Correspondence

which was in mixed culture), but proved positive when tested again, and the negative result from the third isolate may possibly be accounted for by the use of a limited volume of conjugate. Eleven strains of *N meningitidis* were tested, seven of which were non-reactive. Of the four that showed weak colour changes, two were tested again, when one gave a similar result and the other result was interpreted as positive by only one of the three workers. Four other *Neisseria* spp proved non-reactive. Two isolates each of *Moraxella* spp and *Branhamella catarrhalis* were recorded as giving negative results, although three of them showed a weak colour change when read again five to 60 minutes after the test was completed.

Although we tested a limited number of isolates, the DNA probe performed satisfactorily in most cases. Some isolates were, however, identified incorrectly. False negative results could possibly be accounted for by one of the technique steps, such as inadequate inoculum size; false positive results are less readily explained. Our overall impression of the test was that it was relatively simple to perform and was completed within 10 minutes. The timing and temperature appeared to be critical, however, which led to a need for extremely good organisation of the work or for two people to perform the test. Furthermore, the colour reaction was weak in many instances, which led to difficulty in interpreting the result. The improvement of the methodology to overcome these limitations will make the probe available as an additional test to identify rapidly *N gonorrhoeae* from primary cultures. Further evaluations, including cost consideration, are necessary to assess the role for this test in routine clinical laboratories.

We thank the staff of the department of genitourinary medicine for their assistance in this study, and Ortho Diagnostic Systems Limited for supplying the kit.

Yours faithfully,
M S Sprott
A M Kearns
M W Neale

Public Health Laboratory,
Institute of Pathology,
General Hospital,
Westgate Road,
Newcastle upon Tyne NE4 6BE

TO THE EDITOR, *Genitourinary Medicine***Is self application of podophyllin an acceptable treatment of genital warts in men?**

Sir,

Treatment of genital warts is a major part of the workload of any genitourinary medicine clinic. Podophyllin is used extensively as a first line treatment in most clinics. Treatment is generally carried out two to three times a week at the clinic, and patients are instructed to wash the podophyllin paint off after six hours. Some patients are keen to treat their own warts, but doctors may be reluctant to prescribe podophyllin for self application because of fear of adverse effects that could lead to litigation.

Having investigated the acceptability of self treatment and obtained an opinion from a medical defence society, we started issuing podophyllin for self treatment. Podophyllin was never issued until at least one treatment had been carried out in the clinic and the reaction assessed at a follow up visit. Each patient was given verbal instructions, a demonstration, and a detailed leaflet of instructions.

The following are excerpts (with permission) from the reply to our query concerning possible medicolegal implications:

The principle of the use of this drug on a 'domestic' basis must be the same as (for) any medication provided for the patient's own use and does revolve around education/supervision. In this particular case this would seem to be satisfied by the fact that the initial administration is done within the clinic by a professional.

My view is that if all the necessary precautions are taken in education and a clearly worded leaflet such as your own is given to the patient then the likelihood of successful litigation, were the patient

unlucky enough to suffer some damage, would be low.

We have now issued 324 vials of 5 ml of 25% podophyllin to male patients for self treatment with three applications a week for up to three weeks. Patients whose warts persist after this are assessed for alternative treatment. In that time only one patient "overdid it" and caused painful excoriation to the prepuce, which however healed rapidly using an imidazole and hydrocortisone preparation for three days.

We are satisfied that in treating genital warts in men "podophyllin to take away" is a sensible alternative to clinic treatment and, if carried out in accordance with our suggestions, is unlikely to have any serious adverse consequences for the patient or doctor.

Yours faithfully,
Colm O'Mahony
David Coker

Department of Genitourinary Medicine,
Royal Liverpool Hospital,
Prescot Street,
Liverpool

TO THE EDITOR, *Genitourinary Medicine***Transmission of HIV-I from men to women in central Africa**

Sir,

Heterosexual transmission of the human immunodeficiency virus (HIV) is a major mode of spread of HIV in Africa. Studies of heterosexual transmission in Europe and North America have focused on spouses of men infected through blood transfusion or blood products. Antibodies to HIV were found in 9-19% of women tested.¹

We report here a survey of the wives of 45 clinically healthy African men who were positive by western blot for antibodies to HIV-I (LAV BLOT I, Diagnostics Pasteur). At the time of the study, the 45 men were aged 19 to 32 and inhabitants of Bangui, Central African Republic. All were married, had lived with their wives for at least one year, and claimed to have regular sexual intercourse with their wives without the use of condoms. Eight men had two regular wives each. Only 20/53 (38%) wives had glycoprotein antibodies to HIV detected by western blot. Of the eight men who had two spouses, in four cases both women were seronegative, in three cases both women were seropositive, and in one case only one of the two spouses proved to be seropositive. These figures can be compared with a household study conducted in Kinshasa, Zaïre, which showed that 8/15 (53%) wives of men with

