- 1 O'Farrell N, Hoosen AA, Coetzee K, van den Ende J. A rapid stain for the diagnosis of granuloma inguinale. *Genitourin Med* 1990;66:200-1.
- 2 Sehgal VN, Shyam Prasad AL. Donovanosis: current concepts. *Int J Dermatol* 1986;25:8-16.
- 3 Sehgal VN, Shyam Prasad AL. A clinical profile of donovanosis in a non-endemic area. *Dermatologica* 1984;168:273-8.
- 4 Sehgal VN, Shyam Prasad AL. Chancroid or chancroidal ulcers. *Dermatologica* 1985;170:136-41.
- 5 Sehgal VN, Shyam Prasad AL, Beohar PC. The histopathological diagnosis of donovanosis. *Br J Venereal Dis* 1984;60:45-47.
- 6 Sehgal VN, Jain MK. Tissue section Donovan bodies—identification through slow Giemsa (overnight) technique. *Dermatologica* 1987;174:228-31.

Is a test of cure necessary following treatment for cervical infection with *Chlamydia trachomatis*?

We read with great interest, the recent article by Radcliffe *et al.*¹ We have undertaken a retrospective study of chlamydial infection in female patients.

Our policy has been to screen for *Chlamydia trachomatis* by testing on two occasions at an interval of one week and to confirm cure after treatment by a similar routine of two tests undertaken within 7 and 14 days of completion of treatment. Our findings support the conclusion that tests of cure may not be necessary.

During the 11 months from January 1990 to November 1990, 151 female patients were diagnosed as *Chlamydia trachomatis* positive by tissue culture on irradiated McCoy cells of combined genital samples from the urethra and cervix. Following diagnosis, 150 patients were treated, one having defaulted. The standard regimen was doxycycline 100 mg bd for 10 days with erythromycin stearate 500 mg bd

or qds for 10 days in the pregnant or those who could not tolerate doxycycline. Epidemiological treatment of male partners was undertaken.

Twelve patients (8%) had repeat positive chlamydia cultures during the study period. Of these, five reattended after two negative tests of cure and another four, while not completing two tests of cure, reattended at least three weeks after treatment suggesting reinfection rather than relapse. Only three were found positive at a routine test of cure (table).

We agree with Radcliffe *et al* that the need for chlamydia testing twice after treatment may not be necessary. However, our study has indicated that more than one screening sample is necessary to diagnose initially chlamydial infection. Only 131 patients (87%) were positive on first testing with the remaining 19 (13%) being diagnosed on the second screening test one week later.

The reasons for so many failed diagnoses on the first visit may be due to a number of contributory factors such as scanty material, poor sampling or delay in inoculating the culture media.² Hence we suggest that the time and money saved in not performing two routine tests of cure may be utilised more profitably for initial diagnosis, by undertaking two screening tests on separate occasions. Nevertheless patients still need review to undertake contact tracing, assess treatment compliance and assess the likelihood of reinfection.

CS WIJESURENDRA
C WHITE
RA SPARKS
ARG MANUEL
Department of
Genitourinary Medicine,
Newport Road,
Cardiff CF2 1SZ, UK

- 1 Radcliffe KW, Rowen D, Mercey DE, *et al.* Is a test of cure necessary following treatment for cervical infection with *Chlamydia trachomatis*? *Genitourin Med* 1990;66:444-6.

- 2 Kallings I, Mardh PA. Sampling and specimen handling in the diagnosis of genital *Chlamydia trachomatis* infection. *Scand J Infect D (Suppl)* 1982;32:21-4.

Guidance for the planning and design of genitourinary medicine clinics

We read with keen interest the paper of Thin and Lamb concerning the planning and design of genitourinary medicine (GUM) clinics¹; its guidelines will be very useful for providing GUM and STD (Sexually Transmitted Diseases) clinics with a proper setting and a functional work organisation. Yet, we feel that the importance of adequate computerisation should be more stressed.

The STD Centre of Galliera Hospital² is equipped with a network of Personal Computers (PS2 50 IBM) connected by a Token Ring to another Personal Computer (PS2 80 IBM) which is the "server unit". This hardware configuration allows one to get information from the server unit in real time. The software package for the management of medical records which we ourselves have adapted to our needs offers several advantages in comparison with normal filing,³ that is:

- the confidential nature of data,⁴ thanks to entry passwords;
- automatic graphic visualisation of the most important laboratory examinations; this is very useful, above all for those therapies which require frequent monitoring (for instance AZT in HIV-positive patients);
- quick review of clinical and laboratory data;
- collecting of data on sexual and contraceptive practices and drug abuse, which allows statistic processing referred to STD;
- immediate reading of data from any work station and by any authorised physician or nurse;
- quick filing of medical written reports.

We feel that a computer system like this could be very helpful in the management of GUM and STD clinics and that the planning and design of these centres should consider this need.

LUIGI MASSONE
GIUSEPPE SOLARI

Table Results of tests of cure

	Number of patients	Number positive for chlamydia (% in parentheses)
Patients treated	150	150 (100)
First TOC	120	2 (1.6)
Second TOC	111	1 (0.9)
No TOC	22	Not known

TOC = Chlamydia test of cure.