infant health from which management strategies can be evaluated and planned.

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Professor Morley comments:

I am delighted that Dr Bellman has raised the need to evaluate the methods developed in Bogota. He perhaps does not appreciate, however, that at the present time less than 1% of low birthweight (LBW) babies in developing countries have access to any form of intensive neonatal care facilities. It is hardly an 'either' 'or' situation. Even in the United Kingdom, I understand that there is difficulty in providing enough facilities.

My own experience in this field of LBW care arose from working with a nursing sister, Margaret Woodland, in the village of Imesi, Nigeria in the late 50s. Keeping the child in skin contact with the mother, she achieved survival results in LBW infants similar to those in Birmingham in the early 50s.

On visits to many countries I have frequently seen LBW babies placed in expensive incubators in areas where there was no oxygen, irregular electricity, and few maintenance facilities, let alone nurses adequately trained in their care.

The median expenditure on health care in developing countries in 1980, was US \$4 compared with a median of US \$220 for industrialised countries.² In these less fortunate countries, there are two or three times more births and 10 to 30% of all births may be considered LBW. In the foreseeable future, only a minute proportion of these can (or should) receive costly intensive neonatal care. For the remainder, mother-oriented methods such as those developed by the team in Bogota are likely to have many advantages.

References

- ¹ Morley D. The state of the world's children. *Arch Dis Child* 1985;**60**:693-4.
- ² World Bank. *Health sector policy paper*. Washington DC: World Bank, 1980.

Sir,

In his excellent review¹ Professor Morley states that the lives of half a million children were saved in 1984 by oral rehydration after diarrhoea, in spite of the fact that only 15% of the world's children had access to this treatment. May I add to Dr Morley's comments.

Diarrhoea kills 6 million children each year. The main source of infection being contaminated water supplies. There is a shortage of water in developing countries so that it tends to be used over and over again until it ends up thoroughly dirty and an ideal medium for pathogens and disease.

It seems to me that this is a case where prevention is much better than cure. There is an urgent need for governments to ensure the provision of clean and adequate supplies of water together with the safer disposal of all

waste products. Until this is done, many more millions of children will die in the Third World.

Reference

- ¹ Morley D. The state of the world's children. *Arch Dis Child* 1985;**60**:693-4.

DEWI JONES
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Sir,

Professor Morley's excellent annotation¹ draws attention in the final paragraph to the similarity of problems facing the Third World and research in this country. It also underlines the fact of very large numbers of children that so urgently need help in the Third World.

It appears appropriate to ask, are we in the United Kingdom, in medicine, and particularly in the BPA, responding adequately? Relatively speaking, we are very generously staffed by well qualified doctors.

Would it be appropriate if the route to promotion to career posts indicated that a period of service/experience in the Third World would be seen as a significant advantage? Perspective would be broadened, candidates would be better equipped to handle a multi-racial society, better able to make our research of more wide ranging application, and able to train overseas postgraduates more effectively.

Those of us who have followed this route have found it most rewarding in spite of frustrations.

Reference

- ¹ Morley D. The state of the world's children. *Arch Dis Child* 1985;**60**:693-4.

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Neonatal auditory brainstem responses

Sir,

We were interested to read the paper by Dear and Godfrey on the subject of the interpretation of auditory brainstem responses (ABR) in the neonatal period.¹ We agree that absent responses may be reversible and should not be relied upon to diagnose brain death in neonates. In the cases they described, absent ABRs were attributed to hypoxia. Other authors have suggested that immaturity may be responsible.² We have recently seen an infant in whom absent ABRs were associated with posthaemorrhagic hydrocephalus: after insertion of a ventriculo-peritoneal shunt, the responses returned.

The infant was born at 29 weeks' gestation and weighed 1.45 kg. On day 20 cranial ultrasound showed gross