

We are also currently investigating the incidence of anaerobic vaginosis in a local general practice using the method outlined above, and have found that specimens which have been air dried and stored for up to 14 days before Gram staining show no deterioration.

We suggest that doctors concerned with the management of vaginal discharge who do not have immediate access to clinic or laboratory facilities might find this a cost effective alternative to the high vaginal swab.

Yours faithfully,

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References

1. Amsel R, Totten PA, Spiegel CA, Chen KCS, Eschenbach D, Holmes KK. Non-specific vaginitis. Diagnostic criteria and microbial and epidemiologic associations. *Am J Med* 1983;74:14-22.
2. Blackwell AL, Fox AR, Phillips I, Barlow D. Anaerobic vaginosis (non-specific vaginitis): clinical, microbiological and therapeutic findings. *Lancet* 1983;ii:1379-82.
3. Blackwell AL, Barlow D. Vaginal discharge. *Br Med J* 1984;288:69.
4. Dunkelberg WE. Diagnosis of *Haemophilis vaginalis* vaginitis by Gram-stained smears. *Am J Obstet Gynecol* 1965;91:998-1000.

TO THE EDITOR, *British Journal of Venereal Diseases*

Treatment of anogenital warts with trichloroacetic acid and podophyllin

Sir,

I read with interest the article by Gabriel *et al*¹ on the treatment of anogenital warts comparing the effect of trichloroacetic acid and podophyllin with podophyllin alone. In their study they report no appreciable difference except that fewer applications of trichloroacetic acid and podophyllin were necessary than with podophyllin alone.

I report on two patients (one Turkish and another Somalian) whose warts resolved completely after three applications of trichloroacetic acid (100%) and podophyllin (25%) at weekly intervals. The two preparations were not mixed together and were applied from different bottles (first trichloroacetic acid and then podophyllin).

What prompted me to use this combination was that both patients were resistant to treatment first with podophyllin alone for two months (eight applications) and then with trichloroacetic acid alone for another month (four applications).

Although I have treated only resistant cases with this combination (with higher concentration of trichloroacetic acid than was used by Gabriel *et al*), the dramatic improvement, in my opinion, is important.

Yours faithfully,
Malkit Singh

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Reference

1. Gabriel G, Thin RNT. Treatment of anogenital warts. Comparison of trichloroacetic acid and podophyllin versus podophyllin alone. *Br J Vener Dis* 1983;59:124-6.

TO THE EDITOR, *British Journal of Venereal Diseases*

Buschke-Loewenstein tumour of the penis

Sir,

We agree with the letter from Ingber *et al* (*Br J Vener Dis* 1984;60:205) stating that laser treatment would be the treatment of choice if it were available. Only one laser unit was available elsewhere, and the surgeons concerned were not convinced that it was suitable in this particular case.

Penile lesions are more difficult to operate on than scrotal lesions due to vascularity and the effect of urine.

Our patient's subtotal amputation was unavoidable because of his presentation, and the massive involvement of the shaft of the penis.

Yours faithfully,
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Correction

There was an error in the paper by S Hafiz *et al* on Sheffield medium for cultivation of *Haemophilus ducreyi* (1984;60:196-8). The last three sentences of the second paragraph in the Results section should have read: "In this respect the new medium was superior to the other three media tested. This is shown in the figure, which illustrates the colonial appearance. Gram stained smears of colonies from the new medium more often showed the typical "rail road tracks" appearance." The legend for the figure should have read: "Colonial appearance on Sheffield medium."

Notice

Conference of the African Union Against Venereal Diseases and Treponematoses

The African Union Against Venereal Diseases and Treponematoses will be holding a conference on 1-5 April 1985 in Libreville, Gabon. There will be a workshop on chlamydial infections on 1 and 2 April and a conference on infertility and STD in Africa from 3 to 5 April.