

A fair statement of early morbid conditions recognizable on due examination (and there will be others to come) is contained in a most interesting and stimulating article on the child health service in the *Guy's Hospital Gazette* of September 4. The whole child health world is indebted to the writer,¹ as it is to Sir Denis Browne for his repeated and untiring efforts to capture one group of congenital defects in their earliest and most malleable state. His work over the years, and that of many others, surely demands that the infant doctor be not idle or remiss—or ignorant—in his, so far as the local authorities are concerned, continuously costly attempts to survey the new generation. The local authority clinics have now been fifty years getting into their stride. Let the Ministry of Health after such long gestation now do its bit and produce for the national service its model case-sheet, asking, collecting, and collating definitive information. Then guided still further by the consultants and research workers the child health service may at last take proper hold of its opportunities, and enjoy their fruits, in really early detection and correction of abnormalities in individuals while producing positive results in the form of reliable data on a national scale, commensurate with its cost.—I am, etc.,

London S.W.1. MARGARET EMSLIE.

REFERENCE

- ¹ Saint, G., *Guy's Hosp. Gazette*, 1965, 79, 414.

Intrauterine Contraceptive Device and Population

SIR,—Taken together, and they are obviously related, your admirable leading articles (10 April, p. 939, and 31 July, p. 249) have done much this year to stimulate thought as regards technical aid to the poor and inadequately developed countries and to the problems of an expanding population, with which some of them are already hopelessly bedevilled. Dr. Cicely D. Williams's letter (25 September, p. 756) is therefore more than timely inasmuch as she would draw urgent attention now to the plain fact that "given vastly better techniques of death control they had to be used, but using them before effective techniques of birth control were widely available and acceptable, made the population explosion as inevitable as it was foreseeable."¹

Mr. Siva Chinnatamby's letter (25 September, p. 756) presumably relates more particularly to conditions in Ceylon. Admittedly basic intelligence and illiteracy are strictly unrelated, but many of your readers will doubt whether the pill even when regularly available can prove as effective as the intrauterine device in countries where language barriers make even simple details well-nigh impossible to impart. Furthermore, since your leading article referred only very briefly to the oral tablet it would seem unfair to suggest it was "denigrated." However, Dr. Chinnatamby's views and experience obviously deserve great respect.

Mr. John A. Stallworthy's letter (25 September, p. 756) emphasizes once again his distinguished contributions to the problem of infertility over many years, and those of your readers long aware of his enlightened policy towards family-planning activities from

earliest years may think it should now be widely extended to other centres. His experience at the Bombay Seminar is obviously significant, but language difficulties must surely cause some embarrassment.—I am, etc.,

Liverpool 1. H. VINCENT CORBETT.

REFERENCE

- ¹ *New Statesman*, 11 June 1965.

Neonatal Listeriosis

SIR,—The late Professor Mary Barber and Dr. O. A. Okubadejo reviewing the literature in their paper on neonatal listeriosis mention that in the British cases so far reported the infection has been confined to the meninges (25 September, p. 735). A brief note of the post-mortem findings of a case seen in this hospital in 1962 may therefore be of interest.

The patient was a full-term female infant healthy at birth who became ill on the 14th day. 48 hours later she was found to have a purulent cerebrospinal fluid which gave a heavy growth of *Listeria monocytogenes* (subsequently typed by Dr. P. Seeliger as type 4B). The child failed to respond to antibiotic treatment and died within a further 24 hours. At post-mortem the infection appeared to be confined to meninges, but sections from the adrenals and liver showed focal inflammatory lesions similar to that shown in Fig. 3 of Professor Barber and Dr. Okubadejo's paper. Gram stain showed many *Listeria* in the adrenal lesions though none could be demonstrated in the liver.

The mother of the child had a cough with pains in the chest and a purulent sputum six days before the birth of the child. Attempts to isolate *Listeria* from the vagina following diagnosis of *Listeria* infection in her baby were unsuccessful.

—I am, etc.,

Friarage Hospital,
Northallerton.

P. N. COLEMAN.

SIR,—The paper by the late Professor Mary Barber and Dr. O. A. Okubadejo (25 September, p. 735) on maternal and neonatal listeriosis has interested us, since we have seen eight cases of human infection with *Listeria monocytogenes* during the last two years. Five of these, all adults, took the form of a fatal meningitis. One was an 18-year-old woman with vaginal discharge following stillbirth. The organism was isolated from her vagina (no necropsy was done on her infant). One was a 20-year-old British primigravida with pyrexia, from whose vaginal swab the organism was isolated *post partum*. Her infant, ill from birth, developed nasal discharge and conjunctivitis with clinical evidence of septicaemia. Swabs taken from the baby's nose and conjunctiva on the second day of life grew *Listeria monocytogenes*. The infant died on the third day, despite intensive treatment. At post-mortem there was evidence of septicaemia, with pin-point necrotic foci in the liver, and the organism was isolated from liver, spleen, and meninges.

That maternal infection with *Listeria monocytogenes* can result in infected offspring is well recognized, and this infant was almost certainly infected *in utero*. We would hesitate, however, to agree with the authors that *Listeria monocytogenes* is a definite cause of repeated abortion in man. Are we not correct in saying that this point has yet

to be established definitely?¹ And that, owing to the difficulties of growing *Listeria* from infected material, it may be some years before it can be?

All eight isolates have been typed for us by Dr. Seeliger, of Bonn, and found to be 4b, the serotype most frequently encountered in human infections in the U.S.A., France, and, since 1960, in Germany.—We are, etc.,

C. H. JELLARD.

GILLIAN M. CHURCHER.

Department of Bacteriology,
Plymouth General Hospital,
Plymouth.

REFERENCE

- ¹ *Second Symposium on Listeric Infection*, 1963, edited by M. L. Gray. Bozeman, Montana State College.

Puberty and Adolescence

SIR,—The article by Dr. Julia Dawkins (28 August, p. 523) is of particular value to those of us who are endeavouring to arrange programmes of "Education for Living" in schools, and I would from my own experience endorse her view that boys are as much in need of help as girls. There is no episode comparable to the menarche to prompt parents to say anything to boys about physical maturation, and I find when talking to junior secondary-school boys that any suggestion that "sex" is something they could discuss with father is greeted with hoots of derision. At the same time pubescent boys are anxious about many facets of their own development and about sex in all its aspects. Even at age 13 they can be prompted to take part in group discussion with someone they recognize as a source of authoritative information.

With regard to advance information about menstruation our own findings in Fife¹ were that of 416 pre-adolescent girls aged 12½ to 14½ years 54.1% said they had been prepared by mother, 16.6% had been prepared by teacher or school nurse, and 15.6% had obtained information from other sources. 13.7% admitted to being uninformed. Though the quality of the information received was not probed, the total number of girls to whom menstruation was at least mentioned by mother would seem in keeping with the figure quoted in her letter by Dr. Susan Shafar (18 September, p. 700).—I am, etc.,

J. A. WARD.

Health and Welfare Department,
Fife County Council,
Cupar, Fife.

REFERENCE

- ¹ Ward, J. A., *et al.*, *Publ. Hlth*, 1964, 79, 31.

Value of Breathing Exercises

SIR,—I was most interested in the controlled trial of breathing exercises by Drs. K. B. Saunders and J. E. White (18 September, p. 680), but wonder if the conclusions reached were necessarily valid, as little importance was attached to patients' opinions compared with objective pulmonary function tests.

There is an increasing tendency to give less weight to the subjective impressions of patients in favour of objective measurements,