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gonorrhoeae by the rapid carbohydrate utilisation test and the Phadebact monoclonal GC test (Blomquist C et al, unpublished observation). The latter test recognises the serogroups WI and W11/WII, 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 Pharmacia 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 Pharmacia (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 W11/WII 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 Pharmacia 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 88 women 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 2 shows the reasons that the patients attended the department. The most common reason for attending was associated with warts, but only two of these patients yielded chlamydiae.

On the basis of these findings we would suggest that priority for testing should be given to women with ectopy who are sex contacts of men with non-specific urethritis (NSU), women with abdominal pain, sex contacts of men with gonorrhoea, a women with vaginal discharge. We realise that sexual contacts of men with NSU is usually treated epidemiologically, and use "valuable" chlamydial cultures may therefore be thought to be unnecessary, but it is defining a high risk group with a high positive yield—namely, women with ectopy who are sexual contacts of men with NSU. These patients can be carefully followed up to ensure microbiological cure. We would also add women patients whose sexual partners had warts.

TO THE EDITOR, Genitourinary Medicine

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

<table>
<thead>
<tr>
<th>Reason for attending</th>
<th>Patients: No with ectopy</th>
<th>Controls: No with ectopy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contacts with non-specific urethritis</td>
<td>31 23 18 4</td>
<td></td>
</tr>
<tr>
<td>Vaginal discharge</td>
<td>14 6 11 3</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>10 5 6 2</td>
<td></td>
</tr>
<tr>
<td>Contacts with gonorrhoea</td>
<td>9 7 1 1</td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>24 12 54 16</td>
<td></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>Pruritis 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>
...not traceable, as there is no way of knowing whether they are at risk of carrying chlamydiae. We would furthermore stress the importance of carrying out a "test of cure" culture, as in our small series four of these were positive results.

PG Fisk
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References

The EDITOR, Genitourinary Medicine

Rectal isolates of Neisseria gonorrhoea in Perth, Australia

...the Murray Street clinics (formerly 69 froore Street) provide sexually transmitted disease (STD) services for the metropolitan area of Perth, Western Australia, which has an опуляtion of about one million. As part of routine screening for STD, urethral specimens are collected from men and urethral, vaginal, and endocervical specimens are collected from women for gonococcal culture. Rectal specimens are always collected from men and women who report being the receptive partner in anal intercourse, women who are sexual contacts of men with confirmed gonorrhoea, and women who have onorhooa at other sites. Pharyngeal swabs are taken only from patients who engage in oral intercourse.

Sterile 1 µl disposable plastic loops are used to collect material from the urethra, cervix, and rectum (using a proctoscope) for subsequent staining by Gram's method. Cotton wool swabs from the above sites are collected into Amies' transport medium, stored at room temperature, and plated for culture in less than two hours. Martin-Lewis agar plates (containing vancomycin, anisomycin, and colimycin) and chocolate agar plates are inoculated and incubated in candle extinction jars at 36°C for 48 hours. The identity of all strains is confirmed by a fluorescent antibody technique and by carbohydrate fermentation reactions if strains are from the pharynx or rectum.

The table shows that the total gonococcal isolates from men and women decreased from 1981 to 1986, except in 1983. The total number of rectal isolates from men has consistently decreased since 1982, whereas the decrease in rectal isolates from women did not start until 1986.

Rectal gonorrhoea in men is sexually transmitted, whereas in women it may be caused by direct spread from the genitals to the rectum, perinatal contamination without insertion, or actual anal intercourse. Of the 14 women attending our clinic in 1986 who had rectal gonorrhoea, three had engaged in anal intercourse. Of the four who had rectal gonorrhoea only, one had engaged in anal intercourse. Further studies of the true incidence of receptive anal intercourse in women are necessary.

The reduction in the incidence of rectal isolates from men may indicate changing sexual behaviour patterns in homosexual men. Judson found a 39% decrease in men with gonorrhoea in Denver. Safer sex in the national Australian "grim reaper" media campaign and widespread Western Australian state education programmes may have influenced men who engage in receptive anal intercourse. As Osterholm et al. (unpublished observation) point out, however, we cannot predict the possible reduction in incidence of a sexually transmissible viral infection—such as human immunodeficiency virus—from the reduced incidence of a bacterial sexually transmitted disease.

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

Kevin Sesen
Martin Blums

VD Control Section,
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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 solemn 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
Genitourin Med 1988;64:210

Notices

Organisers of meetings who wish to insert notices should send details to the editor (address on the inside front cover) at least eight months before the date of the meeting or six months before the closing date for application.

Second international lesbian and gay health conference

The second international lesbian and gay health 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: NLGHF/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>
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<tr>
<td>5 September</td>
<td>26 July</td>
</tr>
<tr>
<td>21 November</td>
<td>10 October</td>
</tr>
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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.