

This week in BMJ

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Breast feeding and infant illness

Breast is best is a well worn slogan but some authorities have wondered if breast feeding is really necessary in developed countries. Howie *et al* (p 11) attempted to overcome the methodological flaws of previous studies. They found that babies who were breast fed for three months or more had substantially less gastrointestinal illness during the first year of life than babies who were bottle fed from birth or weaned at an early stage. These findings lend substantial support to the government's breast feeding initiative and suggest that maternity leave should never be less than three months.

Investigation of functional hypoglycaemia

The number of people complaining of hypoglycaemia that disappears on eating has increased during the past 20 years. On p 16 Snorgaard and Binder report the results of a four day controlled study monitoring blood glucose concentrations at home in 12 subjects with long term functional hypoglycaemia. The changes in blood glucose concentration in relation to mealtimes were not significantly different from those in a control group matched for age, sex, and body weight. Furthermore, the other subject variation in blood glucose and glycated haemoglobin concentrations were not significantly different. No blood glucose value was below 3.3 mmol/l and the values ranged from 3.7 mmol/l to 7.5 mmol/l during hypoglycaemic episodes. Snorgaard and Binder conclude that symptoms seem to be persistent in subjects with functional hypoglycaemia but are not related to chemical hypoglycaemia.

Hospital formularies

Although hospital formularies are widely accepted, there are few data on their effect on the quality of prescribing and their efficacy once they have been established. On p 28 Feely *et al* describe a prospective study in which the effect of introducing a formulary into a general hospital with and without active intervention was assessed in Dublin. Quality and cost of prescribing were compared before introduction of the formulary, during 12 months' intervention while the formulary was established, and 12 months after intervention stopped. The effect of various reinforcements of the formulary (including feedback on prescribing habits, peer comparison, and examples of specific savings) on generic prescribing and use of third generation cephalosporins was assessed by comparison with a smaller hospital with an identical formulary but without any intervention. Feely *et al* showed that with intervention generic prescribing increased by almost a half during the year and the choice of third generation cephalosporins was more appropriate and that the projected cost of prescribing was reduced. In the hospital where intervention did not occur prescribing costs over the same period rose by 18%. Items not affected by feedback did not change, and when the intervention was withdrawn the trends in prescribing habits resumed, with a concomitant decrease in quality of prescribing and increase in costs.

Single dose prophylaxis in colonic surgery

Surgery of the colon or rectum is an established indication for antibiotic prophylaxis. A single prophylactic dose at the time of surgery would have several advantages. On p 18 Rowe-Jones *et al* report a randomised multicentre trial with almost 1000 patients comparing single dose cefotaxime plus metronidazole with a three dose regimen of cefuroxime plus metronidazole. Surgical wound infection rates (about 7%), postoperative complications, and antibiotic tolerance were closely similar in the two treatment groups. The authors suggest that prophylaxis with single dose cefotaxime plus metronidazole at the time of large bowel surgery has practical advantages for the surgeon, avoiding the need for postoperative antibiotics. Variations in hospital contract prices for antibiotics preclude accurate cost comparisons, but a saving with the single dose regimen may be assumed.

BMJ

1840-1990

The *BMJ* will be 150 years old on 3 October this year, and the following principal events have been planned.

- A special, extra issue of the journal, to be published on 3 October 1990, devoted mainly to themes that have been important to medicine and to the journal over the past 150 years
- *Mirror of Medicine*. A specially commissioned history of the *BMJ* by Peter Bartrip of Wolfson College, Oxford, to be published in the early autumn of 1990 jointly by the journal and the Clarendon Press, Oxford University Press
- "Mirror of Medicine." An exhibition of the history of the journal, to be opened by the president of the Royal Society on 1 October 1990. Open in the Hastings Room, BMA House, from 2 October to 2 November
- "History of Medical Journals." Symposium organised jointly by the Wellcome Institute for the History of Medicine and the *BMJ*, 1-2 October 1990, at the Royal Institution, Albermarle Street, London. Information from Dr W F Bynum at the Wellcome Institute.

Other events include the publication of *Apollo*, an anthology of poetry written world wide by doctor-poets, edited by Professor Edward Lowbury, and of a limited edition of a lithograph of the inner courtyard at BMA House by David Gentleman.

The latest Keynes Press book, just published, marks the start of the anniversary events. *Dr Phillips: a Maida Vale Idyll* is the story of a Victorian doctor who murders his wife, supposedly based on rumoured events in the life of Ernest Hart, the great nineteenth century editor of the *BMJ*.