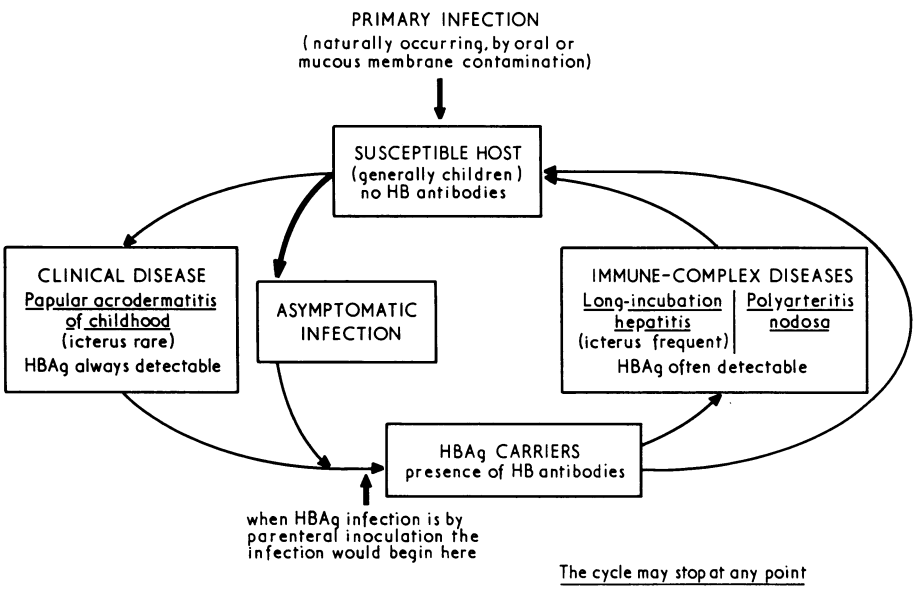

P.A.C. are not seen in serum hepatitis. But there are other examples of this. For instance, it is well known that herpes simplex infection affects almost everyone during childhood and adolescence but few present the cutaneous, mucosal, lymph-node, visceral, and general symptoms of the primary disease.

We suggest that the cycle of HBAg infection (see fig.) is such that when it occurs in children it is asymptomatic in most cases but in others it causes P.A.C. When an infection is acquired by parenteral inoculation (blood transfusion or subcutaneous or intramuscular injections) the papular dermatitis and lymphadenopathy do not develop, either because the infection begins directly in the blood or because the subject has already experienced primary HBAg infection. For these reasons HB antibody is not found in the serum of children with P.A.C., whereas HBAg is always detectable in the dermatitis phase, while HBAg is not always found in long-incubation hepatitis and polyarteritis nodosa, in which HB antibodies or immune complex are present. The rareness of icterus in P.A.C. and its frequent presence in long-incubation hepatitis should be noted.—I am, etc.,

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1 Gianotti, F., *Giornale Italiano di Dermatologia*, 1955, **96**, 678.
2 Gianotti, F., *Archives of Disease in Childhood*, 1973, **48**, 794.
3 Pinol Aguade, J., and Mascaro, J. M., *Actas Dermosifiliograficas*, 1971, **62**, 95.

Doctors, Drivers, and Confidentiality

SIR,—I certainly had no wish to sadden Dr. R. McL. Archibald (22 June, p. 670), nor to cast any kind of slur on all who work in occupational medicine. But, yes, I have myself been approached by telephone by firms' medical officers asking for information about my patients without the patient himself having given his consent. I have never thought that these doctors were villains, but simply ordinary, honourable doctors doing a routine job and—like most of us—not considering the ethical implications of every little act.

Dr. Archibald invites me to examine my motivation in writing. One would have thought that this subject is worthy of discussion in your columns for two reasons. Firstly, doctors who seek information in this roundabout manner may welcome the chance to consider its ethical implications. Secondly, young general practitioners may wish to be forewarned and forearmed against this sort of irregular inquiry. Speaking—as Dr. Archibald would wish—from my own experience, I know how routine and normal such a request for information can sound when it comes from a genial, honoured, and senior medical colleague.

To end pedantically, the doctor *technically* in breach of our ethical code would be the one giving information without the patient's permission, and not the one seeking this information.—I am, etc.,

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Abdominal Decompression in Pregnancy

SIR,—I am pleased that Mr. D. D. Mathews (29 June, p. 725) agrees with many of the points which I made (1 June, p. 499). He then goes on to make two additional ones: (1) that observer bias still seems to offer a plausible interpretation of the difference in results which we obtained in our decompressed and control groups; (2) that the observed results in the decompressed patients may have been better because they received *less* bed rest.

I would concede that observer bias might conceivably have affected the cephalometry results, which were all measured by the same person who knew whether patients belonged to the test or control groups. However, it seems most unlikely to have affected the results of the urinary oestrogen assays, which were performed by two technicians unaware of which group patients belonged to. Furthermore, it seems frankly absurd even to consider the possibility that observer bias might have influenced the birth weights of the babies, who were weighed by midwives not involved in the project.

Turning to the matter of bed rest and exercise, since we were aware of the possible effects of these factors on fetal growth we drew attention to the fact that the mean duration of bed rest was 1·5 days longer in the control group.[1] Our patients did *not* walk to the decompression suits; they were taken by wheelchair, and we know that the nursing staff did not allow them "considerably more freedom about the wards." Mr. Mathews implies that abdominal decompression involves patients in considerable exertion. I would disagree, while recognizing that we are both expressing opinions without any supporting ergonomic data. In short, I am not persuaded by his arguments that the better results in the decompressed groups of patients are likely to have been due to "the lesser amount of enforced bed rest to which they were subjected."—I am, etc.,

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1 Varma, T. R., and Curzen, P., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1973, **80**, 1086.

Infertility and Rubella Infection Prophylaxis

SIR,—The investigation and treatment of infertility are fraught with dissappointments for both patient and doctor. Any pregnancy finally conceived brings both a sense of achievement and relief to all concerned.

Maternal rubella infection, even at a subclinical level, undoubtedly carries some risk of fetal malformation, enough perhaps to justify a couple to request and the doctor to grant termination of pregnancy. For this to occur in an infertile patient is an immense tragedy and waste. Two such infections in patients attending the infertility clinic at this hospital recently has brought this to our attention. We therefore suggest that, though as an ideal every woman of child-bearing age should have been tested for rubella infection and if necessary vaccinated, at the very least such measures should be carried out before referral to an infertility clinic. This would avoid any delay caused by the necessary tests and treatment having to be carried out later in the infertility clinic. A test for rubella antibodies should be available to all practitioners and will indicate if vaccination is required.

Vaccination will give the necessary protection, but contraceptive measures should be used to prevent pregnancy and possible teratogenesis for three months afterwards. Only by such prophylactic measures can our patients be best served and potential heartbreak avoided.—We are, etc.,

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Vitamin A and the Teratogenic Risks of Oral Contraceptives

SIR,—Dr. Isabel Gal (8 June, p. 560) continues to warn that the high level of vitamin A (retinol) found in the serum or plasma of women taking oestrogen-containing oral contraceptives[1-3] may constitute a teratogenic hazard to women who become pregnant during, or shortly after stopping, treatment