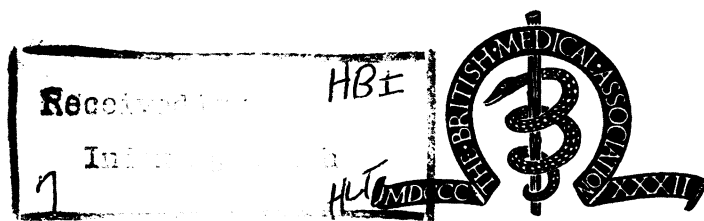


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SATURDAY 20 NOVEMBER 1993



BRITISH MEDICAL JOURNAL NO 6915 VOLUME 307

INTERNATIONAL

Editorials

- 1293 **Supporting the injured lung** Kenneth M Sim, Timothy W Evans
 1294 **Lessons from measles vaccination in developing countries** A J Hall, F T Cutts
 1295 **Ethnic composition of NHS boards** Luisa Dillner
 1296 **Publishing the results of sponsored clinical research** Andrew Herxheimer
 1297 **Managing stroke: the way forward** Peter Sandercock
 1298 **Repetitive strain injury** Peter Brooks

News

- 1299-1304 **US women's study criticised · French prisons improve health · Australia pushes private care · UN faces accusations · Fisons investigates allegations · South Africa fights drug costs · India controls private schools · Enriching sperm · France tackles counterfeit drugs · The nation's health · Two watchdogs**

Papers

- 1305 **Access to coronary catheterisation: fair shares for all?**
 F Kee, B Gaffney, S Currie, D O'Reilly
 1308 **Reduced childhood mortality after standard measles vaccination at 4-8 months compared with 9-11 months of age**
 Peter Aaby, Marc Andersen, Morten Sodemann, Marianne Jakobsen, Joaquim Gomes, Manuel Fernandes
 1312 **Bed sharing, smoking, and alcohol in the sudden infant death syndrome**
 R Scragg, E A Mitchell, B J Taylor, A W Stewart, R P K Ford, J M D Thompson, E M Allen,
 D M O Becroft on behalf of the New Zealand Cot Death Study Group
 1318 **Non-fasting serum triglyceride concentration and mortality from coronary heart disease and any cause in middle aged Norwegian women**
 Inger Stensvold, Aage Tverdal, Petter Urdal, Sidsel Graff-Iversen
 1322 **Cost effectiveness analysis of early zidovudine treatment of HIV infected patients**
 Eugene Z Oddone, Patricia Cowper, John D Hamilton, David B Matchar, Pamela Hartigan, Greg Samsa,
 Michael Simberkoff, John R Feussner
 1326 **High prevalence of asthma in cross country skiers**
 Kjell Larsson, Peter Ohlén, Lars Larsson, Per Malmberg, Per-Olov Rydström, Hans Ulriksen
 1329 **Importance of placement of intra-articular steroid injections**
 A Jones, M Regan, J Ledingham, M Patrick, A Manhire, M Doherty

General Practice

- 1331 **Avoiding the pitfalls of sponsored multicentre research in general practice**
 Heather A Waldron, Ronald F Cookson

Education & Debate

- 1335 **Fortnightly Review: Acute respiratory distress syndrome ("ARDS"): no more than a severe acute lung injury?**
 Richard Beale, E Robert Grover, Mark Smithies, David Bihari
 1340 **Publishing the findings of clinical research**
 A J Munro
 1342 **ABC of Emergency Radiology: The abdomen—I**
 D A Nicholson, P A Driscoll
 1346 **Minimally Invasive Surgery: Advanced techniques in abdominal surgery**
 John R T Monson

- 1351-1368 **Obituary · Letters · Medicopolitical Digest · Soundings · Medicine and the Media · Personal View · Medicine and Books · Minerva · (in detail overleaf)**

1351 Obituary

J McGlone, E M Creak, J H Beatson, C J Wells, M G Stratford, M K De, G F Eagle, W Oldham, S K Sengupta

