

## SOUTH-WEST OF ENGLAND FACULTY

### Interim Report on the Pink Disease Survey

Towards the end of 1954 a suggestion was put forward by Dr. B. S. C. Gaster of Evershot, Dorset, that the possible relationship between the ingestion of mercury and the development of pink disease in children might prove a useful field for a survey.

After consultation with the College research committee it was agreed to launch a pilot survey confined, in the first instance, to the faculty. A sub-committee was set up consisting of Drs. B. S. C. Gaster, R. M. S. McConaghey and A. E. de la T. Mallett and an approach was made to Professor A. V. Neale of the Department of Child Health, University of Bristol, who very kindly agreed to assist with the planning and execution of the investigation.

It was decided that the object of the survey should be to demonstrate firstly the incidence of the disease as seen by the general practitioner and secondly to ascertain the existing relationship, if any, between contracting the disease and the previous ingestion of mercury in any form.

With this end in view two questionnaires were produced and are shown below.

(Form A)

#### PINK DISEASE (*Pilot Survey 1955/56*)

From:— (*Doctor concerned*).

#### Observation Period—1st May 1955 to 30th April 1956.

Case No:—.....Date of Birth:.....Sex: M/F.....

Date of onset of symptoms: .....

1. For how long fed on:—

(a) Breast .....

(b) Breast and  
bottle .....

(c) Bottle .....

2. (a) Were powders containing mercury given prior to  
onset .....

(b) Duration between first administration and onset  
of symptoms .....

3. (a) Were pills containing mercury given prior to  
onset of symptoms .....

(b) Duration between first administration and onset  
of symptoms .....

4. Diagnosis confirmed by Consultant (Yes/No) .....

5. Estimated total amount of mercury ingested.....

If you should see a case of Pink Disease kindly complete this form and return to:—  
DR. B. S. C. GASTER, The Old Cottage, Evershot, Dorset. Tel: Evershot 239.

(Form B)

PINK DISEASE (*Pilot Survey 1955/56*)

From:— (*Doctor concerned*).

**Observation Period—1st May 1955 to 30th April 1956.**

Case No:—.....Date of Birth:.....Sex: M/F.....

Date of onset of symptoms: .....

1. For how long fed on:—

(a) Breast .....

(b) Breast and  
bottle .....

(c) Bottle .....

2. Form in which mercury has been

administered .....

3. Estimated total amount of mercury

ingested .....

4. Duration between first administration

of mercury and date of this report .....

If, after sending in this report, it should come to your knowledge that this child develops Pink Disease, kindly notify me without fail.

If you should see a child who has been taking mercury in any form but who has not developed Pink Disease, kindly complete this form and return to:—

DR. B. S. C. GASTER, The Old Cottage, Evershot, Dorset. Tel: Evershot 239.

As will be seen from the questionnaires the first (Form A) was designed to record actual cases of pink disease with various relevant details, such as the administration of mercury contained in powders, and the second (Form B) was to record the number of children to whom mercury had been administered and who did not develop pink disease.

The observation period was to be from the 1st May 1955 to the 30th April 1956. Professor Neale was kind enough to draw up a brief memorandum on pink disease and this was circulated to each participant in the survey and reads as follows:—

**MEMORANDUM ON PINK DISEASE**

BY PROFESSOR A. V. NEALE

**AGE RANGE:** Commonly 6 months—2 years. Has been known up to 7 years and can occur in breast or bottle-fed babies.

**INCIDENCE:** Sporadic; small outbreaks have been noted.

**DURATION:** A few weeks to several months.

**SEVERITY:** Very variable.

**ONSET, COURSE AND SYMPTOMS:** There is often a prodromal febrile upset, with mild upper respiratory infection or temporary alimentary upset. Shortly after there is a change in disposition. The child becomes apathetic and miserable with anorexia, irregular sleep and restlessness. There is photophobia, and the head down position is adopted in bed. Muscular hypotonia occurs with wasting of the thigh and gluteal muscles, and the child "goes off its feed."

Sweating is invariably excessive, with sudaminal rash, irritation, scratchings and consequent sepsis. The hands and feet have the typical pink-red tint, as far as the wrist and ankle. Later there is desquamation of hands and feet.

There is also salivation with swollen, sore gums; pulse rates may rise to 150 and B.P. to 120 mm. Hg. (Systolic).

All the above settle slowly with recovery.

