

Home confinement

Sir,

I would like to put forward two strong criticisms of Dr Damstra-Wijmenga's article (August *Journal*, p.425).

Firstly, the reported results do not show that 'poor progress in labour' is commoner in hospital, as implied in the discussion. The reason is that failure to progress in the first stage of labour is a condition which is virtually confined to primigravidae and the proportion of primigravidae in the two groups has not been considered.

The incidence of primigravidae in the home-booked and hospital-booked groups could be calculated from the percentages given of each parity group which booked for home confinement (p.427). However, the I-para value must be incorrect as the total comes to 396, instead of 321 home bookers and this is the only group large enough to account for such a discrepancy. Taking the other values as correct, the I-para group must contain 78 patients (321 - (134 + 79 + 30)). Consequently, the hospital-booked primigravidae must total 752 (830 - 78).

This gives the proportion of primigravidae in the hospital-bookers as 55 per cent (752/1371) and in the home-bookers as 24 per cent (78/321). Since the proportion in hospital-bookers was more than twice that in home-bookers, the incidence of 'poor progress in labour' should similarly have been more than twice as high. In fact, 'poor progress' occurred 2.5 times as often in hospital as in home deliveries (ie 11.7 per cent/4.6 per cent).

The second major flaw concerns diagnosis in the two groups. It has been said that 'wherever two or three doctors are gathered together there will be as many different diagnoses'. In any study comparing incidences, it is important to establish that the same criteria are used in diagnosis of each group. A pilot study may be necessary to check comparability, if established criteria are not laid down in the protocol.

F. DOBBS

Northfield Health Centre
15 St. Heliers Road
Northfield
Birmingham B31 1QW

Advertising in the Journal

Sir,

Congratulations to the College and to the Editorial Board on achieving 'full responsibility' for the *Journal*. You go on in your Editorial (September *Journal*, p.473) to comment 'Advertisements at present seem to emphasize image at the expense of information.' The four full-page commercial advertisements in this September issue do not indicate any improvement so far.

Do you not, Sir, now have a chance to make a radical change; we are all now familiar with structured material of various kinds, whether questionnaires, data bases, form letters provided by hospitals for outpatient referral or the like. Why not provide to the pharmaceutical firms a standard lay-out for any advertisement in your *Journal* — I do not presume to offer a format here and now, but clearly the prescribing information presently compressed into the bottom of the glossy 'children's comics' passing for serious communication with professional people would make up the bulk of such notices. I entirely fail to see that such material could not be offered in readable, even exciting fashion by the use of the kind of editorial skill which gains readers for the 'free' medical papers.

It could be argued that under these conditions firms would not pay for advertising. If I understand your Editorial correctly, the College and the *Journal* would survive, even thrive, under such a regime; no doubt the pharmaceutical industry also would stagger along. For our part, maybe general practitioners would find time to read serious clinical matter in the journals and books, and perhaps also rediscover the pleasures of joining with colleagues in debate about prescribing and about drugs, debate in their practices and at postgraduate centres. Naïve I am, but surely every general practitioner must retain some naïveté in order to relate caringly with patients, and in order to make sense of the sadness and follies of human life and death.

D.G. WILSON

9 Banhams Close
Cambridge CB4 1HX

Fluoridation update

Sir,

Surely Mr Hugh Walters (September *Journal*, p.493) along with others is missing the point at issue.

There is a distinction to be made between treating the water in order to make it drinkable and treating the populace via that water supply!

Any other form of medication one has a choice — to buy (and thus consume) or not to buy. Added vitamins to foodstuffs come into this category. With fluoridation there is no such choice.

It is as much a moral issue as it is a medical one — a point which ardent fluoridationists usually choose to ignore.

BERNARD A. JUBY

1 Wash Lane
Yardley
Birmingham B25 8SD