1353 Letters

- | | |
|--|--|
| 1353 The need for chaperones
R N Palmer; P Simmons; F H Cole; D Protheroe | 1355 Altered inflammatory responses in smokers
D J Higman and J T Powell |
| 1353 Retinopathy of prematurity
J L Sullivan; G Holmström | 1355 Pass rate in MRCP examination
R Wakeford and others |
| 1354 Urination and fluid intake E C Ashby | 1356 Performance indicators in general practice
R F Jankowski |
| 1354 Schistosomiasis in Malawi R N H Pugh | 1356 Waiting list times for treatment R Madhok |
| 1354 Road traffic and respiratory health of children
K Perrett | 1356 Marketplace model is destructive of NHS
L Wood |
| 1354 Suspended doctors P J Tomlin | 1357 Natural family planning
J Kelly; J France; J J Billings; M B Howit Wilson;
K Hume; A D Clift; G Jarvis; W M O Moore;
R Paisey; C Norman; E Odeblad; C Pyper;
M S King; M A Wilson; J Lee; R E J Ryder |
| 1355 Care of suicidal prisoners G Williams | |
| 1355 Giving intravenous drugs
L A H Critchley and others | |
| 1355 Eradication of leprosy C L Crawford | |

1361 Medicopolitical Digest

Fast tracking survey · Specialist training and medical register · Commitment to referral system · Statutory appointment of consultants · Non-clinical academic staff · Continuing education · Working time directive

1363 Soundings Moon over Slovakia George Dunea; Managing change James Owen Drife

1364 Medicine and the Media

A moment of beauty Malcolm Miles; More accountability needed Jennifer A Roberts

1365 Personal view A good colour Ruth Carter

1366 Medicine and Books

- 1366 Kate Lawrence: *The Downing Street Years* (Margaret Thatcher)
 1366 A J Dunning: *Health Care Need: Meaning and Measurement* (Per-Erik Liss)
 1367 Geoffrey Hanks: *The Future for Palliative Care: Issues of Policy and Practice* (Ed David Clark)
 1367 Duncan Vere: *Oxford Textbook of Palliative Medicine* (Ed Derek Doyle, Geoffrey W C Hanks, Neil MacDonald)

1368 Minerva

Instructions to authors appeared in the issue of 2 January 1993, p 55

The importance of RCTs and the effectiveness of natural family planning

Most readers of the *BMJ* must know by now about the attempt by the Cochrane Collaboration (which is active in Britain, Canada, Denmark, Sweden, and the United States) to conduct systematic reviews of the evidence on all medical treatments. It is a lifetime's work, and one crucial part of the exercise is to produce a register of all randomised controlled trials. Some people are unhappy about this concentration on such trials and the downplaying of other forms of evidence, but this week's journal illustrates well why randomised controlled trials are so important.

The first editorial concludes that the benefits of costly, labour intensive, and complicated treatments to support injured lungs are unproved (p 1293); yet randomised controlled trials are unlikely because doctors are unwilling to forgo treatment in control patients. This is history repeating itself as the same problem arose with trials of extracorporeal membrane oxygenation in neonates in the 1980s. The problems of not doing trials simply accumulate: patients may be treated unnecessarily; optimum treatment may not become clear; resources may be diverted to ineffective treatments; and eventually a halt may be called to treatments that may be effective simply because hard evidence is lacking of their effectiveness.

The second editorial—on measles vaccination—concludes that even with such a familiar treatment we are unsure of the true risk:benefit ratio in developing countries because of the failure to do randomised controlled trials that use death as an end point (p 1294).

Another editorial, on managing stroke, shows, in contrast, what benefits may accrue when randomised trials are conducted (p 1297): "The greatest recent leap forward in managing stroke has not," writes Peter Sandercock, "been a novel neuroprotective agent . . . but the (distinctly less glamorous) publication of a formal overview showing that organised stroke care saves lives." The review was possible because many randomised trials had been conducted, but a review was necessary because none of the trials was large enough on its own to convince. Such reviews may be distorted when it comes to drug treatments, argues Andrew Herxheimer, because some results of trials funded by pharmaceutical companies are not published (p 1296). He joins A J Munro (p 1340) in calling for all such results to be made publicly available.

Two papers add important information on the highly topical subject of women and heart disease and whether they are adequately investigated and treated (pp 1305 and 1318), but the most extraordinary material in this week's journal is surely the 16 letters on natural family planning. Five weeks ago we published nine letters all strongly critical of the suggestion that natural family planning may be as effective as artificial methods. Some readers accused us of bias—but we were simply reflecting the letters we received. Now we have 15 letters supporting natural family planning and only one more against. This correspondence, I must say, has changed what may have been a prejudice on my part against natural methods of contraception.

BMJ

Editor's Choice

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