COMMENT

Twelve cases of dermatitis herpetiformis were treated with sulphamethoxypyridazine; one of them was of a severe bullous type and four were of the juvenile variety. Response in all these cases was most satisfactory. Several patients who had already received the usual controls for the disease declared spontaneously that the present treatment was the most pleasant and the most effective. One adult and three juvenile patients remained well after cessation of treatment.

In view of the variable course of the disease and the possibility of spontaneous remissions, it is extremely difficult to assess the results of treatment. All cases treated had an immediate response. In two cases treatment was interrupted when supplies were temporarily held up; in each case symptoms and rash promptly recurred and rapidly disappeared when treatment was restarted.

Local treatment consisted of mild soothing applications such as lotio plumbi and crem. calamin.; topical cortisone was not employed.

Toxic Symptoms.—Surprisingly, these were almost entirely absent. One patient developed what appeared to be genuine rubella and continued treatment without ill effect. Another patient developed a peculiar syndrome of dizziness and headache, but was able to continue the necessary dosage without further reactions. One patient has been taking four tablets daily for over one year without ill effect; blood counts and urinary tests reveal no abnormality.

I thank Dr. J. R. Wilson, of Messrs. Lederle Laboratories Ltd., for supplies of Iederkyn, and Dr. Reginald Hall, my senior colleague at the hospital, for his constant interest and advice.

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Culture of *Trichomonas Vaginalis*

Recently there has been an increased interest in the routine diagnosis of trichomonal vaginitis by culture rather than by direct examination. Media that are more easily prepared and are reliable have been described, giving bacteria-free cultures by the addition of antibiotics. American workers have claimed an increase up to 30% in positives by culture, and this method is often essential in diagnosis of the male carrier. Now that systemic treatments are being assessed, it is important that the most dependable methods should be used. The direct wet examination must be made shortly after collection, which precludes its use outside hospitals.

In the present investigation the value of Kupferberg's (1955) simplified "trypticase" serum (S.T.S.) medium (slightly modified) was explored (1) in increasing the number of positive results, and (2) as a transport medium.

MATERIALS AND METHODS

The patients were women with vulvovaginitis, and in some of them more than one specimen was taken during treatment. Swabs were collected by wooden applicators tipped with cotton-wool, or the discharge was pipetted off. In the hospital, specimens were brought straight to the laboratory, usually in warm saline. Swabs from outside were broken off into a bijou bottle of medium, and either reached the laboratory after some hours or were sent by post. On receipt specimens were examined in a warm preparation, and swabs in saline were transferred to S.T.S. medium. Drops were examined without coverslips, as these were found to force the organisms to the edges, thus delaying identification. Low power was used to pick up the motile trichomonads, and a higher power for checking. Cultures were made at 35 to 37° C., and were examined first after 24 hours and finally after five days, samples being taken from the bottom of the bottles, and, if negative, after centrifugation.

Kupferberg's S.T.S. Medium Modified.—Maltose, 1 g.; oxoid agar, 2 g.; trypticase (Baltimore Biological Laboratories), 20 g.; cysteine hydrochloride, 1.5 g.; distilled water to 1,000 ml. Autoclave at 10 lb. per sq. in. (0.7 kg./sq. cm.) for 10 minutes to dissolve. Adjust to pH 6 with N NaOH. Then add methylene blue 0.5%, 0.2 ml. Autoclave in 100-ml. bottles at 15 lb. per sq. in. (1 kg./sq. cm.) for 15 minutes. The medium is almost clear, is straw-coloured with a narrow blue zone at the top, and keeps three to four weeks. For use, tube in 5-ml. bijou bottles. Autoclave and add to each bottle 0.25 ml. of sterile serum containing 100,000 units of penicillin and 20 mg. of streptomycin per 5 ml. Discard after a week.

Minor modifications have been made from the original medium, as these facilitated its preparation and reduced the cost without decreasing its efficiency. pH adjustment of the serum was found to be unnecessary. The serum was taken from a pool of five bloods, as on two occasions when using individual sera from two patients no growth was obtained, even after pH adjustment. We can offer no explanation for this. Latterly tryptone ("oxoid") another pancreatic digest of casein, was used instead of trypticase, and the swabs were cultured in parallel.

RESULTS

The results of the examination of 405 specimens are shown in the Table. In no case was direct examination positive and culture negative. As an additional test of S.T.S. as a transport medium, duplicates of 20 of the swabs,

Results in 405 Specimens

	No. of Swabs	No. of Positive		% Positive	% Increase on Positives Direct by Culture
		Direct Examinations	Cultures		
Hospital ..	319	86	95	29.8	10.5
Outlying ..	86	14	23	28	

known by direct examination to be positive, were placed in it and sent by post. All gave positive cultures on arrival.

Tryptone seemed to be a satisfactory substitute for trypticase, but further investigation is being made.

COMMENT

S.T.S. appears to be a highly reliable medium for the culture of *T. vaginalis*, and, slightly modified from Kupferberg's medium, is simple to prepare. We have found culture rather superior to direct examination. Kean and Day (1954), using S.T.S., claim a 31% increase on culture, and Perl *et al.* (1956) a 10% increase. Our figure of 10.5% agrees closely with the latter. Some workers have reported no advantage on culturing (McVay *et al.*, 1951; Bernstine and Rakoff, 1953).

As a transport medium S.T.S. appears to be of considerable value. Positives sent by post survive, and from patients outside the hospital the improvement on direct examination by culture was from 14 to 23. We realize that these figures are small, but they suggest that general practitioners and outlying clinics need not forgo a satisfactory laboratory diagnosis.

We thank Messrs. Ortho Pharmaceutical Ltd. for their generous supply of trypticase.

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