advantages of the midwifery service in attachment to GPs is the continuity of care throughout the pregnancy (including delivery) —badly lacking in the hospital service and much appreciated by mothers.

I suggest that in urban areas there should be a change to a system whereby a midwife continues to be attached to a GP but takes over full care of the pregnant patient, with no involvement of the GP. The deliveries undertaken within the consultant service that do not require consultant care would be taken over by the midwives. The midwife's rota should be made so as to give adequate nights off, as with GPs. Midwifery training would need some adjustment but the biggest hurdle for the midwife would be to become accustomed to unfettered care. I am sure that very quickly midwives would welcome the freedom to practice midwifery under their own responsibility.

In Oxford there are about 6000 deliveries annually. Of these, 600 are deliveries under the GP obstetric service; with the 1000 women at present coming under the care of the consultant who could be delivered by the midwives, 1600 of the 6000 would be under midwife-only care. Since about 70% of all deliveries are entirely normal, there is clearly scope for a further reduction of the numbers delivered in the consultant unit and transferred to the midwives. The consultants would be left with the genuinely complicated pregnancies, and community midwives with the remainder (probably the majority). The midwives could conduct their own antenatal clinics at health centres or surgeries, as at present in many GP practices, and the deliveries would be in hospital.

I would be interested to know of any good reason why this scheme should not be implemented.

A J FOGARTY

Donnington Health Centre,
Oxford

Sleep problems in young children

SIR,—Dr H B Valman (8 August, p 422) advises that babies who persistently cry at night can be reconditioned by withdrawing attention either abruptly or gradually. However, the problem with most parents is to know for certain whether or not the crying indicates genuine distress or whether it is merely a device for seeking attention.

A good test is to advise the parent to pick up the crying infant. If the crying ceases immediately then the baby is seeking attention and can be put down immediately and left to cry it out—preferably with two doors separating it from the parents. This pick-up test is a fairly obvious solution to the problem but it is surprising how many parents have never thought of it.

A W FOWLER

Bridgend General Hospital,
Bridgend, Mid Glam

Urinary tract infection in young children

SIR,—I was rather surprised that Dr H B Valman in his article "Urinary tract infection" (1 August, p 363) named co-trimoxazole as the drug of choice when immediate treatment is necessary. There is an increasing volume of evidence which suggests that trimethoprim alone is equally effective, with a lower incidence of side effects.[1-4]

Dr Valman mentions co-trimoxazole and nitrofurantoin as being ideal for prophylaxis, but again trimethoprim alone may be even more appropriate. It has been shown to be very successful in this role,[5] and one paper reported lower recurrence rates with trimethoprim alone than with co-trimoxazole or nitrofurantoin.[6] Much of this success has been attributed to the fact that trimethoprim eliminates coliforms, the predominant causative organisms, from the faeces[7] but only very rarely induces resistance.[8] A study conducted in Finland,[9] where plain trimethoprim has been used for long-term prophylaxis against urinary tract infection since 1973, showed that the incidence of resistance is no higher than with co-trimoxazole or nitrofurantoin.

Since the arguments for favouring trimethoprim alone are so persuasive,[10] perhaps it is time that its use is recommended in articles such as that by Dr Valman.

L J DOWNEY

Duphar Laboratories Limited,
Southampton SO3 3JD

1 Brumfitt W, Pursell R. *Br Med J* 1972;ii:673-6.
2 Koch UJ, Schumann KP, Küchler R, Kewitz H. *Chemotherapy* 1973;**19**:314-21.
3 Kasanen A, Sundquist H, Junnila SYT. *Curr Ther Res* 1979;**25**:202-9.
4 Lacey RW, Lord VL, Gunasekera HKW, Leiberman PJ, Laxton DEA. *Lancet* 1980;i:1270-3.
5 Stamm WE, Counts GW, Wagner KF, Martin D, *et al. Ann Intern Med* 1980;**92**:770-5.
6 Kasanen A, Kaarsalo E, Hiltunen R, Soini V. *Ann Clin Res* 1974;**6**:285-9.
7 Asscher AW. *Practitioner* 1981;**225**:1021-6.
8 Brumfitt W, Hamilton-Miller JMT. *Br J Hosp Med* 1980;**23**:281-4.
9 Huovinen P, Toivanen P. *Br Med J* 1980;**280**:72-4.
10 Anonymous. *Lancet* 1980;i:519-20.

