LEADING ARTICLES

Cell life and death in human tumours ........................................ 177
Social trends .............................................................................. 178
Computers and privacy .............................................................. 178
Hyperthyroidism of hydatidiform mole ........................................ 179
An unnecessary risk to children ................................................ 180
β-blockers in the treatment of chronic simple glaucoma ............. 180
Reservoir ileostomies .................................................................. 181
Control of smallpox ..................................................................... 181
Plasticity in the nervous system ................................................... 182

PAPERS AND ORIGINALS

Immunological features in multiple sclerosis G LAMOURoux, N GIARD, R JOLICOEUR, V TOUGHLIAN, M DESROSIIERS .......... 183
Intestinal absorption in normal Indian and English people M D HELLIER, A N RADHAKRISHNAN, V GAMAPATHY, A GAMMON, S J BAKER .............. 186
Bleomycin in advanced squamous cell carcinoma: a random controlled trial REPORT OF MEDICAL RESEARCH COUNCIL WORKING PARTY ON BLEOMYCIN .................................................. 188
Barbiturate and anticonvulsant treatment in relation to osteomalacia with haemodialysis and renal transplantation A M PIERIDES, H A ELLIS, M WARD, W SIMPSON, K M PEART, F ALVAREZ-UDE, P R ULDALL, D N S KERR ............. 190
Plasma prednisolone levels after administration of prednisolone-21-phosphate as a retention enema in colitis J. POWELL-TUCK, J E LENNARD-JONES, C S MAY, C G WILSON, J W PATerson .................. 193
Do placebos alter sleep? KIRSTINE ADAMS, LIiS ADAMS, VLASTA BREZINova, IAN OSWALD .......................... 195
Genetic diabetes not linked to the HLA locus P G NELSON, D A PYKE ............................................................... 196
Pseudo-obstruction due to clonidine R BEAR, K STEER .......................................................... 197
Polycythaemia in androgen-dependent aplastic anaemia THOMAS S LOW-BEER, GEOFREY L SCOTT ............................. 197
Neonatal jaundice in association with oxytocin stimulation of labour and operative delivery E A FRIEDMAN, M R SACHTLEBEN .................................................. 198
Successful treatment of pneumatosiS COLI with oxygen R D S WATSON .......................................................... 199
Ocular toxicity due to rifampicin F E CAYLEY, SISIR K M AjEEMDAR .......................................................... 199
Warfarin and Distaligial interaction M ORME, A BRECKENRIDGE, P COOK .......................................................... 200

MEDICAL PRACTICE

Importance of patient selection in evaluating a cardiac ambulance service J R HAMP......... 201
Letter from Finland: Same goals—different philosophy PERTTI KEKKI .......................................................... 204
Angiographic appearance of carotid bifurcation in patients with completed stroke, transient ischaemic attacks, and cerebral tumour M J G HARRISON, JOHN MARSHALL .......................... 205
A case of septicaemia DEMONSTRATED AT THE ROYAL COLLEGE OF PHYSICIANS OF LONDON .......................... 207
Why do people use paracetamol for suicide? B G GAZZARD, M DAVIS, J SPOONER, ROGER WILLIAMS .......................................................... 212
Any Questions? ........................................................................ 203
Materia Non Medica—Contributions by A J SMITH, E E RAWLINGS, CLIVE RICHARDS ......... 214
Personal View HAROLD S BRODRIBB ........................................ 215

CORRESPONDENCE—List of contents ......................................... 216

OBITUARY NOTICES ............................................................... 227

NEWS AND NOTES

Epidemiology—Some imported infections .................................. 232
Medical News—New measures on smoking .................................. 232
BMA Notices ............................................................................. 234

BOOK REVIEWS ........................................................................... 230

SUPPLEMENT

The Week ................................................................................ 235
Recent experiences of junior medicopoliticians TERRY F DAVIES .......................................................... 236
Reorganising the reorganised A K THould .................................. 237
HJSC: Joint evidence agrees with DHSS on EDAs ......................... 238
No detriment ............................................................................ 239
General practitioners’ practice expenses ........................................ 240
Association Notices ..................................................................... 240
Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

