at all, is a very rare event and far less than the risk of death or damage due to whooping cough.³

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Inguinal hernias are common in preterm infants

Sir,

We read the paper by Boocock and Todd with great interest;¹ although the higher incidence of hernias in preterm children is generally accepted, accurate figures are difficult to obtain.

The risk percentages stated in the above mentioned article, however, are based on retrospective analysis of cases, surgically treated during the first six months of life, and, therefore, might still be an underestimation.

To clarify this issue we analysed the data on inguinal hernias that have been collected in the course of a nationwide project in The Netherlands, concerning live-born preterm (<32 weeks) and/or very low birthweight (<1500 g) infants.² The study included 1338 liveborn infants (mean gestational age 30.3 weeks, 1095 infants <1500 g, 52% boys). Preliminary results show that of the 978 surviving infants, 94 infants had inguinal hernias

Table Number of infants with inguinal hernia under the corrected age of 6 months

	Total			Surgically treated		
Unilateral:	61			45		
Boys		42			36	
Girls			19			9
Bilateral:	33			28		
Boys		31			26	
Girls			2			2
Total	94 (7%)	73 (10%)	21 (3%)	73 (5%)	62 (9%)	11 (2%)

before the corrected age of 6 months; 73 (78%) of those have had a herniotomy during that period. In our material a predominance of boys was found as well, whereas unilateral hernias outnumbered bilateral ones both in the total number of hernias and in the surgically treated ones (Table).

For calculation of the incidences, we used as a denominator the total number of liveborn infants in a category and not the number of surviving infants. In agreement with Boocock and Todd the incidence is thus independent from the neonatal and postneonatal mortality. Otherwise, differences in mortality may cause considerable differences in incidence of later morbidity such as hernias, resulting in incomparability.

In our study the high incidence of inguinal hernia in preterm and very low birthweight infants is confirmed; even if the cases that were not yet surgically treated are included, however, the incidence is clearly lower than in Boocock and Todd's study.

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