

SARAH CHILD
**All In
The Family**



The calendar in the kitchen says it is March and that makes me feel as cheery as the orange telephone next to it.

And at this particular point in the year I am congratulating myself on getting through the winter.

As a working girl I was hard put to discern the seasons. I began my work at the paper at 2:30 in the afternoon, was through at 11 p.m., and hardly ever rose before noon. Every once in a while I would be aware of having tried to get through four-foot snow drifts in order to report to work. But most of the time I was not aware of winter until I woke up one afternoon and found spring hitting me in the face.

Now, as the mother of three small children, all that has changed. From the moment the big front door is closed in the

Fall against the crisp if sunny days, I am acutely aware of every nuance in the weather pattern.

Let the snow fall for three days and my spirits fall accordingly. Constant drizzle of extreme cold and the same thing happens. For in this kind of weather it is simpler to sit at home by the monster television than to dress the two younger ones and myself and brave the elements.

It has been an easy winter thus far. Only one official blizzard and several lesser storms.

I think I have recognized my winter blues for what they are and have done my best to circumvent them.

For example, nearly every day I have had the car I've made it a point to go out even if I had to invent an excuse. An expedition for a jar of may-

onnaise can have far reaching psychological benefits not immediately apparent, realized only after one has measured it against a dishwasher dull day that has held nothing more exciting.

During January, knowing that that the month and February are the longest to get through, I signed up for a five-week course in decoupage. My completed project is bombe box (convex sides) and it has little holes where the varnish was not applied precisely right and the velveteen lining has a side yet to go before it is finished. But finding time to apply five coats of paint and 20 coats of varnish proved just the thing to make the days go quickly. As far as I am concerned the course was a vast success. It gave me something to look forward to, new people to talk to and an introduction into a whole new world of craft.

I've been fortunate, too, this winter because my college age sister is now somewhat closer and every so often gets a ride our way for the weekend. The Friday she popped in unexpectedly gave me a lift that lasted for a week. A couple more pop-ins like that, another decoupage project on my own and a few more jars of mayonnaise and the winter will be over.

Abortion and Fetal Defects

Rubella is the most common "fetal indication" for abortions. However, there is no method of predicting exactly which child may be affected or to what extent. In adults, the disease often presents no symptoms; diagnosis cannot be made without prompt laboratory tests. From 85 to 90 per cent of pregnant women are already immune to rubella. The new vaccine now available should soon eradicate it as a threat to the fetus.

Incidence of major defects from rubella contacted during the first trimester is much lower than has often been loosely asserted. The overall risk is 6.4 to 15 per cent, of which at least 50 to 60 per cent can be successfully treated.

Thus, the chance that any given mother who contracts rubella during pregnancy will bear a child with an uncorrectable, insupportable defect is 1 or 2 in about 27 or more. The wanton destruction of 27 babies, on the suspicion that 1 or 2 of them may be permanently crippled, is the approach of King Herod.

Even when rubella is contracted in the critical first month where the rate of abnormalities ranges from 15.6 to 33 per cent, the chance of bearing a child with uncorrectable defects is only 1 or 2 in about 12 or more.

Prognosis is encouraging. The overwhelming majority of rubella-defective children (82 per cent in the important Mansort-Sheridan studies) later attend ordinary schools and have an average social adjustment and intellectual level.

Amniocentesis, which will someday be a valuable tool in detecting fetal defects, is today still in the experimental stage, being of some value only 61 per cent of the time. It is seriously dangerous to the fetus in the early weeks of life and is therefore best postponed to the 16th week. Culture and analysis of the fetal tissue obtained requires another three to six weeks. Every extra week of pregnancy increases maternal risk from abortion; also, the thought of destroying a fetus of 19 weeks or more is repugnant even to many who do not oppose abortion in the early weeks.

Mongolism is the one significant abnormality which can be detected by chromosome analysis after amniocentesis. It occurs in 1 out of every 600 to 700 births. Recent experiments with chemical therapy

have produced encouraging results in eliminating the muscular weakness associated with Mongolism. Further research should make it possible to eliminate other manifestations of this abnormality.

OVERALL RATE FOR FIRST TRIMESTER

6.4 percent (M. Manson study, 547 cases)

6.6 percent (R. Lundstrom study)

8 percent (Lundstrom survey: 15 studies, 1231 cases)

9.7 percent (M. Greenberg study)

10 percent (J. L. Sever study, 618 cases)

15 percent (Sheridan follow-up of Manson study)

RATE FOR INFECTION DURING FIRST MONTH

15.6 percent (Manson study)

33 percent (Lundstrom survey)

POSSIBILITY OF TREATMENT

Heart defects — The most common one (patent ductus arteriosus) can be repaired quite readily; others can be corrected by open heart surgery.

Cataracts — can be repaired by surgery.

Deafness — Can be greatly relieved by hearing aids and auditory training, since the nerve damage is seldom complete.

Brain damage — Cannot be reversed. However, a main factor in such damage is a lingering postnatal infection, which scientists are currently working to combat.

This column was by the Rochester Right to Life Committee.

Mental Health Commentary

By THE DE PAUL CLINIC

Q I suspect my 15-year-old son is using drugs, how can I be sure?

A. I do not know. Your question is too general. Teenagers are using different kind of drugs, each of which has a different effect. To give you a specific answer regarding your son, more information about his behavior and physical signs would help. Perhaps you would be served better by talking with someone who is knowledgeable about teenagers and drugs. Ask your physician or call your area Mental Health Clinic or a private psychiatrist who works with his age group.

Dear I.B.:

You are correct; there are many causes of delayed speeches in children and other resources for the evaluation of speech problems in the community than were mentioned in the article to which you referred. However, in the case of a two-year-old, delayed speech should be considered, initially, as a symptom of an underlying physical problem or problem in mental maturation or both. First, the emphasis should be a study of the total child, not just the symptom. This can best be done by those skilled in problems in infantile development — physical and psychological. Some community resources which might begin to provide this service were suggested. The next step might well be a referral to one of the agencies you mentioned.

First, comprehensive diagnosis, then the appropriate treatment plan!

Thank you for your comment.

Questions on children's mental health should be mailed to: Mental Health Commentary, Courier-Journal, 67 Chestnut St., Rochester, 14604.

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