

BRITISH MEDICAL JOURNAL

SATURDAY 8 AUGUST 1981

LEADING ARTICLES

Drug treatment of premature labour	395	Artificial ventilation and
Treatment of acute mountain sickness	396	the heart
		397

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Regular Review: Geographical variations in disease in Britain D J P BARKER	398
Non-sulphydryl-containing angiotensin-converting enzyme inhibitor (MK421): evidence for role of renin system in normotensive subjects GRAHAM A MACGREGOR, NIRMALA D MARKANDU, JOHN BAYLISS, JOE E ROULSTON, MARILYN SQUIRES, JAMES J MORTON	401
Isolation of <i>Bordetella pertussis</i> from swabs P W ROSS, C G CUMMING	403
Mortality from coronary heart disease in the British army compared with the civil population PETER LYNCH, B J OELMAN	405
Mesangiocapillary glomerulonephritis type I associated with immunoglobulin deficiency H U RASHID, C K BISWAS, A R MORLEY, D N S KERR	407
Adoption of Glasgow Coma Scale in British Isles D GENTLEMAN, G TEASDALE	408
Spread of <i>Clostridium difficile</i> among patients receiving non-absorbable antibiotics for gut decontamination T R ROGERS, M PETROU, C LUCAS, J T N CHUNG, A J BARRETT, S P BORRIELLO, P HONOUR	408
Cephaloridine encephalopathy ROY TAYLOR, RICARDO ARZE, R GOKAL, J C STODDART	409
Death during play: a study of playground and recreation deaths in children JAMES NIXON, JOHN PEARN, IAN WILKEY	410
Breast transillumination using the sinus diaphanograph H W HOLLIDAY, R W BLAMEY	411
Attitudes to malarial prophylaxis E WALKER, A QAYYUM	411
Isolation of <i>Clostridium difficile</i> from the small bowel RODNEY H TAYLOR, S P BORRIELLO, A J TAYLOR	412
Correction: Aquagenic pruritus GREAVES ET AL	412
Practice Research: Lessons learnt from a course for practice nurses A K ROSS	413
Unemployment in My Practice: Liskeard GEOFFREY SMERDON	416

MEDICAL PRACTICE

AUG 19 1981

Proposals for a trial marriage between primary and secondary health care in one or two districts in inner London C J DICKINSON	417
For Debate: Who does what in the pathology laboratory? EVA LESTER	420
ABC of 1 to 7: Sleep problems H B VALMAN	422
Letter from Spain: A deadly oil GRETA ROSS	424
Statistics in Question: Assessing clinical trials—rash adventures SHEILA M GORE	426
Any Questions?	419, 428
Materia Non Medica—Contributions from R H SALTER, RICHARD SMITH, H G NICOL	421
Medicine and Books	429
Personal View R N VILLAR	432

CORRESPONDENCE—List of Contents

SUPPLEMENT

OBITUARY

Joint Consultants Committee	446
Financing health care: Alternative methods	447
Letter from Westminster WILLIAM RUSSELL	449
Should doctors be budget holders? J R BARTLETT, G NEIL-DWYER, C C PENNEY, G HARWOOD	450
Medical advice and management in the Scottish Health Service	452
Armed Forces doctors' pay	454

