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British Medical Journal.

US second class postage paid at
Rahway, NJ. Postmaster: send
address changes to: BMJ, c/o
Mercury Airfreight International
Ltd Inc, 2323 Randolph Avenue,
Avenel, NJ 07001, USA.
US (direct) subscription \$180.00.

Published by the proprietors,
the British Medical Association,
Tavistock Square, London WC1H
9JR, Telephone 071 387 4499
(editorial fax 071 383 6418).
Printed by BPCC Business
Magazines (Pulman) Ltd,
Milton Keynes.
Typesetting by Bedford Typesetters
Ltd, Bedford. Registered as a
newspaper.

Epidural anaesthesia and backache after childbirth

Epidural anaesthesia is often given for analgesia in labour and for caesarean sections. Although its short term effects are well known, no investigation of possible long term effects has been reported. On p 9 MacArthur *et al*, in one of a series of studies of long term morbidity following childbirth, describe an unexpected but powerful relation between epidural anaesthesia and persistent backache. The study group comprised 11 701 women who had delivered more than 12 months and up to nine years before the inquiry; 41% had had epidural anaesthesia. Those women who experienced this procedure were significantly more likely to report backache newly occurring within three months after the delivery and persisting for more than six weeks (relative risk = 1.8). Detailed analysis of the data exonerated a number of correlated cofactors and indicated that the relation seemed to be causal. The effect of epidural anaesthesia was consistent in normal and abnormal deliveries, the only exception being after elective caesarean section—that is, in deliveries with no labour. This suggests that the excess backache results not from the epidural directly but from postural stresses during labour, which are exacerbated by epidural anaesthesia.

Liver transplantation in patients with alcoholic cirrhosis

Patients with alcoholic cirrhosis are eligible for liver transplantation, although many have coexisting neurological or cardiovascular disease that precludes this. In addition, the possibility of a return to alcohol misuse after the operation has produced a negative attitude to transplantation for alcoholic patients. Bird *et al* (p 15) reviewed the criteria for selection and outcome among patients with alcoholic liver disease who had received liver transplants during the past nine years. They found that the survival rate of patients with alcoholic cirrhosis compared favourably with that of patients receiving transplants for other liver diseases. Evidence of a return to drinking was found in four patients, three of whom had not been abstinent before the operation. They suggest that patients with alcoholic cirrhosis should be given transplants if they have had recurrent complications of severe portal hypertension and been abstinent for at least six months before the operation.

Bleeding time in hepatic cirrhosis

The bleeding time is an easily performed test of primary haemostasis, widely used by haematologists. There are no extensive studies of the bleeding time and its relation to thrombocytopenia in patients with cirrhosis. The bleeding time is seldom measured by gastroenterologists planning invasive procedures such as percutaneous liver biopsy, although low platelet counts and platelet dysfunction are well recognised in liver disease. In a study of 100 inpatients with cirrhosis

due to various causes Blake *et al* (p 12) report finding only a weak correlation between the bleeding time and the platelet count, very different from the close correlation reported in patients with reduced platelet production. Of 39 patients with cirrhosis whose prothrombin times and platelet counts were within the "safe limits" to allow percutaneous liver biopsy, 10 had a prolonged bleeding time greater than 10 minutes. Hence the routine tests of coagulation did not predict normal primary haemostasis. The severity of the liver disease as assessed by the bilirubin concentration, however, correlated with prolongation of the bleeding time. Blake *et al* consider that primary haemostasis should be investigated more extensively in patients with cirrhosis. Patients with severe disease whose prothrombin times and platelet counts are within "safe limits" should nevertheless have their bleeding times measured to assess the risk of bleeding after invasive procedures.

Hospital care in the final year of life

There is a growing number of old people in Britain, and between 1975 and 1985 the life expectancy for people aged over 65 increased by about a year. But if this increased life span is associated with an increased duration of disability and dependency there are serious consequences for health service planning. On p 17 Henderson *et al* present data from the Oxford linkage study that show that between 1976 and 1985 people who were over 85 when they died spent less time in hospital in the final year of their lives than those who were aged only 65-84. Although admission to hospital is only one measure of dependency, the results do suggest that recent gains in life expectancy may not be at the expense of more time spent in poor health.

What to do with avulsed teeth

McCabe reimplanted this avulsed incisor tooth with histoacryl tissue adhesive (p 20). In his accompanying editorial Scheer outlines how to preserve, reinsert, and splint avulsed teeth (p 4).

