

Correspondence

plicated non-PPNG gonococcal urethritis in men a single dose of 1 g given intramuscularly with probenecid orally is a more economical but equally safe and effective regime.

Yours faithfully,
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Table Incidence of gonorrhoea and early syphilis in Birmingham, 1982-86

| | 1982 | 1983 | 1984 | 1985 | 1986 | 1987* |
|---------------------|-------|-------|-------|-------|-------|-------|
| No of new patients: | 12431 | 12792 | 13334 | 13901 | 13938 | 3642 |
| Men | 7342 | 7758 | 8090 | 7822 | 8191 | 2135 |
| Women | 5089 | 5034 | 5244 | 6079 | 5747 | 1507 |
| Gonorrhoea: | 2090 | 2195 | 2112 | 2100 | 1521 | 264 |
| Men | 1258 | 1378 | 1332 | 1398 | 940 | 156 |
| Women | 832 | 817 | 780 | 702 | 581 | 108 |
| Early syphilis: | 57 | 45 | 37 | 22 | 8 | 1 |
| Men | 53 | 40 | 29 | 22 | 8 | 1 |
| Women | 4 | 5 | 8 | 0 | 0 | 0 |

*First quarter only.

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TO THE EDITOR, *Genitourinary Medicine*

Is gonorrhoea a good index of changed heterosexual behaviour?

Sir,

A gradual decline in the incidence of gonorrhoea in the London area since 1982 has been reported¹⁻³ Gellen and Ison noted that these changes were not restricted to homosexual men and raised the question as to whether this trend was reflected nationally.¹ We therefore reviewed the incidence of gonorrhoea and early syphilis in Birmingham for 1982-86 (table).

In Birmingham the proportion of men presenting as new patients who identify themselves as homosexual or bisexual has been stable at around 10% for many years. This has not altered recently, and in the last three months of 1986 the figure was 10.3% (230 out of 2229). Laboratory records were searched for examples of men in whom simultaneous cultures were obtained from the urethra, rectum, and oropharynx, one or more of which were positive for *Neisseria gonorrhoeae*. Using this index, 29 infected men were identified in the last three months of 1985 and none during the same period in 1986.

Early syphilis is mainly a disease of homosexual and bisexual men in the West. Radical changes in sexual behaviour, as a response to the threat of the acquired immune deficiency syndrome (AIDS), are thought to be responsible for the dramatic decline in the incidence of early syphilis and of gonorrhoea in this group.

Although we have not separately identified all cases of homosexually acquired gonorrhoea, it is apparent from the small proportion of homosexual men in our clinic population and from the figures for women that the incidence of heterosexually acquired gonorrhoea has fallen in Birmingham as well as in London.

The Chief Medical Officer's reports show falling figures for gonorrhoea between 1973 and 1982 for men (11.6%) and for women (9.9%).^{4,5} We doubt whether the figures for gonorrhoea are particularly useful in monitoring general heterosexual behaviour, as the incidence of other sexually transmitted infections continues to rise (figures not shown). High risk people who have been subject to repeated infections, however, particularly gonorrhoea, need effective health education, not least because of their potential role in disseminating the human immunodeficiency virus. This group should be monitored separately so that we can communicate the success and failure of various national and

local approaches to modification of behaviour.

Yours faithfully,
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TO THE EDITOR, *Genitourinary Medicine*

Isolation of yeasts from male contacts of women with vaginal candidosis

Sir,

Vulvovaginal candidosis, although a world wide problem, is more prevalent in tropical climates.¹ In Nigeria it is one of the commonest problems that bring women to sexually transmitted diseases or gynaecology clinics. Especially in its recurrent, often chronic, form the associated morbidity, such as chronic vaginal soreness and dyspareunia, may be sufficient to put strain on otherwise normal marital relationships. Surprisingly,