tion systems are being established, future use for clinical audit should be considered. Examples of other diagnostic processes which can be reviewed include: syphilis serology, cervical cytology and chest radiography.

*Criterion Audit*³ allows large numbers of notes to be reviewed in a limited time and is suitable for many genitourinary diagnoses. The notes of patients sharing a common diagnosis or process are reviewed and certain pre-determined criteria of care recorded as absent or present. This allows a quantitative assessment of standards of care which may be compared over time.

For many clinics successful audit will require additional information systems and/or extra clerical time to identify and locate patients notes. Our experience at The Middlesex has already highlighted advantages of our information system but modifications to systems in other departments will allow wider ranging audit.

Smaller clinics would benefit from combined audit meetings with other departments and all clinics may wish occasionally to share a meeting with members of a clinically related speciality, for example with gynaecologists, urologists.

Evaluating audit is difficult but we already believe that our efforts have begun to improve the efficiency of our service and have undoubtedly provided medical education. Sharing experience of audit and ideas between clinics may further these aims.

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- 1 *Working for Patients*. Government White Paper, HMSO, January 1989.
- 2 Rees AM, Roberts CJ, Bliss AS, Evans KT. Routine pre-operative chest radiography in non cardio-pulmonary surgery. *Br Med J* 1976;i:1333-5.
- 3 Shaw CD. Looking Forward to Audit. *Br Med J* 1980;i:1314-6.

MATTERS ARISING

Eminent Venerologists

J D Oriel mentions in his excellent article about Albert Neisser,¹ the inoculation work on orang utan in Pengasaan, Java in 1906. I own the report of this work² and thought it may be interesting for readers of *Genitourinary Medicine* to see photographs of not only Neisser as shown in Oriel's article, but of Halberstädter, Bruck, Kaiser and Von Prowazek and some of their subjects as well.

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- 1 Oriel JD. Eminent venereologists 1, Albert Neisser. *Genitourin Med* 1989; 65:229-34.
- 2 Neisser A. *Beiträge zur Pathologie und Therapie der Syphilis* Berlin. Julius Springer. 1911:11-23.

Inoculations in orang utan.

At the laboratory: Prof Neisser, Dr Bruck, Dr Kaiser, Attendant Karl Leschner.

Dr Halberstädter, Dr von Prowazek, Attendant Karl Leschner.

Large ape cage for cymomolgi species.

Genital herpes diagnosed by cervical cytology

I was interested to read the recent letter entitled, "Genital herpes diagnosed by cervical cytology" describing the results of a retrospective study of women whose cervical cytology suggested infection with herpes simplex virus (HSV).¹ I acknowledge the difficulty one would encounter in counselling those women without ulceration or any history of the latter as to how sexual transmission of the virus might be prevented.

I would be interested to know, however, how many of this particular group of women could recall the presence of genital ulceration in any of their previous or current partners. This, if present, might go some way to convincing the authors of the value of cytology in the diagnosis of HSV infection.

A Papanicolaou smear containing multinucleated giant cells with a ground glass nuclear appearance is well known to be a highly specific indicator of HSV infection. In a study by Brown *et al*, a specificity of up to 98% was recorded.² Nahmias, in a study not dissimilar to that under discussion, was able to provide "... confirmation that the cellular changes suggestive of HSV infection seen by the cytopathologist during examination of Papanicolaou smears ... are indeed due to that virus."³ The results of the reported study merely confirm these findings: of the 20 women whose cervical smears suggested HSV infection and in whom cultures were performed, all yielded positive results.

I am, therefore, somewhat disturbed by the authors reluctance to communicate the results of cytology to those women who have no history of ulceration on the grounds that they could be offered no useful or acceptable advice on how to prevent sexual transmission. This may be so, but there is a more pertinent point of discussion, particularly relevant to a population of child-bearing age, which the authors in their reluctance to communicate a diagnosis, fail to address: the importance of HSV infection in pregnancy. In the ten years up until 1988, there were two neonatal deaths from disseminated herpes infection at the Birmingham Maternity Hospital. Both the mothers had no symptoms and gave no history suggestive of herpes infection.⁴