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

Monoclonal antibodies in identifying Neisseria gonorrhoeae: cautionary note

Sir,

Many bacteriology laboratories identify isolates of Neisseria gonorrhoeae by the rapid carbohydrate utilisation test and the Phamacia Phadebact monoclonal GC test (Blomquist C et al, unpublished observation). The latter test recognises the serogroups W1 and W11/W11, which have epidemiological and clinical importance.

Since June 1985 we have examined 1509 consecutive isolates of N. gonorrhoeae. Fifteen (nine from men and six from women) did not react with the Phamacia monoclonal reagents. The first such isolate was noted in April 1986. These isolates were subjected to serovar analysis using two different sets of monoclonal coagglutination reagents, Genetic Systems (GS) and Phamacia (Ph). All 15 strains gave the same serological pattern, which corresponded to the serovar combination Bj/Bro (GS/Ph). In both analyses the upper case letter B corresponded to groups W1/W11 and the lower case letters represented positive reactions with the corresponding coagglutination reagents. Bj/Bro isolates are unusual in that they do not react with the Phamacia monoclonal reagents; this serovar has been linked epidemiologically with Singapore.

Contact tracing has shown links between eight of the patients. There was no obvious connection between the remaining seven patients, but all reported casual sexual contacts in the Glasgow area. There may therefore be further, as yet undetected, isolates with this serovar combination in this area. The index case has not been identified.

The manufacturers claim that the Phadebact monoclonal GC test identifies 99.7% of all isolates of N gonorrhoeae. In this study, 1% (15/1509) isolates did not react in the test. From our findings, we advocate caution in using only this test to confirm the identity of an isolate of N gonorrhoeae. Furthermore, we conclude from this small study that serovar analysis is a valuable and potentially useful tool in the microepidemiology of gonococcal infection. To date, however, the diversity and distribution of gonococcal serovar patterns has been established only in Edinburgh, where the occurrence of Bj/Bro isolates is rare.

We thank Dr Hugh Young, Department of Bacteriology, University of Edinburgh for performing the serovar analysis.

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References


TO THE EDITOR, Genitourinary Medicine

How to maximise a limited chlamydial culture service

Sir,

Many departments of genitourinary medicine (GUM) in the United Kingdom still have only a limited chlamydial culture service, though the need for such a service was documented eight years ago. We think that a complete chlamydial service is essential, but for clinics working within the constraints of a limited service we have tried to define criteria for making optimum use of chlamydial cultures.

A retrospective study in this department during a three month period showed 88 women, two men, and one child with conjunctivitis who all yielded chlamydiae. We looked further at the notes of the women and recorded the presenting symptoms of each and of 100 controls who did not yield chlamydiae. Table 1 shows the results, which confirmed the association of a high yield of chlamydiae in the presence of ectopy, described by Burns et al.

Table 1 Numbers of women with ectopy of 88 yielding chlamydiae (patients) and 100 controls

<table>
<thead>
<tr>
<th>Reason for attending</th>
<th>Patients: No</th>
<th>No with ectopy</th>
<th>Controls: No</th>
<th>No with ectopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts with non-specific urethritis</td>
<td>31</td>
<td>23</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>14</td>
<td>6</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>10</td>
<td>5</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Contacts with gonorrhoea</td>
<td>9</td>
<td>7</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Others</td>
<td>24</td>
<td>12</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 2 Reasons that 88 women yielding chlamydiae attended GUM department

<table>
<thead>
<tr>
<th>Reason for attending</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warts or contact with warts</td>
<td>21 (24)</td>
</tr>
<tr>
<td>Contacts with non-specific urethritis</td>
<td>18 (21)</td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>14 (16)</td>
</tr>
<tr>
<td>Pruritus vulvae</td>
<td>8 (9)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>5 (6)</td>
</tr>
<tr>
<td>Other</td>
<td>22 (25)</td>
</tr>
</tbody>
</table>

...
We thank the STD section of the Health Department of Western Australia for their work, Di Barnett and Ros Dugig for helping to compile the statistics, Marjorie Speelman for typing, and the Commissioner of Health for permission to publish.

Kevin Sesnon
Martin Blums

VD Control Section,
Health Department of Western Australia,
70/74 Murray Street,
Perth, Western Australia

References

Book review


In the preface the author tells us that the book is aimed primarily at the American undergraduate. There are 23 chapters, many with interesting titles and contents on many aspects of sex and sexuality. The written text is admirably backed up by pleasantly erotic but not distasteful diagrams that I have found useful for demonstrations to patients.

