

Correspondence

Toxoplasmosis

Sir,

I should like to draw attention to a misleading statement in the annotation by Fleck¹ which begins 'Opinions about the incidence of congenital toxoplasmosis in the UK seem to differ between 1 in 10 000 and 1 in 2000', which implies that these figures apply to the incidence of affected children per thousands of pregnancies. However, Fleck and Kwantes² state that 'Tests for such cases (congenital toxoplasmosis) would mean screening two or three times during pregnancy—that is carrying out about 10 000 tests to find a single case'. Therefore it is the incidence of disease per number of tests carried out. Earlier in the same paragraph² the authors quote 'less than 1 in 3000' pregnancies as being the risk of an infant being infected, and base the figure of 1 in 10 000 tests on this incidence; this is not quite so widely divergent from the 1 in 2000 estimated by Williams³ with which Fleck compares it.

References

- ¹ Fleck D G. Toxoplasmosis. *Arch Dis Child* 1981; **56**: 494-5.
- ² Fleck D G, Kwantes W. *The laboratory diagnosis of toxoplasmosis*. Public Health Laboratory Service Monograph Series No 13. London: HMSO, 1980: 15.
- ³ Williams H. Toxoplasmosis in the perinatal period. *Postgrad Med J* 1977; **53**: 614-7.

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Dr Fleck comments:

I regret adding to the existing confusion about the incidence of congenital toxoplasmosis. Surveys of mild and severe cases which have so far been made in the UK are not sufficiently extensive to provide accurate figures. Estimates vary widely as was stated in the annotation; thus estimates of cost benefit must also vary widely. The estimate of cost benefit was made assuming 1 case in 2000 pregnancies which would be found only by testing a large number of sera, say 10 000. More accurate figures are needed and these can be provided only by extensive, carefully co-ordinated, nationwide surveys before embarking on mass screening of pregnant women.

Perhaps more light is shed on the problem by Williams *et al.*¹

Reference

- ¹ Williams K A B, Scott J M, MacFarlane D E, Williamson J M W, Elias-Jones T F, Williams H. Congenital toxoplasmosis: a prospective survey in the West of Scotland. *J Infection* 1981; **3**: 219-29.

Objective birth data and the prediction of child abuse

We read with interest the report by Murphy *et al.*¹ and we agree about the importance of being able to predict the families at risk for child abuse. We accept that the data available from the Cardiff Birth Survey are objective and unbiased but we are concerned about the method of ascertaining cases. In the study child abuse is defined solely on the basis of a case being reported to the authorities. Data from the USA suggest that many cases of abuse are not reported to child abuse agencies.^{2,3} If case ascertainment is similarly incomplete in Cardiff, it is highly likely that the population characteristics associated with risk of abuse may actually represent risk of abuse coming to the attention of the authorities. Since the lower social classes are likely to be the beneficiaries of this increased risk of being reported, the factors known to be associated with low social class—such as marital instability, poor prenatal attendance, and low birthweight, etc.—will be artefactually found to be associated with risk of abuse. Furthermore, random selection of controls and objective control data will not correct this bias.

Until we can be confident that all cases of child abuse are diagnosed and reported or that all families are under equal surveillance, identification of risk factors may merely represent risk factors for child abuse reporting and not for child abuse itself.

References

- ¹ Murphy J F, Jenkins J, Newcombe R G, Sibert J R. Objective birth data and the prediction of child abuse. *Arch Dis Child* 1981; **56**: 295-7.
- ² Garbarino J, Crouter A. A note on the problem of construct validity in assessing the usefulness of child maltreatment report data. *Am J Public Health* 1978; **68**: 598-600.
- ³ Light R J. Abused and neglected children in America: a study of alternative policies. *Harvard Educational Review* 1973; **43**: 556-97.

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