

## RUBELLA IN EARLY PREGNANCY

Sir,  
May I comment on your editorial (November *Journal*) on the management of rubella in early pregnancy?

You state that some practitioners will prefer to wait for the result of a pregnancy test before investigating a woman who has missed a period and been in contact with rubella. This delay is unwise for two reasons, firstly because subsequent failure to collect a blood specimen within the incubation period will add greatly to the difficulty of making a laboratory diagnosis of rubella, and secondly because an HAI screening test on a woman of child-bearing age, pregnant or not, will anyway be worthwhile.

The use of normal immunoglobulin to prevent fetal rubella in the way you suggest has little to recommend it. The doses you mention are large and painful for the recipient, and if, as you say, their administration is delayed until it has been shown that the patient is susceptible, any benefit may well have been lost. The alternative of offering immunoglobulin to all women in contact with a rubelliform illness in early pregnancy will entail giving it to many who are immune and some whose contact has not been with rubella at all.

For practical purposes, therefore, the use of immunoglobulin can be limited to those patients who would not agree to a termination of pregnancy if they contracted rubella and must be offered the chance of any protection it may give. Other women, knowing that the value of immunoglobulin is unproven, will probably prefer to await the outcome of clinical and laboratory observations, and decide whether they wish to continue their pregnancy accordingly.

The diagnosis of viraemic infection in the mother, with its implications for the health of the fetus, depends on a full clinical and laboratory assessment of each case. A decision to terminate pregnancy cannot be based solely on a fourfold rise in titre because these rises also occur in "re-infections" in which the fetus does not seem to be at risk (Boué *et al.*, 1971). Seroconversions from antibody negative to positive, the presence of specific IgM in the mother's serum, and of course a rubella-like illness in the mother two to three weeks after contact with a known case of rubella are all firmer grounds for deciding that the fetus is threatened.

Congenital rubella and the anxiety which it causes in pregnancy can now be prevented by seeking out and vaccinating susceptible women. Laboratories have made great efforts to provide rubella HAI tests for patients attending antenatal clinics as well as for vulnerable groups such as teachers and nurses, and last year the Public Health Laboratory Service carried out over 300,000 of these tests. Many additional tests were per-

formed by other hospital laboratories. This work will have been fruitless unless those shown to be susceptible are vaccinated, and this, as you rightly say, represents a challenge to the general practitioners, obstetricians, and other clinicians involved.

For unless the screening programme in our laboratories is complemented in surgeries and postnatal clinics by vaccination of susceptible women much effort will have been wasted, and rubella in pregnancy will continue to be a problem perplexing both doctors and patients.

P. P. MORTIMER

Virus Reference Laboratory,  
Central Public Health Laboratory,  
Colindale Avenue,  
London NW9 5HT.

## REFERENCES

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## HYPERTENSION IN GENERAL PRACTICE

Sir,

We would be grateful if we could use your *Journal* to seek help in the expansion of the Medical Research Council's treatment trial for mild hypertension. The pilot phase of this trial, as many of your readers will know, has been in progress for almost three years and has already shown that a full national trial is both scientifically and ethically justifiable. The 22 clinics at present collaborating have together entered and followed-up about 1,200 patients in the 35-64 age range with sustained diastolic (V) pressures of 90-109. The full scale trial is estimated to require a five-year follow-up of 18,000 patients and therefore a total of about 200 such clinics. We believe that a necessary part of the pilot phase of the trial should include a demonstration that this is feasible.

Recently all area medical officers, the secretaries of local medical committees and the administrators of family practitioner committees have been asked to provide lists of suitably sized practices. From such lists we hope, at this stage, to assemble at least 200 practices which would be willing to take part in this work, and, at that time, a random sample of 10 or 15 would be selected. By this means the practicability of full-scale expansion would be assessed.

If any of your readers feel that their own practices—whether general practices or industrial—could contribute we should be glad to hear from them. We are seeking practices with total lists of about 7,500 or more—i.e. 2,500 in the 35-64 age range. Three to five per cent of such patients would probably be eligible for the trial.

The Medical Research Council has usually