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SATURDAY 29 NOVEMBER 1980

LEADING ARTICLES

Incubating babies.....	1443	BCG vaccination in the newborn.....	1445
Urethral diverticulum in women.....	1444	Secure units.....	1446

PAPERS AND ORIGINALS

The significance of FSH elevation in young women with disorders of ovulation	C O'HERLIHY, R J PEPPERELL, J H EVANS...	1447	
Management of female breast disease by Southampton general practitioners	S NICHOLS, W E WATERS, M J WHEELER...	1450	
Effect of counselling on the psychiatric morbidity associated with mastectomy			
P MAGUIRE, A TAIT, M BROOKE, C THOMAS, R SELLWOOD.....		1454	
Glial origin of rapidly adhering amniotic fluid cells			
PERTTI AULA, HARRIET VON KOSKULL, KARI TERAMO, OLAVI KARJALAINEN, ISMO VIRTANEN, VELI-PEKKA LEHTO, DORIS DAHL.....		1456	
Comparison of actions of disodium cromoglycate and ketotifen on exercise-induced bronchoconstriction in childhood asthma	J D KENNEDY, F HASHAM, M J D CLAY, R S JONES.....	1458	
Overdose with ibuprofen causing unconsciousness and hypotension	DIANA P HUNT, RICHARD J LEIGH.....	1458	
Plasma exchange to control sweats and pruritus in malignant disease	D SHAW, J M TROTTER, K C CALMAN.....	1459	
Oxprenolol and retroperitoneal fibrosis	DAVID R MCCLUSKEY, RICHARD A DONALDSON, MARY G MCGEOWN.....	1459	
Homosexual behaviour after vasectomy	CHRISTOPHER BASS, DAVID REES.....	1460	
Spontaneous disappearance of psoriasis as presenting feature of oat-cell carcinoma of lung			
T W J LENNARD, A L LENNARD.....		1460	
Carbon monoxide poisoning secondary to inhaling methylene chloride	JAMES FAGIN, JULIAN BRADLEY, DEREK WILLIAMS..	1461	
Value of routine chest radiography of psychiatric patients	JENNIFER HUGHES, B M BARRACLOUGH.....	1461	
Adverse interaction between nifedipine and β-blockade	L H OPIE, DENISE A WHITE.....	1462	
Corrections: Haemangioma of the cord	BARSON ET AL; Nicotine chewing-gum	RAW ET AL.....	1462

MEDICAL PRACTICE

Christmas Books

Fresh look at dark days	RONALD GIBSON.....	1463	Neglect at your peril	EUAN M ROSS.....	1468
Could it happen here?	DENIS PIRRIE.....	1465	Psychiatric classic	HENRY R ROLLIN.....	1469
A joint endeavour	VALERIE EATON GRIFFITH.....	1465	Orientation in time	K B THOMAS.....	1470
A confusion of charts	MICHAEL JAMIESON.....	1466	The dignity of grief	ERIC WILKES.....	1471
Labours of the mighty	J K RUSSELL.....	1467	Psychosocial speaking about abuse	M C BATESON..	1472
Caught in a web of words?	EDWARD HARE.....	1467			
Statistics and ethics in medical research: Analysing data	DOUGLAS G ALTMAN.....	1473			
Drug famine: possible solutions	TONY SMITH.....	1475			
Promoting the use of seat belts	WESSEX POSITIVE HEALTH TEAM.....	1477			
Pollution and People: Risks of low-level radiation—the evidence of epidemiology	DAPHNE GLOAG.....	1479			
USSR Letter: The phenomenon of the corridor patient	MICHAEL RYAN.....	1483			
Words	B J FREEDMAN.....	1472			
Any Questions?		1478, 1484			
Medicine and the Media		1485			
Personal View	JUDITH A SHRIMPTON.....	1487			

CORRESPONDENCE—List of Contents.....	1488
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OBITUARY.....	1502
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NEWS AND NOTES

Views.....	1498
Parliament.....	1499
Medical News.....	1499
BMA Notices.....	1501

SUPPLEMENT

The Week.....	1504
Tobacco advertising: a modest advance or a “wet” agreement? WILLIAM RUSSELL.....	1505
The RCGP: an inside view BRIAN D KEIGHLEY.....	1506
Primary health care in London: BMA proposals....	1507
GMC looks at reciprocal recognition.....	1508
Language qualifications for doctors.....	1508
GMSC meeting.....	1508

