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# BRITISH MEDICAL JOURNAL

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SATURDAY 29 JANUARY 1983

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*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 should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.*

*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.*

## Reduction of clinical work over Christmas and New Year

SIR,—After a seemingly unending Christmas and New Year holiday period many doctors will welcome a return to normal working. In previous years the reduction of clinical work over Christmas and Boxing Day could be contained without appreciable deterioration in clinical care. Now with the prolonged holiday period spreading from the commercial world to our hospitals we are encountering unacceptable disruptions of work with consequent hazards to patients. The accumulated backlog of work that has to be dealt with in early January further compounds the problem.

In our own wards the stop-go working schedule led to delayed operations, skimmed laboratory investigations, reduced availability of blood, poor hospital communications, and delays in dealing with inpatient and out-patient referrals. One simple tangible example of the adverse effects on patient care occurred when the single on call physiotherapist, in addition to all his work on other wards, had to treat eight seriously ill patients with pneumonia who arrived in a 24 hour period. We are

sure that colleagues elsewhere in the country will have encountered similar problems.

These problems could be avoided by simple sensible administrative measures. A return to a short Christmas holiday with compensatory leave earlier in December or later in January and February would ensure that continuity of clinical care could be offered over the Christ-

mas and New Year period. Without this we cannot claim to have a comprehensive or humane health service.

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## Spina bifida and vitamins

SIR,—Dr J P Bound (8 January, p 147) describes a woman with a family history of cleft palate who took Pregnavite Forte F (a multivitamin preparation with iron and folic acid) before and after a subsequent conception (because her husband had a hairy patch on his back) and gave birth to an infant with cleft palate. Dr Bound suggests, on the basis of experimental animal work, that the vitamin A in the tablets may have contributed to the causation of the cleft palate. As the contribution might be undetectably small his general

hypothesis is untestable, but the following points deserve consideration.

(1) No general conclusion can be drawn from a single case.

(2) The incidences of major malformations among the offspring of over 400 mothers at high risk of neural tube defects fully supplemented with Pregnavite Forte F in studies by the group associated with me are as follows: three recurrences of neural tube defect; one case of isolated hydrocephalus; three cases of congenital heart disease (including one