A place to be born

Sin.—I was most disappointed by your leading article (10 January, p 55). The discussion on where delivery should take place has lasted too long already. Most doctors and midwives are likely to agree, for one reason or another, that our trend towards hospital confinement is the right one for us to pursue at present. When he was lecturing in this country a few years ago, Professor A A Haspels pointed out the Dutch system which he advocated was, as he put it, “not for export.” Efforts to demonstrate that falling maternal and perinatal mortality rates are directly related to the increasing proportion of hospital deliveries are full of pitfalls, as Professor A L Cochrane pointed out some years ago.1 Neither does examination of our own regional figures give support to this view. It is surely time we rolled up these spurious arguments and devoted our attention to the things that really matter. The obstetric services in Holland may differ markedly from those in Sweden, but both countries can prove to us that our perinatal mortality has some way to fall.

It is time that doctors stopped focusing the whole of their attention on the clinical details of obstetrics and the place in which it occurs and instead looked far more carefully at the educational, social, and cultural background of parturient women. Our own regional variations in mortality indicate fairly clearly that it is these factors that have the most profound effects on the outcome of pregnancy. Regarding maternal mortality we still have no better example of the effects of education than that provided by Dr Alexander Topping, MOH of Rochdale between the wars. In 1930 Rochdale’s mortality was over 9 per 1000 births. By 1932 it had fallen to under 2 per 1000. This was not achieved by a dramatic change in obstetric practice nor even by a sudden rise in living standards. He did it by telling women how they themselves can influence the outcome of pregnancy. He proved that education alone will produce huge effects. There is still plenty of room for improvement in the education of our own people and it is to this that doctors and nurses should direct their energies if we wish to enjoy the low mortality rates which others have achieved.

JOHN SLATTERY

Colchester, Essex


A place to be born

Sin.—I was most disappointed by your leading article (10 January, p 55) always seems to be dominated by hospital-based obstetricians and, as a result, the case for home confinement often seems to go by default. My own experience leads to the conclusion that the home can be a safe place for childbirth.

In 1968 I published a survey of domiciliary obstetrics in a group practice covering the period 1960-61.1 There were 667 pregnancies initially booked for home confinement, and of these 83-1% were eventually delivered at home, 12-1% developed complications during the antenatal period requiring referral to hospital for delivery, and 4-8% were transferred to hospital in labour. Corresponding perinatal mortality rates were 5-4, 23-8, and 31-3 per 1000 live births. The overall perinatal mortality was 8-9 per 1000. Other findings of the survey were a high rate of transfer of primigravidae, both before and during labour, and a low incidence of serious complications in home deliveries. It was concluded that primigravidae should be excluded from home confinement but also that conscientious antenatal care and careful selection of cases provided a high degree of safety for mothers and their babies born at home.

Since 1966 advances in monitoring fetal health have made available to GP obstetricians new refinements of antenatal care. Furthermore, it is possible that delivery at home may actually be safer for some mothers. The security of husband, home, and familiar attendants can induce relaxation and normal labour, whereas the clinical and increasingly technological environment of hospital may promote inappropriate reactions. An analogy could be the cardiac monitoring units, where patient anxiety can result in the release of catecholamines promoting arrhythmias. There may be a better chance of survival from a cardiac arrest in hospital, but the patient may never have the arrest at all if nursed at home.

The aim should be to educate the GP obstetrician to recognise his limitations and to prevent booking unsuitable cases for home confinement. Failure to do this in the past has fuelled the argument against domiciliary obstetrics. There is still a substantial case for some degree of home confinement, provided both mother and doctor desire it and that the latter is properly trained. Domiciliary childbirth may then be a most rewarding experience for all concerned, despite the fact that perfection is as difficult to achieve at home as in