Tonsillitis and otitis media

SIR,—I quite agree with Dr George Morris that children with tonsillitis and otitis media should be treated with initial intramuscular penicillin (8 August, p 435).

With associated tonsillitis one would expect subclinical infection of the submucosal lymphoid follicles of the whole gastrointestinal tract and as such anything by mouth does not get well absorbed, and if absorbed at all takes a longer time. This is not the case with infection in other parts of the body, where one would expect normal absorbtion from the gastrointestinal tract.

I am sure that inadequate treatment of otitis media and associated tonsillitis is partly responsible for the increasing incidence of "glue ear" in children, which I think is a condition of delayed resolution of suppurative otitis media.

N K SAHA

ENT Department,
Oldham and District General Hospital,
Oldham OL1 2JH

Prostaglandins in gel for abortion

SIR,—We have read with interest the paper of Mr D H Smith and others (20 June, p 2012). We studied the effect of a single extra-amniotic injection of prostaglandin E_2 in Tylose gel in 30 teenage nulliparous patients in the first trimester of pregnancy. The purpose of our study was to evaluate whether or not cervical dilatation could be achieved prior to suction termination in these potentially at-risk patients with an immature cervix.

Twenty-three (76·7%) of our patients aborted incompletely within nine hours. In the remaining seven (23·3%) the cervical os was found to be open and a suction catheter, size 8-10 mm, was used without any resistance.

Our results show that in the first trimester of pregnancy a single extra-amniotic injection of prostaglandin E_2 in Tylose gel can facilitate either incomplete abortion or cervical dilatation. Thus the method can be employed in young nulliparous patients prior to vacuum aspiration in order to eliminate cervical trauma and its subsequent complications.

O DJAHANBAKHCH

Centre for Reproductive Biology,
University Department of Obstetrics and Gynaecology,
Edinburgh EH3 9EW

N H N GARDNER

Royal Devon and Exeter Hospital,
Heavitree, Exeter EX1 2ED

The pill at the menopause

SIR,—In his recent letter Mr J Guillebaud (8 August, p 439) states that the progestogen-only pill is a reasonable alternative to the combined pill in women over the age of 35 and "is rightly being increasingly used in this age group." This may be misleading. There is now evidence to suggest that progestogens may be associated with elevation of blood pressure[1] and a decrease in high-density lipoprotein levels,[2] both of which increase the risk of cardiovascular disease. The progestogen-only pill cannot therefore be unreservedly recommended for older women, particularly if they smoke cigarettes.

G J LEWIS

St Mary's Hospital,
Portsmouth

1 Royal College of General Practitioners Oral Contraceptive Study. *Lancet* 1977;i:624.
2 Baggett B, Nash HA. *Contraception* 1980;**21**:115-20.

Living with one eye

SIR,—Suffering from the same disability as Sir George Godber (20 June, p 2042), I recognise my own little problems and embarrassments in his excellent article "Living with one eye." But I would add one important inconvenience.

Although driving is indeed no great problem, this is true only when visibility is good. As distance is largely estimated by experience of the size of surroundings, difficulties arise in darkness or foggy weather. In those circumstances one can no longer rely on the empirical knowledge ratio of dimensions to distance. Lights certainly can help but their power is more related to the density of the fog than to the size of the light source and as such they are unreliable indices of distance.

The one-eyed road user thus should drive more slowly and keep larger gaps than normal drivers, realising he is king in the land of the blind, not on the road.

E ROBBERECHT

Department of Paediatrics,
Akademisch Ziekenhuis,
B 9000 Gent, Belgium

The air rifle: a dangerous weapon

SIR,—The recent article (6 June, p 1834) and correspondence (4 July, p 56) on injuries from airgun pellets provide an opportunity to