and not less of her time visiting toddlers, and if this happens she will simply not have time to take on new activities.

We believe that every health visitor should have a thorough understanding of child development and have a mental checklist each time she sees a child to make sure that all is going well. The health visitors we have worked with do paediatric work only and have case loads of about 200. They are busy, and we agree that a smaller case load would be better.

Of course we agree that in the future the GP in some areas may be the trained doctor who works at the clinic. We did not mention this because in our own inner urban areas contact with GPs has been restricted and difficult. This is because in our fairly small geographical areas a large number of doctors had been in touch with the children—namely 548 children had seen 72 different GPs in Camden, and 322 children had seen 80 GPs in Westminster.

We do not claim that our service is ideal; the point of our paper was to stress that families come readily to a clinic where there are trained personnel to assess the children, advise about problems with child rearing, and care for children who have difficulties.

Finally, this is a developed country and we believe it can and should afford a better primary care paediatric service than it provides at present.

References

- 1 Bax M, Hart H, Jenkins S. The health needs of the preschool child. Report to the DHSS, 1980.
- 2 Jenkins S, Bax M, Hart H. Behaviour problems in preschool children. *J Child Psychol Psychiatry* 1980; **21**: 5–17.

Transient neonatal hyperparathyroidism secondary to maternal pseudohypoparathyroidism

Sir,

I read with interest the paper by Glass and Barr.¹ When I studied the right distal femur I thought that this baby had rickets (congenital) owing to the long-term maternal anticonvulsant treatment that had been given for maternal pseudohypoparathyroidism. The results of the biochemical investigations carried out in the 1-week old baby seemed to me to be compatible with rickets including the low to normal plasma calcium level which would surely have been raised had the hyperparathyroidism not been related to congenital vitamin D deficiency. Although hyperparathyroidism is always present in vitamin D deficiency rickets, as it was in this baby, the reverse is not expected. Her very low 25-hydroxycholecalciferol values (4.8 ng/ml) would most likely be related to low maternal plasma 25 (OH) CC level.² Therefore, should the title not be congenital rickets secondary to long-term maternal anticonvulsant treatment due to maternal pseudohypoparathyroidism?

This change in title is important for all pregnant women who are on anticonvulsant treatment.

References

- 1 Glass E J, Barr D G D. Transient neonatal hyperparathyroidism secondary to maternal pseudohypoparathyroidism. *Arch Dis Child* 1981; **56**: 565–8.
- 2 Özsoylu S, Hansaoğlu A. Letter: 25-Hydroxycholecalciferol serum levels in breast-fed infants. *Arch Dis Child* 1981; **56**: 318.

S ÖZSOYLU
Institute of Child Health,
Hacettepe University,
Hacettepe,
Ankara, Turkey

Neurological reactions to pertussis vaccination

Sir,

This is always an interesting subject but surely statistical studies, although fascinating, must be backed by scientific studies of mechanisms. What is the nature of the (presumably) immunological reaction? Has anyone detected anti-pertussis immune complexes in any of these children? Has anyone done fluorescent studies of the brain? Do immunological disasters affect other organs? Why should an immunological reaction be more likely in a child with previous brain damage (if this is statistically the case)? Surely the time has come for an intensive study of individual cases of immunisation reactions.

I M CONNOR
420 East Street North,
Sarnia, Ontario N7T 6Y5,
Canada

Women in paediatrics

Sir,

I wholeheartedly support Dr Savage's views; I think that the BPA should make much more effort to investigate the needs of married women doctors who wish to work in paediatrics.

Reference

- 1 Savage D C L. Letter: Women in paediatrics. *Arch Dis Child* 1981; **56**: 893.

C M ILLINGWORTH
Accident and Emergency Department,
The Children's Hospital,
Western Bank,
Sheffield S10 2TH

This correspondence is now closed. Any further letters should be addressed to Professor Sir Peter Tizard (c/o the British Paediatric Association) who has resolved to solve the problem.

Editor