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From 1 January 1983 we shall include in references to letters the titles of articles as well as journal titles. This will bring letter references into line with the Vancouver style, as used in the rest of the BMJ, and from now on correspondents should supply article titles (and the titles of chapters in multiauthor books) in their references.

Spina bifida and vitamins

SIR,—Anybody concerned to understand and prevent neural tube defects must welcome the proposed Medical Research Council trial of vitamin supplementation. Two multicentre collaborative trials12 have shown a highly significant reduction in the recurrence rate of neural tube defects among mothers given vitamin supplements. We have always accepted that these non-randomised trials do not prove conclusively that vitamin supplements prevent neural tube defects. At the time of the first trial our Manchester ethical committee believed that randomisation was ethical, but this was apparently not the view of two other ethical committees; in retrospect the wisdom of the minority vote is generally accepted.

We understand that the women joining the proposed Medical Research Council trial will give fully informed consent. The reputations of the clinicians concerned and the vigilance of the now alerted local ethical committees will ensure that women understand that there is evidence for a relation between poor diet and neural tube defects and for the protective effect of periconceptional vitamin supplements. Subjects randomised in the Medical Research Council trial have a 50% chance of receiving no folate and a 25% chance of getting no vitamins at all. Frank counselling may perhaps

lead to few women agreeing to enter the trial. but if this happens the need for a rethink should rapidly become evident. Our main scientific reservation about the trial is that women who do take part after such counselling might then independently (and unbeknown to the organisers) improve their diet or even buy vitamin pills (which will not contain folate, but there is no certainty that folate is the important ingredient). What will happen if the final result is a low recurrence rate among all groups in the trial with no significant difference between women given supplements and controls? Will that be taken to show that vitamins are ineffective? Not necessarily, because we are sure the organisers of the Medical Research Council trial appreciate that they would need to prove that cryptic self supplementation did not take place. In the North Western region three quarters of our local obstetricians now offer some form of vitamins to women with a history of neural tube defect though not necessarily the right vitamins at the right time. It was this local situation and not any doubts about the desirability or ethics of a randomised trial which led us to decline participation in the Medical Research Council trial.

Meanwhile it is ethically imperative that there should be a policy for the next few years until the definitive answer, we hope, emerges. We believe that supplementation in accordance with the protocol of Smithells et al1 should be offered to all women at risk unless they have enrolled with fully informed consent in the Medical Research Council trial. As a precaution in case the Medical Research Council trial should fail to give a clear result all women given supplements must be registered centrally in each region and carefully followed up. Supplementation policy must be reviewed in perhaps three years and then at regular intervals. The incidence of neural tube defects in women receiving and those not receiving supplements should be carefully monitored. We urge the appropriate regional committees in the UK immediately to address

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- Smithells RW, Sheppard S, Schorah CJ, et al. Arch Dis Child 1981;56:911-8.
 Smithells RW, Sheppard S, Schorah CJ, et al. Lancet 1981;ii:1425.

"Know then thyself"

SIR,—I wish to commend Professor Philip Rhodes (13 November, p 1404) on his suggestion of self appraisal when a doctor is