

Reply to Dr. Fleury

To the Editors:

We disagree with Dr. Fleury. The gynecologists who evaluated these patients were well aware of the clinical manifestations reported by Dr. Gardner to be characteristic of *C. vaginale* vaginitis; specifically, they looked for odor and discharge. To counter any argument that those asymptomatic women (who denied a malodorous discharge but had collectible nonodorous vaginal secretions) actually had *C. vaginale* vaginitis, a group of asymptomatic women with no or very scant nonodorous vaginal secretions was also studied. Nevertheless, *C. Vaginale* was found in most women in high counts even in the absence of vaginal secretions and odor.

This study was done in an indigent population. In contrast, in a study of asymptomatic medical students without vaginal discharge, *C. vaginale* was recovered from only 5% of vaginal specimens.¹ As Dr. Fleury finds, *C. vaginale* may be a cause of vaginitis in a middle-class practice population, but in the indigent population most women are apparently chronic carriers of this organism, perhaps as a reflection of local immunity from prior episodes of *C. vaginale* vaginitis.

Our data concerning "clue" cells are not unique. For example, Smith and associates² found "clue" cells in 52 of 118 (44%) patients with *C. vaginale* and in 21 of 118 (18%) patients not colonized with *C. vaginale*. In these studies "clue" cells may have been absent in patients colonized with *C. vaginale* because of inhibition of adherence in patients who are *C. vaginale* carriers. Absence of "clue" cells in *C. vaginale* carriers could be related to possible presence in carriers of immunoglobulin A in vaginal secretions which coat *C. vaginale* and thereby prevent bacterial adherence to epithelial surfaces. Immunoglobulin A inhibition of adherence has been described with other bacteria on various mucosal surfaces.

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REFERENCES

1. Unpublished observations.
2. Smith, R. F., Rodgers, H. A., Hines, P. A., et al.: Comparisons between direct microscopic and cultural methods for recognition of *Corynebacterium vaginale* in women with vaginitis, *J. Clin. Microbiol.* 5:268, 1977.

Genetic counseling and prenatal diagnosis of cystic fibrosis

To the Editors:

In a recent article by Turner and associates entitled, "Legal and social issues in medical genetics" (*AM. J. OBSTET. GYNECOL.* 134:83, 1979) the authors cited cystic

fibrosis as an example of the application of the judicious use of genetic counseling and prenatal diagnosis. The reader who is unfamiliar with genetic disorders, prenatal diagnosis, and genetic counseling may have taken the "cystic fibrosis example" as fact rather than a model, as intended.

As I am sure Dr. Turner is aware, cystic fibrosis is a recessive disorder for which prenatal diagnosis and heterozygote detection are not yet possible. In several other autosomal recessive disorders, such as Tay-Sachs disease, both biochemical determinations of the carrier state and prenatal diagnosis of the homozygous state are possible. It is hoped that these screening determinations will be available in the near future for cystic fibrosis. Currently, because of the present inability to detect the heterozygous state, genetic counseling of individuals with a family history of cystic fibrosis frequently means a statistical prediction is given, rather than a precise recurrence risk.

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Reply to Dr. Fisher

To the Editors:

Dr. Fisher is quite correct. The choice of cystic fibrosis as a model is misleading. Although studies of ciliary dyskinesia factor are promising, at this time they fail to provide a consistent method for differentiation of the homozygous from the heterozygous fetus.

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Twining rates and the "pill"

To the Editors:

Bracken,¹ if I understand his paper, found that the twinning rate is higher among women who conceive shortly after giving up the pill than among women who discontinued it some time prior to conception. He inferred that the pill is somehow responsible for the additional twins. However, it is well established that women who conceive rapidly are more likely than other women to conceive twins anyway.^{2, 3} To test whether the pill has had any effect, it would be necessary, therefore, to contrast Bracken's data with twinning rates of women conceiving at varying lengths of time after discontinuing other forms of contraception. Since twinning rates have been declining in many countries,⁴ one