00.) London: Medical Examination Publishing Company, 1986.

Some godfathers make offers one cannot refuse, while most others have the pleasure of watching another person's progeny grow into graceful maturity. In a similar fashion

having reviewed the first two editions it gives me great pleasure to see how much the third edition of Professor Noble's book has improved in comparison with the previous two. There has been an increase in size by 120 pages excluding the index while the book is still in a format that could fit the pocket of a clinical coat.

The first chapter has been expanded to give more useful lists of differential diagnoses for signs found when examining patients. The chapter on gonorrhoea now includes the 1982 Centers for Disease Control's guidelines for treatment with useful tables on the pros and cons of commonly used drug regimens. The chapter on chlamydial infections now includes a section on cervicitis and the first of several algorithms to help in the management of conditions, in this case urethral discharge. Gardnerella infections are clearly dealt with, but I think there is a mistake on page 67 line 10 where "in vitro" should read "in vivo". Chapters on trichomonal and candidal infection follow with current treatments clearly given. In the next edition a description of the management of urinary retention in women with primary infection with herpes would complete an otherwise well written chapter. In adding this the author might spare some poor woman being catheterised. The chapter on genital warts is up to date and concise.

One of the main improvements in this edition is the chapter on syphilis. The section on clinical findings in all the stages has been extended, and a useful section added on the various serological tests used in the United States of America. In an otherwise excellent chapter the section on obtaining dark ground specimens could with advantage precede the section on method of laboratory approach, and table 10.3 should come later in the text than it does. Another useful algorithm is given to help with positive results to the Venereal Disease Research Laboratory test. The current American treatment schedules for primary and secondary syphilis, long regarded as inadequate in Britain, are given along with recommendations for the later stages, in which the author points out the necessity for very high doses to ensure penetration of cerebrospinal fluid.

Enteric problems found in homosexual men are dealt with, including another algorithm to help with diagnoses. Hepatitis B infection is also covered in the same chapter, which has been enlarged since the second edition.

Another useful chapter is the one on pelvic inflammation. Although some of its contents appear elsewhere in the book, concentrating the mind on this particular

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complication of gonococcal and chlamydial infection is helpful.

The rest of the chapters are up to date and of considerable use. This book can now be recommended to any venereologist, with the slight proviso that the therapeutic regimens in Europe will differ from those given. Professor Noble is to be congratulated on a greatly improved third edition, though he will have to keep up the good work to avoid the extensive lists of references at the end of each chapter from becoming outdated in the next few years.

GD Morrison

**Semen Analysis. A Practical Guide.** By Anne M Jequier and Joan P Crich. (£25.00.) Blackwell Scientific Publications, 1986.

This economical volume is directed to those who analyse semen and also to clinicians who treat infertile couples. Its subtitle "A practical guide" is perhaps misleading, as it tends to give guidance to what tests can be done and why, but would not serve as a bench manual. Nevertheless, it is a useful addition to the semenology laboratory, and one that should help the clinician and laboratory staff to understand one another's problems.

Mary McParland

**Psychovenereology: personality and lifestyle factors in sexually transmitted diseases in homosexual men.** By Michael W Ross. (Pp 228 and index, bound; £32.75.) London: Praeger Publishers, Greenwood Press, 1986.

Not many people have researched the links between the psychosocial pressures on gay men and their sexual practices and venereal disease. Michael Ross has tried to do this in his new book. He suggests that a society determines the psychosocial reaction of its gay men by societal attitudes to that population. The evidence for this has been reported, Ross tells us repeatedly, in his four country study of gay men that surveyed Australia, Finland, Ireland, and Sweden, or at least their capitals. That study was the basis for a series of papers published, some of them in what was then the *British Journal of Venereal Diseases*, in 1984 and 1985.

To his credit, Ross wants to put right what he sees as medicine's historical sexual bias, with most doctors and most patients apparently being heterosexual. And he wants to give doctors a series of snapshots of