The author does tend to feel she "knows best" about how to handle tricky issues, such as religion, culture, and homosexuality. The discerning reader, however, will overlook this and will also excuse the chapter on sexually transmitted diseases—it is a non-starter! So that we should not become somnolent when reading her book (one is more likely to be sexually aroused!), the author has put "focus" inserts, which give clear case histories, in almost every chapter and has elsewhere given detailed accounts of the lives and work of original thinkers, such as Kinsey and Masters and Johnson.

I recommend that every department of genitourinary medicine should have a copy.

David Goldmeier
Second international lesbian and gay health conference

The second international lesbian and gay conference and AIDS forum will be held on 20–26 July 1988 at the Boston Park Plaza Hotel and towers in Boston, Massachusetts, USA. The conference is sponsored by the British Gay Medical Association and the American National Lesbian and Gay Health Foundation, the American Association of Physicians for Human Rights, and the George Washington University Medical Centre.

The overall goal of the conference is to constitute an international and national agenda for the next decade and will include topics such as sexual health, mental health issues, and holistic health care.

Further details can be obtained from: NLGHIF/AAPHR Programming Committee, P O Box 65472, Washington DC 20035, USA.

Australian and New Zealand conference on sexually transmitted diseases

An Australian and New Zealand conference on sexually transmitted diseases will be held on 25 to 27 August 1988 at the University of Melbourne, Melbourne, Victoria, Australia.

For further information please contact: The Manager, National Australia Bank Ltd Travel Groups/Incentives, 271 Collins Street, Melbourne, Victoria, Australia, 3000.

Courses on the acquired immune deficiency syndrome (AIDS)

The Royal College of Physicians of London is organising courses to train general physicians who will be concerned in the care of patients with AIDS. Each course will last for one week (Mondays to Fridays); mornings will be spent at the College and afternoons at one of four hospitals with major AIDS centres in London (St George’s, St Mary’s, St Stephen’s, and the Middlesex). Numbers on each course will be limited to 20, with groups of five attending each hospital. The fee will be £90, and buffet lunch at the college each day and coffee or tea are included.

Starting dates and closing dates for applications are as follows:

<table>
<thead>
<tr>
<th>Week starting</th>
<th>Closing date for applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 September</td>
<td>26 July</td>
</tr>
<tr>
<td>21 November</td>
<td>10 October</td>
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</tbody>
</table>

For further details and application form, please contact: The Assistant Registrar, Royal College of Physicians, 11 St Andrew’s Place, Regent’s Park, London NW1 4LE (tel: 01 935 1174).


Deux prix d’un montant de fr 15 000 chacun destinés à récompenser un travail original ou un ensemble de travaux, dans le domaine des maladies transmises par voie sexuelle (MST), —l’un en sciences fondamentales —l’autre concernant le ou les sujets suivants: Épidémiologie—Biologie—Clinique—Thérapeutique

Les candidats devront adresser le texte de leur travail définitif, dactylographié et rédigé en français, présenté sous forme d’une publication, en six exemplaires, avant le 15 Septembre 1988.


Pour toute demande de renseignements et envoi de candidature, s’adresser au:
Secrétariat de l’Association, Institut Alfred Fournier, 25 Boulevard Saint-Jacques, 75680 PARIS CEDEX 14, (Tel: (1) 45 65 27 77).

Corrections

We regret that errors occurred in three letters from P Fisk and colleagues. Corrections are as follows.

Aetiology of urinary symptoms in sexually active women
(April 1987;63:137)
Specimens were taken from the urethra and cervix for Neisseria gonorrhoeae and chlamydiae and from the vagina for Trichomonas vaginalis and Candida spp.

How to maximise a limited chlamydial culture service
(December 1987;63:398–9. Coauthor DTP Evans.)
The heading of table 1 should have shown the reason for the chlamydial test being performed, not the reason for patients attending, and the number of controls was 90, rather than the 100 mentioned in the text.

Penicillinase producing gonococci: a spent force?
(February 1988;64:64. Coauthor Andrew Lewis.)
The chemotherapy given was spectinomycin or ampicillin, probenecid, and augmentin.

Authors of letters for publication are reminded that correspondence should be presented in the same way as papers, as outlined under Advice to authors on the inside front cover of the journal. It should be double spaced (including references), tables should have headings and be typed on separate pages, and it should be sent with a separate covering letter.