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Thermal environment and sudden infant death

Recent work has suggested that infant hyperthermia may have a role in the aetiology of the sudden infant death syndrome. Many of the studies have relied on parental recall in assessing thermal environment. On p 277 Ponsonby *et al* report a case-control study comparing the thermal environment assessed at the scene of death by ambulance staff with that at the scene of last sleep for control infants visited unexpectedly on a day of similar climatic conditions. Infants who had died of the sudden infant death syndrome were significantly more likely to be overdressed for room temperature and to be found in the prone sleeping position. The authors conclude that avoidance of the prone sleeping position and parental education with regard to correct thermal care of infants may reduce the incidence of sudden infant death.

Has new sleeping position reduced sudden infant death?

Several studies have shown that the prone sleeping position is associated with increased risk of death from the sudden infant death syndrome. After a study in Avon supported this association health professionals in the county changed their advice to parents. On p 282 Wigfield *et al* report the results of this change. They found that the prevalence of the prone sleeping position had fallen by about 50% and that mortality from the syndrome had fallen by a similar amount. Almost all the fall in mortality could be attributed to the change in sleeping practices. They recommend that babies should be put down to sleep on their backs.

Mortality from measles in siblings of opposite sex

Previous studies suggested that transmission of measles between people of the opposite sex rather than the same sex may increase mortality and imply a hitherto unrecognised mechanism for aggravating infection. The importance of cross sexual transmission has now been assessed by Pison *et al* (p 284) in a demographic study in rural Senegal, where deaths from measles have been registered over 20 years in several isolated villages. The interval between epidemics was more than 10 years. In families with two maternal siblings aged under 10 years just before an epidemic the risk of dying of measles was twofold higher for pairs of opposite sex compared with pairs of the same sex once confounding factors were controlled for. There was no indication that the underlying mechanism is owing to sociocultural behaviour patterns, and the authors consider that the generality of the phenomenon and the underlying mechanisms warrant further studies.

Meta-analysis for rice based oral rehydration salts solution

Although numerous studies of "improved" oral rehydration salts solutions based on rice or other cereals have been published, reported benefits have varied widely. On p 287 Gore *et al* present a meta-analysis of 13 trials that defines more precisely the efficacy of rice based solutions and provides a rational basis for interpreting individual studies and making policy recommendations. The benefit of the rice solution for patients with cholera, reflected by a reduced stool output of 36% in 24 hours compared with a standard glucose based solution, is sufficiently great to warrant its use, where practical, in such patients. However, for infants and young children with acute non-cholera diarrhoea this benefit was considerably smaller and needs to be more precisely defined before its practical value can be judged.

Uncomfortable prescribing decisions

Government initiatives which aim to modify the prescribing behaviour of general practitioners, such as the indicative prescribing scheme, are based on assumptions about how doctors make prescribing decisions. Safety, efficacy, appropriateness, and cost are assumed to be the only factors worthy of consideration. Bradley has interviewed 74 general practitioners about prescribing decisions with which even they were uncomfortable (p 294). He found that doctors, while not unaware of these pharmacological issues, were also concerned with a variety of other, mainly sociological, issues. Prescribing initiatives which fail to address these other issues may not only not change prescribing behaviour but instead simply increase the doctor's feeling of discomfort about his or her actions.

Quality management in the NHS

In last week's issue Berwick *et al* advocated the introduction of total quality management (TQM) as a method for implementing strategies for improvement in the performance of health workers. This week (p 304) they explore the opportunities that TQM offers to doctors as leaders of a partnership of managers and other health professionals. They describe the new skills that doctors will need to learn and practise to achieve fundamental improvement in care. TQM requires learning, experimentation, reliance on others, willingness to be vulnerable, and, above all, leadership. The authors argue that without a strong commitment from leadership TQM can have little impact. With it, there is little to keep British health care and the NHS from being the example for the world to envy that it has been in the past.