CORRESPONDENCE

Comparison of neonatal management methods for very low birthweight babies E O R Reynolds, FRCP, and Ann L Stewart, MB; W T Housby, BM, and D J Lloyd, MRCP; P M Dunn, FRCP, and B D Speidel, MD; G McClure, FRCP, and others; D P Southall, MRCP; Julia D Billingham, MRCP.....	1488	FRCSed, and A P M Forrest, FRCS; H J Thomson, MB, and S S Miller, FRCS.....	1492	Faecal klebsiellae in rheumatoid arthritis and spondylitis and in controls—incidence or prevalence in specimens or patients? M W Casewell, MD, and R E Warren, MRCPATH; R W Ebringer, MRCP, and others	1495
Intrinsic hazard of breech presentation A W Banks, MRCOG.....	1490	Pancreatic transplantation P McMaster, FRCS.....	1493	Admission of old people to psychiatric units J D B Andrews, MD.....	1496
Successful pregnancy in chronic renal failure M M Reid, FRCPGLAS; R A Coward, MRCP, and N P Mallick, FRCP	1490	Newspaper reports of new drugs B Caplan, MB.....	1493	Recurrent abdominal pain in a patient on haemodialysis R Ahmad, MB, and others	1496
Nurses and the medical termination of pregnancy N Mahalingam, MB, and D A Aiken, FRCOG; Wendy D Savage, MRCOG.....	1491	Hazards of surgical glove powders J D Davies, FRCPATH, and others.....	1493	Response of antidiuretic hormone to chlorpropamide M A Reza, MD.....	1496
Vasectomy under local anaesthesia D N L Ralphs, FRCS.....	1491	Are reflectance meters necessary for home blood glucose monitoring? S D Ferguson, MRCP, and I A Hughes, FRCP(C)	1494	Infectivity of tuberculosis B H Davies, MRCP.....	1496
Day case surgery, or putting the clocks back R T Burkitt, FRCS.....	1491	Changeover to U100 insulin Hilary Tindall, MRCP, and J K Wales, FRCP	1494	A plea for clinical epidemiology D S Basavaraj, MRCP.....	1496
Diagnosis of brain death C Pallis, FRCP.....	1491	Generalised allergy to porcine and bovine monocomponent insulins J M Goldman, MD, and Hillary C Brynildsen, MD.....	1494	Writing to the company doctor R M Archibald, FFOM.....	1497
Consent to mastectomy R G Wilson, FRCSed; B M Hogbin, FRCS, and D H Melcher, FRCPATH; S J Nixon, FRCSed, and A P M Forrest, FRCS; H J Thomson, MB, and S S Miller, FRCS.....	1492	Impotence in diabetic and non-diabetic hospital outpatients Eva Lester, MRCPATH, and others.....	1494	The Steve Biko case: politics and medical ethics Y L Yu, MRCP.....	1497
		PGE₁ and vasospastic disease V A Spence, PHD.....	1494	Laboratory management dispute J R Anderson, PRCPATH.....	1497
		Injection abscesses due to Mycobacterium chelonae and other organisms C A Morris, MD.....	1495	The consequences of nuclear war A J D MacDonald, MRCPsych; J J Segall, MRCP, and A Poteliakhoff, MD; J H Humphrey, FRCP, and others.....	1497

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Comparison of neonatal management methods for very low birthweight babies

SIR,—Dr E S Steiner and his colleagues (8 November, p 1237) make comparisons between the outcome for infants of very low birthweight (<1500 g) born in King's Mill Hospital and in two London hospitals, including our own, University College Hospital (UCH). In King's Mill modern methods of care were not used, yet the outcome for infants born in 1963-71 was found to be similar to that of infants born in London, where intensive care methods were being introduced. The authors conclude: "These results imply that postnatal survival and potential of infants of very low birthweight are by no means prejudiced when only experienced nursing care is available." This conclusion is very misleading, although we certainly agree about the importance of skilled nursing.

Intensive care methods were introduced at UCH towards the end of 1965. For example, from 1966 onwards mechanical ventilation was used as a matter of routine for infants weighing over 1000 g (and some who weighed less) if they developed very severe respiratory failure. We progressed very cautiously to start with, using mechanical ventilation only if there was absolutely no alternative, because the results of the technique were, at that time, discouraging.¹ We were roundly condemned by some for our conservatism.² In fact, much of our management was based on the same

principles as those advocated at King's Mill—though we would not have used intragastric oxygen for resuscitation and we would certainly have given more than 40% oxygen to babies who required it to maintain an adequate measured arterial oxygen tension.

We have published evidence that our mortality rates for very low-birthweight infants fell at the time when we introduced intensive care,^{3,4} though it is true that our mortality rate for the years 1966-70 was not statistically significantly lower than at King's Mill in 1963-71 (see table VII in the paper by Dr Steiner and his colleagues). But the presentation of the data in this paper obscures what happened after 1971. They have not quoted our repeatedly published mortality rates for those years, although they tabulate their own.

The table gives mortality rates at King's Mill and UCH and in England and Wales as a whole. No significant change occurred at King's Mill. Time has apparently stood still. At UCH the mortality rate has shown a highly significant and continuing downward trend to a level far below the level either at King's Mill or in England and Wales.^{3,4} This we attribute largely to the use of modern methods of care. We regard the mortality rate of 35.5% for infants born at King's Mill in 1972-8 weighing 1001-1500 g as quite unacceptably high. It was about double ours.

We agree that the follow-up status of King's Mill infants born in 1963-71 appears broadly similar to that of infants born at UCH in 1966-70. Five and a half per cent of their total population survived with major handicaps,

Neonatal mortality rates in infants born at King's Mill Hospital and University College Hospital (UCH) and in England and Wales

Year	Birthweight	King's Mill		UCH		England and Wales	
		Total	Died No (%)	Total	Died No (%)	Total	Died No (%)
1963-71	501-1000	60	45 (75.0)	34	26 (76.5)	19 268	16 111 (83.6)
	1001-1500	176	72 (40.9)	139	48 (34.5)*	33 879	15 747 (46.5)*
	501-1500	236	117 (50.0)†	173	74 (42.8)‡	53 147	31 858 (59.9)†‡
1972-8†	501-1000	37	28 (75.7)	59	37 (62.7)†	8 611	6 817 (79.2)†
	1001-1500	110	39 (35.5)†	173	32 (18.5)†‡	17 063	6 594 (38.7)‡
	501-1500	147	67 (45.6)†	232	69 (29.7)†‡	25 674	13 411 (52.2)‡

* $p < 0.01$; † $p < 0.005$; ‡ $p < 0.0005$ (χ^2 with Yates correction).