

Table Infectious syphilis at St. Mary's hospital department of genito-urinary medicine 1985-1989

	1985	1986	1987	1988	1989
Heterosexual men	14	2	10	12	6
Homo/bisexual men	65	25	23	11	10
Women	6	2	9	9	5
Total	85	29	42	32	21
Percentage infected abroad (where geographical location of infection recorded)	22%	26%	38%	57%	71%

patients give a history suggesting infection abroad. Some units in London, however, have reported a recent resurgence of infectious syphilis among heterosexuals.²

Although the results of this retrospective survey must be treated with caution it seems there is no link between infectious syphilis and prostitution in patients attending this unit.

Drug abuse and prostitution are strongly associated with the current heterosexual syphilis epidemic in the USA and this carries with it the risk of increasing HIV transmission within this group.³ Prospective studies are needed to assess the significance of this phenomenon in the UK.

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- 1 van den Hoek JAR, van der Linten MMD, Coutinho RA. Increase of infectious syphilis among heterosexuals in Amsterdam: its relationship to drugs and prostitution. *Genitourin Med* 1990;66:31-32.
- 2 Tang A, Barlow D. Resurgence of heterosexually acquired early syphilis in London. *Lancet* 1989;ii:166.
- 3 Anonymous. Relationship of syphilis to drug use and prostitution—Connecticut and Philadelphia, Pennsylvania. *MMWR* 1988;49:755-64.

MATTERS ARISING

Treatment of external genital warts¹

Stone and colleagues state that the patient should be carefully positioned on the ground pad for electrodesiccation. Using the monoterminial technique (as when using the hyfrecator) it is not necessary to use the ground pad. In fact electrodesiccation is usually described as a monoterminial technique.

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- 1 Stone KM, Becker TM, Hadgu A, Kraus SJ. Treatment of external genital warts: a randomised clinical trial comparing podophyllin, cryotherapy, and electrodesiccation. *Genitourin Med* 1990;66:16-9.

Genital warts and the need for screening

An interesting controversy has arisen concerning the benefit of screening for concomitant sexually transmitted diseases (STD) in patients who present to genitourinary medicine departments with genital warts. Malcolm Griffiths¹ argues that such screening of women is of limited value on the evidence of a relatively low prevalence of genital infection with *Chlamydia trachomatis* and other STDs in his patient population. More recently, Carne and Dockerty² have confirmed the traditional view that screening is mandatory. Neither paper, however, distinguishes between patients whose sole symptom was genital warts and patients with additional genital symptoms which warrant screening for genital infection on their own account. This latter group might be anticipated to have a high rate of coinfection.

During the period April to September 1989, first presentations of genital warts were seen in 297 women and 249 men attending this genitourinary medicine department. All

were screened for *Neisseria gonorrhoeae*, *Chlamydia trachomatis* (by culture in men, ELISA in women), urethritis, *Candida albicans*, *Trichomonas vaginalis* and bacterial vaginosis using standard techniques. Of these patients, 138 (46%) women and 52 (21%) men had coincidental genital symptoms necessitating full genital screening. Of the 356 patients whose sole symptom was genital warts, 69 (33/159, 21% women (F) and 36/197, 18% men (M)) were found to have asymptomatic coinfection with a sexually transmitted disease, comprising gonorrhoea (1M, 5F), chlamydia (10M, 19F), non-gonococcal urethritis (22M), trichomoniasis (9F) and genital herpes (3M). Our finding of asymptomatic coinfection with a STD in one fifth of patients whose sole symptom was genital warts confirms the importance of screening for coinfection.

Genital infection with *Chlamydia trachomatis* or *Neisseria gonorrhoeae* are infections of significant morbidity, particularly in women and every opportunity for screening the multi-partner sexually active population should be encouraged. Rather than reduce screening of patients with genital warts as advocated by Griffiths we would welcome an expansion of screening for asymptomatic genital infection in gynaecology, general practice and family planning settings, a secondary preventative measure constrained by resources and professional resistance.

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- 1 Griffiths M. Genital warts and the need for screening. *Genitourin Med* 1989;65:399.
- 2 Carne CA, Dockerty G. Genital warts: need to screen for coinfection. *Br Med J* 1990;300:459.

Genital infections due to *Neisseria meningitidis*

SIR,—In a recent report Wilson *et al*¹ drew attention to a case of urethritis in a heterosexual male caused by *Neisseria meningitidis* probably acquired by