

In Bolton, we retrospectively reviewed the casenotes of 239 non-pregnant women with cervical chlamydia infection who had been treated with a standard regimen of erythromycin 500 mg bd for 10 days. Treatment failure occurred in only 14 (5.9%) cases; of these failures, 11 women discontinued treatment because of gastric upset and three were re-infected by their sexual partners.<sup>3</sup>

We have shown that erythromycin is an effective, well-tolerated treatment for genital chlamydial infection in women. In addition, its lack of fetotoxicity makes it particularly useful for patients who are either pregnant or not using reliable methods of contraception.

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### Effect of leaflets on contraception

Sir,  
Smith and Whitfield (August *Journal*, p. 409) conclude that providing information leaflets appears to significantly improve knowledge about contraception. Uncritical readers of the abstract may conclude that the value of such leaflets has been proved. Unfortunately, the study provides only limited evidence to support this.

I assume that the first questionnaire was complete after the consultation, thus controlling for information provided during the index consultation, though this is not entirely clear from the paper. There remain other possible explanations for the improvement in knowledge. Thus, the pack insert may have contributed to the improvement, especially in new users, who would not have had the chance to read this previously. Of more importance is the fact that completing the question-

naire will in itself have made this group more likely to seek information, either from the inserts, pharmacist or the leaflets themselves. The improvement in aspects of knowledge not mentioned in the leaflet supports the involvement of other factors. The percentage of women knowing that emergency contraception could be obtained from a casualty department, information not given in the leaflet, increased from 12 to 17.6%, this change just failing to reach statistical significance (Yates corrected chi-square = 3.52,  $P < 0.06$ ). At best, this study illustrated the advantage of handing out a questionnaire followed by the FPA leaflet.

The only satisfactory way to demonstrate the true effect of providing information leaflets would be through a randomized controlled trial. More urgently, the deficits in knowledge highlighted by this paper (e.g. even after receiving leaflets on contraception, three-quarters of respondents did not know the 'seven-day rule') should prompt attention to the whole area of providing information to contraceptive users.

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### Cold chain storage

Sir,  
Professor Grob highlights the ineffectiveness of the cold chain in vaccine storage in physicians' offices in the USA (International Digest, January *Journal*, 53). He then wonders whether the UK experience is similar to the poor results found in this American study. In fact, two recent UK general practice studies have indeed shown a defective cold chain storage programme.

A questionnaire survey of 40 general practices and child health clinics revealed that only 16 were aware of the appropriate vaccine storage conditions.<sup>1</sup> Only eight centres had a maximum-minimum thermometer, with only one centre monitoring it daily. Of the eight practices selected for detailed monitoring of refrigeration temperatures, the vaccines were exposed to either subzero temperatures (three fridges) or temperatures up to 16°C (three).

In a study of 29 general practices, compliance with six key requirements for storage of vaccines varied from 70 to 0%.<sup>2</sup>

Only 16 out of the 29 practices had a named person responsible for vaccine storage, only 15% of the refrigerators had a maximum-minimum thermometer, 27% of the refrigerators also had food and drink stored in them, and in 10 of the practices, the potency of some vaccines became suspect after use.

It would appear that the suggested nine-point protocol for the storage of vaccines does need to be implemented in the UK.

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### MRCGP examination 1996

Sir,  
If any process can be guaranteed to deter the already dwindling number of medical graduates from entering into general practice as a career, it must be the suggested changes for the 1996 examination for membership of the Royal College of General Practitioners and summative assessment proposals, details of which were distributed in an insert in the July issue of the *Journal*. A more daunting and confusing set of proposals I have yet to read. No one would dispute the ideology of improving the professional quality of tomorrow's general practitioners, but if there has to be an entry qualification to family practice, let it be the MRCGP examination and be done with it. The examination should be able to encompass all of the requirements of summative assessment and so rid us of the ever increasing obstacles placed in the path of aspiring general practitioners.

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