

# Correspondence

Letters to the Editor should not exceed 500 words.

## Congenital Rubella : Infections in Hospital Staff

SIR,—In the report by Dr. K. M. Hambidge and others (12 March, p. 650) passing reference is made to rubella infection among members of staff attending babies with congenital rubella. This has been reported by other workers,<sup>1-3</sup> though its importance has not in our opinion been sufficiently stressed. We have recently had two instances of infection occurring in staff caring for affected infants. At birth a baby was found to have lesions suggestive of congenital rubella, rubella virus being later isolated from the throat and cerebrospinal fluid. Because of the risk of infection from this infant, only unmarried nurses were allowed to look after him. One nurse who cared for him during the first five days developed clinical rubella 14 days after leaving the ward. In another hospital with two infants with congenital rubella the paediatric houseman developed rubella. In neither of these cases was there any other known contact with rubella and both were confirmed serologically.

During the past three months nine cases of congenital rubella have been identified by virus isolation in our laboratory. Some of these cases were not suspected until the infants were several weeks old. Although obvious cases of congenital rubella may be promptly recognized, apparently normal infants may also be infectious.<sup>4</sup>

Many paediatric and obstetric departments are staffed by young married women, 10 to

30% of whom will not be immune to rubella (unpublished data). We feel that these staff, who frequently carry on working during early pregnancy, should not be unwittingly exposed to rubella. We are at present examining the sera from staff at our hospitals for neutralizing antibody. Those found not to possess antibody will have the risks explained, and it may be prudent to exclude the non-immune married staff from caring for infants.—We are, etc.,

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## Abortion Law Reform

SIR,—I was very interested to read the excellent report on legalized abortion by the Council of the Royal College of Obstetricians and Gynaecologists (2 April, p. 850).

Two questions, however, arise. First, from the paragraph, "For women who have a serious medical indication for termination of pregnancy, induction of abortion is extremely hazardous, . . ." and secondly, "When wanted pregnancies occur following a previously induced abortion they are liable to be complicated by miscarriage, premature labour, ruptured uterus, and other serious accidents."

No references are given for either of these statements, and I should be grateful for information on the experience upon which they are based.

The risks of termination of pregnancy in severe heart disease have been repeatedly emphasized in the past, but now that it is recognized that heart failure should be controlled medically before operative treatment for termination the risks have been greatly diminished. I imagine that similar considerations apply to other medical indications for termination, and I doubt whether it is any longer correct to classify the risks as "extremely hazardous."—I am, etc.,

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R. M. MARQUIS.

SIR,—You expressed your hope (19 March, p. 693) that Lord Brain's admirable article (p. 727) would spark off discussion, hence these observations. Medicine in this country has been based on Christian ethics, to which not only convinced Christians but also neo-Platonists and humanists subscribe, and the twin aims of medicine have been the alleviation of pain and suffering and the prolongation of human life. Destruction of human life, therefore, can only be contemplated in the context of imperative necessity. It is passing strange that a Parliament so concerned with saving the life of a convicted murderer should be so willing to destroy life, perhaps because it is so innocent and so small?

It is easier and quicker to effect an abortion in this country than in Scandinavia, for since the courageous stand of Mr. Bourne any gynaecologist who is satisfied that an abortion ought to be done can put "termination of pregnancy" on his operating list and do it in an open manner without fear of the law. Most gynaecologists would induce abortion if they had strong reasons for suspecting gross malformation of the foetus, but the "thalidomide disasters" are not likely to recur and the difficulty lies in detecting abnormalities early in pregnancy, particularly as the uterus tends to discard poorly fashioned foetuses. The proper outlook towards rubella is not to count the odds of defects in the foetus but rather to see that every girl gets rubella or is immunized against it. It was reported<sup>1</sup> that the National

## Pink Disease

SIR,—It is now many years since pink disease has been a common disorder, and one wonders whether the importance of mercury as a toxic agent in infants is appreciated by younger doctors who may not have seen the condition in the past.

I have written this letter because in the last few weeks I have seen two cases of what I had thought was an almost extinct disease, and in both cases of pink disease the children had mercurial ointments applied to a napkin rash.

I would be interested to know if many other cases of the disease have been seen recently as the result of such applications.—I am, etc.,

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SIR,—Because the addition of mercury to teething powders was discontinued a good many years ago we are apt to forget the possibility of pink disease.

The following case report indicates the danger of complacency in this matter.

An irritable boy aged 21 months was referred to the outpatient department on account of loss of weight of three weeks' duration. On examination he looked as if he had lost weight: he was pulling his hair out, and scratching his wrists and feet. His hands and feet were unusually pink, and he was perspiring. There were no other abnormal physical signs. The urine mercury was 56 µg./100 ml.

The mother stated that she had been administering teething powders intermittently since the age of 8 months. The powders were Steedman's, and they contained 26.7% of hydrarg. subchlor. They had been obtained most recently from a grocer's shop three weeks previously.

The principal medical officer of the West Riding was notified, and a health inspector found a parcel of a gross of packets of mercury-containing teething powders. The shop had been visited two years previously but no old stock was found.

—I am, etc.,

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