NEWS AND NOTES

Views

442

Parliament

443

Medical News—Seat belt legislation passed

443

CORRESPONDENCE

✓

Home deliveries and British obstetrics	
M Rosen, FFARCS; R H James, FFARCS.....	433
Seat-belt legislation and after	
J G Avery, FFCM.....	434
Child abuse: the swing of the pendulum	
M G Addy, MRCP; H F Hodge, BA; R H Hardy, DM.....	434
Managing paediatric emergencies	
H G Easton, MD.....	435
Stridor	
M Hardingham, FRCS.....	435
Tonsillitis and otitis media	
G M Morris, MRCPG.....	435
Bronchial asthma	
D R Gillies, MRCP; H B Valman, FRCP.....	435
Management of asthma in the child aged under 6 years	
J L Diez Jarrilla, MD, and others.....	435
Bronchodilator effect of sodium cromoglycate and its clinical implications	
R S Jones, FRCP.....	436
Nocturnal wheezing in children—management with controlled-release aminophylline	
D T D Bulugahapitiya, MRCP, and B S Hebron, PHD.....	436
Longitudinal study of obesity in the National Survey of Health and Development	
T Khosla, PhD, and R G Newcombe, PhD.....	436
Illiteracy or dyslexia?	
R D Harland, MFCM.....	437
Multimodal treatment in operable breast cancer	
S C Rizzo, MD, and others.....	437
Parity and breast cancer	
D M Parkin, MFCM; M R Alderson, FFCM.....	437
Metastases in the liver	
R Herrera-Llerandi, MD.....	438
Terminal care at home	
Irene Weller, RSCN.....	438
Hypothermia and hypotension in Hodgkin's disease	
C W Pattison, CHB.....	438
Sulphasalazine retention enemas in ulcerative colitis	
K R Palmer, MRCP, and others.....	438
Are fibre supplements really necessary in diverticular disease of the colon?	
A J M Brodribb, FRCS.....	438
Paracetamol interference in glucose measurement by YSI analyser	
J A Fleetwood, PhD, and Sheelagh M A Robinson, BSC.....	438
The pill at the menopause	
J Guillebaud, MRCOG.....	439
Hypertrophic osteoarthropathy and purgative abuse	
B M Frier, MD, and R D M Scott, MRCPED.....	439
Post-transfusion hepatitis	
G S Gabra, MRCPATH, and others.....	439
Smoking habits in the main entrance hall of a hospital	
C M P Claué, BA.....	439
Planning to work in the USA?	
M R Fraser, MD.....	440
Training of pathologists	
C A J Brightman, MB.....	440
Will doctors miss out again?	
P J Heath, MFCM; P Westcombe, MFCM.....	440
Who should get which circulars?	
D L Gullick, MB.....	441
Points Pregnancy care for the 1980s (L I Zander and G V P Chamberlain); Late consequences of abortion (Margaret M White); Effect of naftidrofuryl on the metabolic response to surgery (W L Shaw); Facts and fallacies about gall stones (A Walsh); Once bitten, twice shy (A Lyell); Reduced insurance rates for non-smokers (E B Jarrett).....	441

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.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Home deliveries and British obstetrics

SIR,—I have read with growing concern the confused arguments between some members of the public, "caring" groups, paediatricians, and obstetricians put forward for and against home confinement. Like Dr Anne Savage (18 July, p 227), I am about to become a grandparent and am also an anaesthetist involved in obstetric care; so perhaps I can add a professional and personal view.

The case for home delivery seems to be that it is preferable since the woman in hospital is institutionalised, made to feel part of a pathological process as a patient, is away from her familiar surroundings, and could be forced to partake in procedures which she does not want. The case for hospital delivery is that it is safer for the mother and her baby to have the resources immediately available if required. Are these aims really incompatible?

In Cardiff we try to ensure that women having babies are treated as mothers. By that we mean that we remember that a mother becomes a patient only if a pathological event has taken place. The most important element, the warmth of the home environment, can be transported to hospital if the father, or whoever the mother wants, is encouraged to be present

in the labour ward. A midwife is always allocated to each mother and would leave only briefly in an emergency. Loneliness in labour is devastating and unforgivable.

Any mother can choose the pain relief she wants, whether it be epidural, pethidine, "gas," or psychoprophylaxis (or all of them), so long as it is safe—and it usually is—or none at all. If she so wishes she can get out of bed, or she can stay in it. We have had little pressure for home delivery. And why should there be so long as the hospital combines safety with a "home" atmosphere? This system works only if obstetricians, midwives, paediatricians, and anaesthetists work together as a team. In some obstetric units there are tensions and rivalry between specialties. I believe that this arises principally because there are not enough skilled staff to offer an efficient service. Our efforts should be directed towards raising the standards of staffing and training and then the unnecessary dilemma of hospital versus home would largely disappear.

Our surveys indicate that more than 90% of our mothers are satisfied. We could do better and must continue to try. I have no doubt that I would prefer my grandchildren

to be born in hospital—certainly one such as we have tried to develop in Cardiff.

MICHAEL ROSEN

Department of Anaesthetics,
University Hospital of Wales,
Cardiff CF4 4XW

SIR,—It seems to have become fashionable to knock the British obstetric service, comparing it unfavourably with other systems such as that of the Dutch; and Dr Anne Savage in her "Personal View" (18 July, p 227) continues this custom.

From my own practice in the Netherlands, however, I feel that I should mention two less desirable aspects. One was the experience of being summoned from home one and a half kilometres from the hospital to intubate a child who had not breathed at birth, as neither the midwife nor the obstetrician were trained in intubation. The other was the experience of watching the obstetricians fretting over a labour which was going wrong in the hospital's maternity suite and yet being unable to interfere as they were not allowed to until the midwife made a formal referral.