any gynaecological clinic. I often sadly reflect that comparable stitching—or lack of stitching—on a visible part of the patient's anatomy might be followed by some very awkward questions.—I am, etc.,

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Maternity Units

SIR,—I was surprised and disconcerted to see in your columns (May 27, p. 1543) an attack on Professor Norman Morris, provoked by a lecture he delivered at the Royal Society of Health Conference at Blackpool. He had been invited to address an audience of health workers and architects on the design and requirements of a modern maternity hospital.

I have before me the script of the lecture, and can find no basis for the allegation that Professor Morris attempted "to convey the impression that his was a lone voice crying in the wilderness and that all other obstetricians were blind to the requirements of their profession." Nor do I see any evidence for the suggestion that Professor Morris's paper is liable to raise undue alarm in expectant mothers. Many of our hospital buildings are out of date, and expectant mothers know this only too well. They also know there is a great shortage of beds and they are fortunate to get into any unit, even in a building two hundred years old.

However, the phrases "dreary halls," "human cattle markets," "windy corridors," "conveyer-belts," etc., taken out of context, as they were, by reporters hoping to cause a sensation, give a totally misleading impression of the tenor of the lecture and the discussion that followed. I cannot imagine that Mr. Marshall Scott and Dr. Law are the sort of men who would choose to attack the reformer rather than face the problems of reform, so I can only conclude they did not attend the conference but relied for their information on superficial newspaper reports.—I am, etc.,

London N.W.3. J. M. SLATTERY.

Prevention of Rh Haemolytic Disease

SIR,—I should like to refer to the paper by Dr. R. Finn and his colleagues (May 27, p. 1486) and your leading article (p. 1519) on the prevention of Rh haemolytic disease.

"If foetal Rh sensitization is due to foetal red cells entering the maternal circulation, it seems possible that they may be eliminated before they have time to act as Rh antigens—for example, foetal cells containing A antigen would be removed by a maternal serum containing anti-A."[1] There appear to be two inconsistencies here: (i) "Elimination" means haemolysis, and the products of "elimination" will be absorbed by the cells of the maternal reticulo-endothelial system and will not just "go up in smoke." (ii) Whole red cells from the foetus—or the products of haemolysis of those cells ("elimination")—by nature of their incompatibility will stimulate antibody formation in the cells of the reticulo-endothelial system of the mother.

There is no doubt that the red cells of the foetus do enter the circulation of the mother as a result of leakage through the very thin-walled capillaries of the placenta. There is no doubt that this leakage is more frequent than generally realized. If the red cells of the foetus remain in the maternal circulation for a prolonged period, it is likely that nothing will happen so long as the foetal cells *do* remain in the mother's circulation; it is probable that only after "elimination" do antibodies begin to be formed. Anti-Rh-bodies are of two kinds: (*a*) "saline" agglutinins, and (*b*) "albumin" agglutinins. The "saline" antibody has a large molecule (sedimentation coefficient 19 S approximately), and the "albumin" antibody has a small molecule (sedimentation coefficient 7 S approximately).[2] Injection of the Rhesus-negative pregnant mother with "saline" agglutinins probably would not harm the foetus. A very different state of affairs would follow the injection of "albumin" agglutinins into the pregnant mother.

Why not treat the mother with steroids and prevent the cells of her reticulo-endothelial system from reacting to the foreign proteins?[3]—I am, etc.,

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REFERENCES

[1] Race, R. R., and Sanger, R., *Blood Groups in Man*, 1958, 3rd ed., p. 315. Blackwell, Oxford.
[2] Campbell, D. H., Sturgeon, P., and Vinograd, J. R., *Science*, 1955, **122**, 1091
[3] Marsh, F., *Lancet*, 1961, **1**, 455.

Cervical Carcinoma in a Girl

SIR,—I was greatly interested in the case report by Mr. C. J. B. Orr and Mr. P. R. B. Pedlow (May 27, p. 1511), having had under my care recently a young, single girl presenting some similar features.

When she was first seen in the out-patients' clinic, immediate admission to hospital was imperative because of bleeding. This increased during the next few days, and several pints of blood were transfused. Whilst transfer was being arranged to the radiotherapy centre, some considerable distance from her home, it was emphasized that the bleeding, which was copious despite continued tranfusion, would not be stopped immediately by the initial cancericidal dose. With the full concurrence of my colleague in radiotherapy, it thus became clear that hysterectomy was an urgent necessity to effect haemostasis, quite apart from the merits of surgical treatment as opposed to radiotherapy. I therefore carried out a radical procedure on the evening of Easter Saturday. She made a very rapid and entirely uneventful recovery, and has now returned to work full of youth and vigour. The ultimate outlook is obviously another matter.

I was, of course, aware of the paper by McCall *et al.*,[1] in which they recommended conservation of functioning ovarian tissue in the very young, but I decided, rightly or wrongly, not to conserve either appendage. The excised uterus presented an almost identical picture to that shown in Fig. 2 of their article. My patient appears so far to have no ill effects whatever from total extirpation of ovarian tissue, and in general one feels that surgical treatment is to be preferred in the very young woman, and, though in this instance radiotherapy was at first chosen, surgery was, of course, forced upon us subsequently.

I was also most interested to learn that the search of the literature had revealed no case below the age of 18; my patient was aged 17, and might therefore be the youngest case yet recorded.—I am, etc.,

Liverpool 1. H. V. CORBETT.

REFERENCE

[1] McCall, M. L., Keaty, E. C., and Thompson, J. D., *Amer. J. Obstet. Gynec.*, 1958, **75**, 590.