Ninety-four members of the South-West of England Faculty agreed to take part in this survey, but at the time of going to press there have been no cases of pink disease, or cases in which mercury has been administered, reported.

During the course of the survey, however, it was suggested by a member of the College research committee, Dr. Charlotte Naish, that it might be instructive to send out to each college member in the country, as well as overseas, a simple questionnaire asking for information as to the number of cases of pink disease seen in the *previous two years*. 2,916 such forms were sent out to members in Great Britain and Northern Ireland, and 930 were returned reporting a total of 189 cases of the disease. In addition 139 doctors returned 16 questionnaires reporting 6 cases from New South Wales, and the figures for Queensland were 36 doctors, 7 questionnaires returned, and 4 cases reported. The results of this aspect of the Pink Disease Survey are summarised in the following table—Page 134

The figures in the table are represented graphically in the following map, which shows cases of pink disease reported per 100 doctors from the College Register distributed by College Faculties.

With regard to the future progress of the survey, a problem has now risen for the reason already stated that no cases of pink disease have been reported from the South-West of England Faculty, and therefore at the moment it is impossible to make any comment on the relationship to the administration of mercury as it was felt it was not possible to enquire into this aspect of the matter retrospectively over the past two years.

However, it has been suggested that the attempt should be made to discover when teething powders containing mercury were withdrawn by the makers from circulation, and to send out a further questionnaire on a national basis to enquire into the incidence of cases of pink disease seen after the withdrawal of such powders. If, in fact, the incidence of the disease has dropped significantly following the withdrawal of such powders, it would suggest that there was, in fact, some relationship between the administration of mercury and the incidence of the disease.

AREA	No. of Doctors		Total Cases Reported	Cases per 100 Doctors		
	(a) In area	(b) Reporting		Number of Cases refd. to Hospital	Reporting	Cases refd. to Hospital
S.E. England	334	122	15	12	12.3	9.8
London	374	107	10	8	9.4	7.5
S.W. England	251	97	12	12	12.4	12.4
Midland	229	90	20	16	22.2	17.8
Yorkshire	169	60	10	0	16.7	13.3
N.W. England	169	60	14	11	23.3	18.5
N. Midland	147	51	26	24	51.0	47.1
N. Home Counties	183	51	6	4	11.8	7.8
W. Scotland	166	41	12	10	29.3	24.4
N.E. England	130	37	32	21	86.5	56.8
Merseyside & N. Wales	117	36	4	1	11.1	2.2
S. Wales	104	34	5	4	14.7	11.8
E. Anglia	96	52	8	3	9.4	9.4
S.E. Scotland	101	25	2	2	8.0	8.0
Thames Valley	58	24	5	5	20.8	12.5
N. Ireland	126	21	7	2	38.5	9.5
E. Scotland	33	12	3	3	25.0	25.0
N.E. Scotland	35	12	1	1	8.3	8.3
E. Ireland	50	7	1	1	14.3	14.3
N. Scotland	20	6	—	—	—	—
S. Ireland	17	3	1	1	33.3	33.3
W. Ireland	29	2	—	—	—	—
<b>TOTALS—</b>						
Gt. Britain & N. Ireland	2916	930	189	147	20.3	18.8
<b>AUSTRALIA</b>						
N. South Wales	139	16	6	2	37.5	12.5
Queensland	36	7	4	1	57.1	14.3
<b>OVERSEAS</b>						
N. America	... Ontario	... One Doctor reporting no cases.				
	... British Columbia	... One Doctor reporting no cases.				
U.S.A.	... Arkansas	... One Doctor reporting no cases since 1940				
S. AMERICA	... Falkland Islands	... One Doctor reporting no cases.				
<b>AFRICA</b>						
E. AFRICA	... Kenya	... Two Doctors reporting no cases.				
	... Tanganyika	... Three Doctors reporting no cases.				
	... S. Rhodesia	... One Doctor reporting no cases.				
W. AFRICA	... Nigeria	... One Doctor reporting no cases.				
PAKISTAN		... One Doctor reporting no cases.				
MALAYA		... Two Doctors reporting no cases.				

Table showing number of doctors reporting and total number of cases reported by faculty overseas.

COLLEGE OF GENERAL PRACTITIONERS,  
SOUTH-WEST OF ENGLAND FACULTY,  
PINK DISEASE DISTRIBUTION MAP 18-12-55.

