

information system still collects simple data. The press release that accompanies the Department of Health and Social Security's bulletin misleads when it suggests that activity represents quality. It does no such thing. The DHSS should be more aware of the need to measure effectiveness of health service activities to encourage improvement in the quality of health care.

ROBERT R WEST

Senior Lecturer in Epidemiology,  
University of Wales College of Medicine,  
Cardiff CF4 4XN

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## Multiple births

We know little about the causes of either monozygotic or dizygotic twinning, although the causes of the latter are multifactorial and include a genetic element. Maternal age and parity, ethnic group, maternal nutrition, height, fecundity, and concentrations of follicle stimulating hormone have all been associated with the risk of dizygotic twinning, the peak prevalence being in mothers in their 30s, with the rates being highest in African and lowest in some Asian populations.<sup>1-3</sup> The frequency of monozygotic twinning seems to be constant. The incidence at conception of multiple births may be much higher than that at birth, the loss of only one twin appearing to be more common than was originally thought.<sup>4</sup>

A family history of multiple births may also be associated with the occurrence of some chromosomal anomalies,<sup>5</sup> possibly reflecting a familial tendency to errors of cell division. Independently it has been associated with neural tube defects in the same sibship.<sup>6</sup> Certainly congenital malformations of most kinds are more common in multiple than single births, but this is probably a direct complication of the multiplicity.<sup>7</sup>

Whatever the causes the consequences of multiple births are substantial, with a definite rise in virtually all the complications of pregnancy and delivery, including pre-eclampsia, preterm labour, growth retardation, placental anomalies (particularly in monozygotic twins), and malpresentations, and a consequent increase in the rate of neonatal problems.<sup>2</sup> The risk is less for dizygotic twins, especially when one or both twins are girls, and for the first baby of a set delivered.<sup>8</sup> A recent review found that in England and Wales the 2% of all births which are multiple make up 9% of all perinatal deaths.<sup>3</sup> This is largely due to the general shift downwards of the distribution of their birth

weight, so that they account for about one in five of all liveborn infants weighing under 1500 g. At these low weights the mortality risks of multiple births are slightly lower than those of singletons. Nevertheless, the high proportion of multiple births among very low birthweight infants underlines the need to keep neonatal intensive care units sufficiently unoccupied to allow for sets of two or more sibs to be admitted at a time—events which can impose a severe strain on even well staffed units.

One of the unanswered questions is why trends in birth prevalence have varied over time; in many countries rates of dizygotic twinning fell between 1956 and 1980, and in Britain and elsewhere they have risen since then—particularly for orders higher than twins.<sup>3</sup> Much of this last feature may be attributable to the increasing use of fertility drugs and in vitro fertilisation. Whatever the reason, the combination of a rise in birth prevalence and a fall in mortality means that an increasing number of infants delivered at multiple births are surviving.<sup>3</sup>

The physical, mental, and financial strain on young parents of coping with two or more young babies, often with all the problems that preterm birth brings, must be substantial. It is good that a new survey is being launched to look into the long term effects of multiple births on both parents and children.<sup>9</sup> Its results cannot fail to interest parents and professionals alike, and I hope that the response to the survey will be generous.

EVA ALBERMAN

Professor of Clinical Epidemiology,  
London Hospital,  
London E1 1BB

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## Aspiration cytology of the thyroid

Enlargement of the thyroid gland is a common problem. A survey from the north east of England reported a prevalence of palpable goitre of 15.5%, with solitary thyroid nodules being found in 3.2% of women and 0.8% of men.<sup>1</sup> Similarly, in the United States of America clinically apparent nodules are present in 4-7% of adults.<sup>2</sup> The development of goitre is a concern to both the patient and the doctor because of the fear that the swelling may be malignant. Most goitres, however, are benign, and even in solitary nodules selected for surgery on clinical grounds malignancy is found in only around 10%.<sup>2</sup>

The traditional approach to investigating a patient pre-