gave them an oral suspension 'z 141-EXT 7'+ (not yet available in Germany) containing 5 g fucidic 2·2 imido-ethanol per 100 ml. The IV dose was 10–50 mg/kg, the oral dose—given by gavage—50 to 2000 mg/kg. LD₅₀ of the 2 preparations, which we investigated in 3- to 5-day-old, heterozygous, nonjaundiced Gunn rats, differed markedly. It was between 50 and 100 mg/kg after IV and 1000 mg/kg after oral application. There was no effect on levels of serum bilirubin. Half an hour after IV and 3 hours after oral administration, the highest doses decreased the levels of serum bilirubin to about 80% of the baseline concentration (7·1–9·3 mg/100 ml; 121–159 µmol/l), a similar decline to that which occurs after a saline injection.

We conclude that neither fucidic acid nor the stabilisers in the intravenous preparation is a strong competitor for albumin-binding sites.

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J. SCHMID AND L. BALLOWITZ
Children's Hospital,
Kaiserin Auguste Victoria Haus,
Free University Berlin,
Heubnerweg 6,
1000 Berlin 19

Spina bifida and maternal Rh blood type

Sir,

Spina bifida cystica (myelomeningocele) is a relatively common birth defect (one in 500 to one in 200 live births) whose aetiology is not known, although it has been suggested that a patient's children and siblings have an increased risk (Bergsma, 1973). Unfortunately, preventive measures, other than genetic counselling to affected families and prenatal screening for high α -fetoprotein levels in patients at risk, are nonexistent. We should like to report the results of a pilot retrospective study on children with spina bifida, whose parents are members of the Houston chapter of the Spina Bifida Association of America. We examined 28 cases and found that more mothers had Rh- blood type in this population compared with the general population ($\chi^2 = 6.45$, confidence interval 0.02%). We found about twice as many mothers with Rh- blood type in our sample (i.e. incidence 15%) (Wiener, 1954). We are currently planning to study a much larger sample and we hope to determine the Rh-blood type of parents and all siblings, and compare the incidence of Rh-blood incompatibility, Rh haemolytic disease, early postnatal jaundice, and transfusions. We have found no reports that suggest a possible relationship between maternal Rh-blood type and spina bifida.

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DWIGHT A. BAKER AND CLIFFORD J. SHERRY
Department of Biology,
Texas A & M University,
College of Science,
College Station,
Texas 77843, USA