

caesarian section must have been contaminated by an ascending infection either before or after the rupture of the placental membranes, or alternatively, by contamination after birth. In a separate study (Goeman J, *et al*, unpublished observation) of 205 infants with ophthalmia neonatorum, only one out of 38 with chlamydial ophthalmia neonatorum was delivered by caesarian section whereas four of 19 *N gonorrhoeae* positive babies with ophthalmia neonatorum and 22 of 148 with non-chlamydial, non-gonococcal ophthalmia neonatorum were delivered by caesarian section. Thus chlamydial ophthalmia neonatorum was observed in 4% of babies with ophthalmia neonatorum delivered by caesarian section and 26% of those delivered vaginally.

Although our study size was too small to rule out the possibility of prepartal infection of the placenta by chlamydiae, it must be less common than gonococcal infection of the placenta.

Yours faithfully,
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TO THE EDITOR, *Genitourinary Medicine*

Genital herpes

Sir,
The number of cases of genital herpes nationally has increased. Returns to the DHSS showed 7327 cases in 1977¹ and 11 147 in 1981,² and other sexually transmitted viral diseases have also increased during the past decade.

Herpes genitalis is a disease characterised by recurrences, so to assess the relative contribution made to this increasing total by first attacks of herpes and by recurrences, we reviewed the notes of patients attending the department of genitourinary medicine in Leicester with herpes during the same six month periods in 1982 and 1987 (table). As expected, the total cases of herpes increased during those years (90 cases in 1982, 134 cases in 1987). Separating the episodes into first attacks and recurrences shows that there was a modest increase in first attacks (63 increasing to 72), whereas recurrences doubled; the largest increase being in men (12 increasing to 41).

These figures show the expected increase in recurrences as the number of infected people increases with time. With the increasing pool of infection, the number of uninfected people at risk will also increase (as long as the size of the pool is small compared with the population at risk, which it is). Assuming continued sexual activity, therefore, the number of first attacks will increase.

It is interesting that the number of first attacks in men actually decreased, but recurrences showed a threefold increase,

Table Incidence of genital herpes in Leicester in two six month periods

	1982	1987
Men:		
First attack	34	29
Recurrences	12	41
Total	46	70
Women:		
First attack	29	43
Recurrences	15	21
Total	44	64
Both:		
First attack	63	72
Recurrences	27	62
Total	90	134

whereas recurrences in women showed little increase during the study period.

Yours faithfully,
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