Table Agedistribution of the Chlamydia trachomatis positive pregnant women

Age (in years)	Number	
	Total	Chlamydia positive
⩽ 20	28	3
21–25	32	2
26–30	10	1
31–35	9	0
36–40	6	2
⩾ 41	3	0
Unknown	13	1

Kallestad diagnostics, Texas USA), with an epifluorescence microscope (Zeiss) at a magnification of × 400. A specimen was considered as positive when ten or more apple-green fluorescent-stained elementary bodies were present.

The mean age of the women who participated in the study was 23·8 years (the age of 13 women was unknown).

The prevalence of *Chlamydia trachomatis* in the pregnant women examined was 9% (9 out of 101 women). Remarkably, the highest prevalence 2 out of 6 (33%) was found in the age group 36–40 years (table).

Although the prevalence percentages in the present investigation were of the same order as those found in other African countries[3-5] one has to take into account that different methods were used in the studies described. Therefore it is rather difficult to compare the data from the different surveys.

In view of the relatively small number of neonates (n = 59) tested, no definite conclusions can be drawn from the effect of a *Chlamydia trachomatis* infection on the pregnancy outcome, such as birthweight and stillbirth.

In conclusion, endocervical *Chlamydia trachomatis* infection in pregnant women in Zaîre do occur, but further investigations of the consequences of this infection on pregnancy outcome are needed.

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The Prevalence of Chlamydia infection in outpatient clinics in Beijing, China

SIR,—We have studied the prevalence of *Chlamydia trachomatis* in Beijing, China, by use of a fluorescein-labelled monoclonal antibody.[1,2] A positive result implies the identification of at least ten elementary bodies; a negative report was based only upon adequate smears that revealed intact squamous and/or columnar epithelial cells in the specimen well.

Six hundred and seventy eight women attending the Peking Union Medical College Hospital were recruited into the study between April 1988 and May 1989. Twenty eight smears were unsatisfactory. The results of the remaining 650 smears are reported here. We found the following rates of chlamydial infection: Sexually transmitted disease clinic (27/43, 62·8%), Infertility clinic (30/334, 9·0%), Gynaecology clinic (10/168, 6·0%) and Obstetric clinic (3/105, 2·9%). The highest prevalence was seen in those aged under 25 years (9/33, 27·3%) and in those aged 40 years and over (7/29, 24·1%) compared to those aged 25–39 (54/588, 9·2%).

The prevalence of chlamydia in 1000 women attending a gynaecology outpatient department in Hangzhou in 1986 was 1%.[3] Our data demonstrate a higher prevalence in Beijing in 1989 and this may reflect an increasing incidence of chlamydial infection in China.

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Genito-urinary medicine in rural areas in England

Sir,—We have recently taken up posts as consultants in genito-urinary medicine (GUM) in Cumbria. Most training schemes in this speciality are based at teaching hospitals located within major cities, but some aspects of GUM practice are different in rural areas because of social or geographical factors. Training schemes could be enriched by the inclusion of a period of training in a district general hospital, and lessons learnt from rural experience may enhance the practice of GUM in city clinics.

Some rural health districts have addressed only recently the difficulties in providing a GUM service. In these districts there is a strong tradition of general practitioners attempting to treat sexually transmitted diseases, despite the disadvantages of so doing.[1]