

If these figures are generally representative and could be substantiated, an area of prevention which has been little explored offers itself.¹

R.J. ROBERTSON

Charles Street Surgery
Annan
Dumfriesshire

Reference

1. Macaulay C. Why not sports medicine in general practice? *J R Coll Gen Pract* 1982; 32: 700-701.

Changes in obstetric care in breech births

Sir,

Is obstetric care improving for the breech infant, and if so, in what way? Obstetric records dating back to 1937 were discovered in Barnsley District General Hospital referring to labour suite activities in the original St Helen's Hospital. These were analysed with respect to singleton breech deliveries, their mode and outcome, and compared with singleton breech deliveries taking place in 1982. The current population of the Barnsley area is 233 000. In the early 1940s, three-quarters of deliveries took place at home, whereas nowadays the figure is around 2%.

Hospital breech deliveries between 29 December 1937 and 26 November 1941 were compared with those between 31 October 1982 and 31 October 1984. In the earlier period, 40% of the mothers with

a breech infant were primigravid, and in 1982-84, 59%. Equivalent figures for 'grand' multiparas (gravid five or more) are 46% and 9%. Table 1 illustrates the preliminary findings.

The mode of delivery was analysed and the degree of obstetric interference assessed. In Table 2 a complicated delivery refers to one where forceps were used or mechanical difficulties arose, and excludes Caesarian section. An uncomplicated delivery is a straightforward one where the above does not apply.

The difference in the modes of breech delivery between the two periods is striking but not unexpected. The trend towards elective abdominal delivery for the breech infant is illustrated; the policy established by Wright¹ that 'all viable (breech) infants be delivered by Caesarian section' has been favoured until very recently. Amiel² considered vaginal delivery to be safer in many ways, and Anderman³ suggested that carefully selected term breech babies of primiparas could be delivered vaginally with similar perinatal mortality rates to those born abdominally.

'Complicated' deliveries in 1937 included the attachment of weights to the foot in a footling presentation or placenta praevia, and bipolar podalic version. However, it seems that more than half of breech deliveries in this period were uncomplicated.

There was a higher stillbirth rate in 1937-41 (386 per 1000 breech births compared with 6 per 1000 in 1982-84),

the causes being cord prolapse, skull fractures, pre-eclampsia, version and obstructed labour. Maternal deaths were variously caused by shock, pyrexia, cardiac failure and gas gangrene.

This small study highlights the dramatic improvement in maternity services over the past 40 years, and illustrates trends in obstetric care.

JENNIFER A. STEPHENSON

Walkley House Medical Centre
23 Greenhow Street
Sheffield S6 3TN

References

1. Wright RC. Reduction of perinatal mortality and morbidity in breech delivery through routine use of Caesarian section. *Obstet Gynaecol* 1959; 14: 758.
2. Amiel GJ. Breech: vaginal delivery or caesarean section? *Br Med J* 1982; 285: 1275-1276.
3. Anderman S, *et al.* Is term breech presentation in primigravida an absolute indication for caesarian section? *Eur J Obstet Gynaecol Reprod Biol* 1984; 18: 11-16.

General practitioners' knowledge about radiology

Sir,

I thought that your readers might be interested in the results of a questionnaire survey carried out by our radiology department recently in an attempt to assess how well-informed were our local general practitioners about both the 'bread and butter' X-ray examinations and also the newer imaging techniques. A total of 75 general practitioners were circulated and 54 responded; the sample included a wide range of practices — service and civilian, urban and rural. A second much shorter questionnaire was given to 50 consecutive patients referred by general practitioners for outpatient procedures, mainly barium studies and intravenous urography, in which they were asked how much information they had been given about the examination by their own doctor, and whether or not they found it useful or desirable.

Of our general practitioner sample 14 (26%) felt that they had insufficient knowledge of the everyday procedures such as bariums and intravenous urograms to inform their patients adequately, and it is possible that this is an underestimate since there have been changes in the way we perform even these basic examinations over recent years. Forty-six doctors (85%) felt that the general practitioner needs to know something about the new 'high-tech' imaging methods, but 43 (80%) said that they had insufficient knowledge in this area.

Table 1. Comparison of data on breech births in 1982-84 and 1937-41.

	1982-84	1937-41
Total hospital births per year	2572	323
Singleton breech births (%)	166 (3.2)	57 (9.2)
Perinatal mortality rate (per 1000 hospital births)	9.5	212
Maternal mortality rate (per 1000 hospital births)	0	12.9
Breech perinatal mortality rate (per 1000 hospital births)	48	456
'Breech' maternal mortality rate (per 1000 hospital births)	0	53

Table 2. Comparison of degree of obstetric interference in breech births in 1982-84 and 1937-41.

	Percentage of breech births					
	1982-84			1937-41		
	Prima-paras	Multi-paras	Total	Prima-paras	Multi-paras	Total
Complicated deliveries	5	24	13	35	53	45
Uncomplicated deliveries	6	10	8	61	47	53
Caesarians						
Total	89	66	79	4	—	2
Elective (% sections)	63	42	56	—	—	—
Emergency (% sections)	37	58	44	—	—	—