

performed on unselected patients in the FRG, USA, Greenland and Denmark (8–10). Cytological and colposcopic diagnosis of HPV infection of the cervix were not very sensitive: even when combined they reached a sensitivity of only 58 %. The specificity and the negative predictive value of these techniques were acceptable, being in all cases above 90 %, although only the cytological diagnosis had a high positive predictive value (84.6 %). For these reasons we conclude that methods for detection of viral DNA should always be used when diagnosis of HPV infection of the cervix uteri is considered important for the management of the patient.

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Erratum

The summary of the paper of G. J. Meijer-Severs et al., published in Volume 9, Number 4, pages 285–287, should read as follows:

Low-Dose Ciprofloxacin for Selective Decontamination of the Digestive Tract in Human Volunteers

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The effect on the faecal aerobic and anaerobic flora of ciprofloxacin given in low doses for selective decontamination of the digestive tract was investigated in ten human volunteers. The volunteers received 50, 100 and 200 mg of ciprofloxacin every 12 h for five days at intervals of three and five weeks respectively. No significant differences in the numbers of aerobes or anaerobes were seen after the 2 × 50 mg regime. The colony counts of most anaerobes and the total aerobe count were significantly decreased after the 2 × 100 mg regime. Whereas the aerobe count was also significantly decreased after administration of 2 × 200 mg, the anaerobe count remained stable. *Clostridium difficile* was not detected during or after treatment. From these results it can be concluded that ciprofloxacin in a dose of 2 × 200 mg can be recommended for selective decontamination of the digestive tract.