and small-for-gestational age babies than in term ones, and pronounced alterations occur in preterm infants with idiopathic respiratory distress syndrome. Furthermore, calculations seem to indicate a lower saturation of the binding sites of serum TBG in healthy, low birthweight infants and in preterm infants with hyaline membrane disease compared with that of term infants during the first weeks of life.

Although the T3 uptake tests may have clinical applications in infants, the T3 tests are sometimes difficult to interpret and do not elucidate the changes in serum thyroid hormone-binding protein concentrations in healthy and sick newborn infants of various maturities.

References


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the Children's Hospital of Michigan 'we have no proof that the regular use of respiration which we are accustomed to consider "normal" is "better" for a premature infant than the periodic breathing described. Likewise we have no convincing evidence that an increased oxygen content of arterial blood is beneficial or necessarily of importance'. Despite these cautious words the paediatric community interpreted the observation in an uncritical fashion, that normal was better than periodic, and ushered in the era of unlimited oxygen therapy. One wonders what innovations are being unleashed into clinical practice today on the say-so of enthusiasts or as a result of grapevine wisdom rather than on the basis of carefully conducted clinical trials.

There is a marvellous account of an early case of RLF treated 'successfully' with ACTH. On pages 22 and 23 the author spells out the drama of this 'success story' which eventually came into perspective with the realisation that the vascular changes of RLF frequently regress to normal spontaneously, and that ACTH had no effect on RLF and possibly led to an increase in mortality rate among low birthweight infants! An equally remarkable cautionary tale appears on pages 73 to 75 concerning the era of a nebulising detergent as the 'cure-all' for respiratory problems and asphyxia of the newborn. The author of the original paper stated in 1953 'it is my considered opinion, after a year's experience, that this is an almost infallible weapon for combating neonatal asphyxia'. This was accepted by physicians and parents throughout the USA who clamoured for detergent nebuliser therapy. Dr Silverman's group at Babies Hospital performed a controlled trial and was unable to find a beneficial effect of detergent mist, and the author notes sadly that when the results were published in 1955 a sales representative of the company which manufactured the preparation predicted, correctly, that 'it won't hurt our sales'. This illustrates the lack of interest that negative reports received and still receive in medical journals and in the media.

The second half of the book is devoted to the wider issues of research philosophy and of the relationships between doctors and society. These chapters are thoughtful and provocative, sensitive, and finely argued. They need to be read at a much slower pace than the early historical narrative. The RLF catastrophe and the other preventable tragedies occurred in the brave new world of neonatology that followed the second world war in an age of prosperity, buoyancy, and heroism, urged on by the striking impact of such advances as penicillin and poliomyelitis vaccination. The community and the politicians 'demanded' that medicine advance by breakthrough rather than by a slow progression of developments rigorously subjected to properly designed clinical investigations. The author addresses, with some sympathy, a problem that is at the heart of our everyday clinical practice. Is the work that we are doing passionately and with so much conviction truly effective? Are the end points of our clinical investigations the correct end points in relation to the ultimate benefits of our patients and of society as a whole? As usual the author is able to complete this ponderous message with a startling anecdote. He tells the story of an 800-g baby who survived at Babies Hospital, New York, and after 3 months and tens of thousands of dollars of care was sent home to a Harlem flat only to die a week later in the night, his face eaten away by rats.

If you do not have time to read the whole of this book, just read the first and last chapters. The first chapter is a thrilling account containing among other things copies of the original prescription orders for constant oxygen for the first recognised cases of RLF in 1940, together with a haunting photograph of a child totally blind from RLF. The last chapter gives the author's views on how we should think about the future planning of clinical investigations, and warns us that innovations in clinical practice should be applied more slowly and on a more limited scale than heretofore. Clinical intervention should be evaluated in cautious graded steps, adhering to the same standards of scientific rigor as are applied in preclinical research.