

the light of the probability of there being no economic growth in the short-term future.

He calls for a greater examination of the losses and delays suffered by patients through rationing in health services and makes an interesting case for more local discretion in health service expenditure.

The chapter on the National Health Service begins with a logical analysis of the absence of any generally agreed objectives for the service and restates the well-known principle that demand is in effect controlled by doctors and nurses. He argues impressively the case for an inherent conflict between quality and quantity of nurses' (and doctors') salaries. If these professions are to be paid highly, it follows inevitably that they must accept restrictions on manpower. Mr Klein points out that the Halsbury Committee award for nurses would have cost an additional £170 million a year, i.e. more than the total increase in current expenditure planned for the National Health Service for 1975-1976.

I was interested to learn that over 50 per cent of male ancillary workers in the National Health Service were over 50, and as many as eight per cent were registered as disabled. "The NHS is therefore carrying out a social role quite distinct from the provisions of health care by providing employment for those who might well be redundant if the policy were to concentrate on improving efficiency by employing a smaller, better paid, more productive labour force."

He emphasises the well-known implication that an increasing number of elderly people will make highly significant increased demands on the National Health Service ("women over 75 who make up only three per cent of the total population alone occupied nearly 20 per cent of the NHS beds").

My only serious disagreement with Mr. Klein came in his section on general practice, where he quoted from the Royal College of General Practitioners' third edition of *Present State and Future Needs of General Practice*, published by this *Journal*, and emphasised the significance of the falling consultation rate reported in general practice.

He goes on to question the wisdom of increasing support for primary health care teams and seems unaware of any evidence that they improve the care that patients received. Such evidence is, however, available (Bolden and Morgan, 1975; Marsh and Kincaid, 1976). The primary health care team may thus be one of the reasons for the fall in the number of *doctor-patient* contacts per patient per year.

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British Births 1970 (1976). A survey under the joint auspices of the National Birthday Trust Fund and the Royal College of Obstetricians and Gynaecologists. Volume 1: *The First Week of Life*. London: Heinemann. Pp. 278. Price: £5.85.

This is the third in a series of national cohort studies concerned with the outcome of pregnancy, and the second to be conducted by the National Birthday Trust Fund. The Royal College of Obstetricians and Gynaecologists has played a major role in each of the three. On this occasion, the Royal College of General Practitioners has been among the many other bodies making up the Steering Committee and contributing in working parties.

The last study, in 1958, was concerned mainly with perinatal mortality. The present survey deals primarily with the first week of life, and is thus concerned with morbidity more than with mortality. The perinatal mortality rate has fallen from 38.1 per 1,000 births in 1958 to 23.4 in 1970, and is still declining. With this indication of improved maternity care, it must follow that the level of morbidity also falls, and this report serves to highlight possibilities for further improvements.

Domiciliary deliveries were at 12.4 per cent in 1970 and have since fallen to about half that. Deliveries in general-practitioner maternity units at 15.4 per cent were falling, but those in general-practitioner beds in hospital maternity departments at 3.1 per cent were rising. This trend seems likely to continue because, as an increasing number of isolated general-practitioner units are being closed, more beds in hospital units are being made available to interested general-practitioner obstetricians. This trend is not commensurate, because these beds are concentrated in fewer centres and therefore accessible to a smaller proportion of practitioners. One lesson of this report is that a very high standard of care is to be expected of these practitioners; they must learn to work in close harmony with paediatric colleagues as well as with the obstetricians. Midwives still deliver or supervise delivery in the great majority of cases.

Stillbirths accounted for 54 per cent of the perinatal deaths, and intrauterine asphyxia was a factor in 27 per cent of these. Immaturity was another major factor—15 per cent of first week deaths were under 1,000 grams at birth; congenital malformations were present in 23 per cent. It is gratifying to note that infection and birth trauma now feature rarely. As the more readily preventable causes diminish, the hard core of the inevitable and less readily preventable will form an increasing proportion of what remains. This should not make us complacent, however, as we are still far from recording only inevitable losses.

A special study here is reported of the early minutes after delivery when breathing starts. The concept of *Respiratory Depression Ratio*

(RDR) is introduced to measure this. Breathing which took longer than three minutes to start is taken as the base line, and cases falling below this are expressed as a percentage of any particular group; for instance, in singleton live births the rate is 4.7 per cent; in first-week deaths among these the rate rises to 54.3 per cent.

Early rupture of membranes with prolonged labour tended to give a raised RDR. When the labour was less than 24 hours, the rate was four per cent, but when it went beyond 48 hours the rate rose to 14.5 per cent. Induction of labour was also associated with a raised rate. In the births reviewed in 1970, just over a quarter were induced; in that group the rate was 5.1 per cent compared with 3.3 for the remainder. The condition giving rise to the induction (e.g. pre-eclampsia, toxæmia and postmaturity) accounts for some part of the rise, but there is a hint that induction itself is also a factor in increasing the rate. With much higher rates in the past few years, many being for convenience, rather than for some pressing medical need, it would be interesting to see the rate for a comparable week now.

Analgesics and anaesthetics also increase the rate as might be expected, and it is stressed that, where a general anaesthetic is used (the rate is 27.5 in this group), preparation must be made for the more active resuscitation which may be required. In hospital practice, this is usually taken to mean that a paediatrician should be in attendance.

Breech delivery has a high RDR, as expected, and this is of course associated with low birth weight. In spontaneous breech deliveries, the rate was 24.1, and in this group 21 of the 38 babies were under 2,500g.

In the comments on birthweight, the lower weights in the case of mothers who smoke is again confirmed.

Illness during the first week of life is another special feature of this report. Of the children alive and well at the end of the first week, 66 per cent had no recorded illness nor any

abnormal physical finding. Only a small proportion were seriously ill, however, as among the remaining one third minor conditions such as 'sticky eye' accounted for a large percentage. The importance of hypothermia, hypoglycaemia, and hypocalcaemia are stressed, and particularly the association between low blood calcium and cerebral irritability leading to fits. There is an interesting relationship between this syndrome and the form of feeding. Signs of cerebral irritation were rare among breast-fed babies, but the incidence rose when cow's milk was given in any form.

Breathing difficulties and cyanotic attacks are important warning signs of serious underlying disease and should never be taken lightly: of the eight per cent of babies who had them, 91 per cent died.

There is also a study of the place of care of the baby and the mother, showing the changes which may occur in the first week. This reveals nothing unexpected, but provides a measure for such movements at that time. Twenty-seven per cent of babies were not examined by a doctor in the first 24 hours. Thirty-seven of these babies subsequently required some special form of nursing. In consultant units 7.3 per cent of babies weighing 2,500g or less were not examined, compared with 27.6 per cent of larger babies. In home deliveries, the figure was 31 per cent and there was practically no variation with birthweight.

Breast feeding was recorded in 24 per cent in the first day of life, and this rose to 34 per cent by the third day, thereafter diminishing. It is noted that change of care militates against establishment of breast feeding, but the negative attitude or apathy of many midwives and medical advisers must also be an important factor.

The message of this report is—That we shall not be complacent; there are still some nasty hazards in the Valley of the Shadow of Birth.

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