cline 100 mg bd. On further questioning he revealed that he had been in contact with a 17 year old girl. Although fellatio had occurred he denied vaginal penetration. The urethral culture grew *N meningitidis*. Chlamydia trachomatis was not detected by routine clinic testing (Chlamydiazyme, Abbott Laboratories). On review, after one week, no pathogens were detected on microscopy and culture. In spite of several requests the partner did not attend for screening.

*N meningitidis* more commonly colonises the throat than the genital tract. Isolation of it from the patient's urethral discharge is therefore compatible with his history of oro-genital contact. It has previously been found in association with epididymitis. In this case isolation of *N meningitidis* from the urethra offers a rational explanation for what initially appeared to be a case of "virgin gonorrhoea".

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References


TO THE EDITOR, Genitourinary Medicine

Genitourinary medicine in Edinburgh

Sir,

The recent article in *Genitourinary Medicine* on sexually transmitted diseases in Britain: 1985–6 notes declining rates of syphilis and gonorrhoea (B1), and the increasing incidence of genital warts (C11) and non-specific genital infection (C4), as well as the substantial increase of "other conditions requiring treatment" (D2) and "those not requiring treatment" (D3). The corresponding figures for the genitourinary medicine service provided in Edinburgh, for a catchment population of approximately 844,000, from 1980–87 have been discussed in detail elsewhere but addition of the 1988 figures shows a changing trend worthy of comment. Overall, the total number of new diagnoses has remained constant (7545 in 1980; 7795 in 1988), although the number of homosexual men attending the clinic more than doubled between 1980 and 1985 (from 331 to 719). Within the homosexual population (fig 1) the number of cases of gonorrhoea (both total and rectal) reached a peak in 1982, followed by a sharp decline, whereas the number of cases of genital warts plateaued between 1984-6, falling thereafter. Meanwhile, the numbers of D2 (which in this clinic includes testing for antibody to the Human Immunodeficiency Virus (HIV)), has progressively increased. However, in 1988 there has been an increase in the numbers of cases of gonorrhoea and genital warts.

In the total clinic population (fig 2) there has been a steady decline in gonorrhoea since 1980, and a decline in C4 since 1984, but the prevalence of genital warts has steadily increased until 1988 when there was a small drop in numbers. Meanwhile, as in the homosexuals, the number of D2 cases has increased steadily, again probably reflecting the increase in HIV testing (329 tests in 1986; 464 in 1988).

The fall in prevalence of specific infections in homosexuals (bacterial initially, followed by viral 4 to 5 years later) is consistent with altered sexual behaviour in response to the threat of HIV infection. However, it is disturbing that the trend is not maintained in 1988. Although these cases could represent a small reservoir of people who will never be prepared to modify their behaviour, it is to be hoped that they do not represent people who previously practised "safer sex" but have now given up taking care. The trend noted in the homosexuals are reflected three years later in the total population, and it is reassuring to see a break in what appeared to be the relentlessly increasing numbers of cases of genital warts, although it should not be assumed on the figures of only one year that this represents a general trend.

It is important, if these data reflect a modification of sexual behaviour by heterosexuals, as well as homosexuals, to continue with health education and promotion of "safer sex", in order to prevent a reversal of the trend. Although the number of specific infections is decreasing, the total number of diagnoses is stable, with steadily increasing numbers of D2, which may reflect the public's increasing awareness of HIV and other problems relating to their sexuality. It is imperative for resource planning that these changing trends be recognised.

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References
