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CORRESPONDENCE

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)†
(1972–7 for	1001–1500	110	39 (35·5)†	173	32 (18·5)†‡	17 063	6 594 (38·7)‡
England and Wales)	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).