Table Results of DNA probe test of 49 test *Neisseria* spp and related organisms

Organism	No tested	No giving reaction:			
		Negative	Weakly positive	Positive	Strongly positive
<i>N gonorrhoeae</i>	30	3	4	16	7
<i>N meningitidis</i>	11	7	4	0	0
<i>N lactamica</i>	1	1	0	0	0
<i>N cinerea</i>	1	1	0	0	0
<i>N flavescens</i>	1	1	0	0	0
<i>N elongata</i>	1	1	0	0	0
<i>Moraxella</i> spp	2	2	0	0	0
<i>Branhamella catarrhalis</i>	2	2	0	0	0

AIDS were positive for antibodies to HIV-I compared with only 1/27 wives of seronegative controls.² Another study undertaken in Kinshasa showed that of 3000 couples tested, in 80 cases the male partner was infected, and in only 20/80 (25%) cases were both spouses infected.³ The high rate of infectivity in the first Zaïrian study was probably because all the men had AIDS, whereas in the second study, as well as in ours, the subjects were clinically healthy.¹

The incidence of heterosexual transmission that we report in the present survey is higher than in wives of men infected through blood products. Several hypotheses may explain this finding. In Africa, chronic stimulation of the immune system is more common than in American heterosexuals, thus possibly increasing the number of target cells that the virus can infect.⁴ More

specifically, the high prevalence of sexually transmitted diseases in Africa, particularly genital ulcers, may facilitate the transmission of HIV.^{1,5} Finally, young African women may be more sexually active and thus at increased risk of infection.

This study highlights the need for prospective studies to assess more accurately the efficiency of heterosexual transmission of HIV and the possible role of cofactors in the spread of the disease.

Yours faithfully,

L Bélec
A J Georges
T Brogan
G Steenman
M C Georges-Courbot
P M V Martin

Institut Pasteur de Bangui,
BP 923, BANGUI, Central African Republic

Correspondence; Notices; Correction

References

- 1 Padian NS. Heterosexual transmission of acquired immunodeficiency syndrome: international perspectives and national projections. *Rev Infect Dis* 1987;9:947-60.
- 2 Mann JM, Quinn TC, Francis H, *et al*. Prevalence of HTLV-III/LAV in household contacts of patients with confirmed AIDS and controls in Kinshasa, Zaire. *JAMA* 1986;256:721-4.
- 3 Africa: vaginal sex inefficient in transmitting HIV. *CDC Aids Weekly* 1988; April 4:4.
- 4 Quinn TC, Piot P, McCormick JB, *et al*. Serologic and immunologic studies in patients with AIDS in north America and Africa. The potential role of infectious agents as cofactors in human immunodeficiency virus infection. *JAMA* 1987;257:2617-21.
- 5 Kreiss JK, Koech D, Plummer FA, *et al*. AIDS virus infection in Nairobi prostitutes: spread of the epidemic to east Africa. *N Engl J Med* 1986;314:414-8.

Notices

First congress of the European Academy of Dermatology and Venereology

The first congress of the European Academy of Dermatology and Venereology, for continuing education, will be held on 25-28 September 1989.

Topics will include: AIDS and dermatologists, what's new in treatment, dermatological surgery, warts and viruses, cutaneous histopathology, cutaneous immunopathology, and contact dermatitis.

For further information, please contact Centro Servizio Segreteria, EADV, Via Lapini 1, 50136 Florence, Italy.

Conference on vaccines for sexually transmitted diseases

A conference on vaccines for sexually transmitted diseases will be held on 5-7 April 1989 at Oxford University. It is sponsored by the journal, *Vaccine*, and the World Health Organisation.

For further information, please contact DE Cogan, Vaccines for Sexually Transmitted Diseases, Butterworth Scientific Ltd, PO Box 63, Westbury House, Bury Street, Guildford, Surrey, GU2 5BH (Tel. 0483 300966).

8th Meeting of the International Society for Sexually Transmitted Disease Research (ISSTD)

The 8th meeting of the ISSTD will be held on 10-13 September 1989 in Copenhagen, Denmark.

For further information please contact the meeting organisers: DIS Congress Service, Linde Allé 48, DK-2720 Vanløse, Copenhagen, Denmark or the scientific secretariat (Mrs Sandra Hyman), Statens Serum-institut, Neisseria Department, DK-2300 Copenhagen S, Denmark.

Correction

Detecting *Chlamydia trachomatis* by direct immunofluorescence using a Cytobrush sampling technique (August 1988;64:245-6)

We regret that an error occurred in the above paper. The second sentence of the first paragraph should have read:

"Direct immunofluorescence is adequately sensitive and specific compared with conventional culture."