More work on the spontaneous respiratory activity of ventilated babies is needed.

MICHAEL SOUTH and COLIN MORLEY
Addenbrooke’s Hospital, Cambridge CB2 2QQ

References


Drs Field, Milner, and Hopkin comment:

We thank Drs Greenough and Morley and Drs South and Morley for their comments. Both letters raise similar questions, and in response we would just like to make three points.

(1) Our aim was to investigate the role of ventilator manipulation in controlling active expiration against the ventilator. We feel that we have shown this to be possible in a proportion of ventilator dependent infants.

(2) To elucidate the situation further will require a prospective study of ventilator dependent infants in whom pressure and volume monitoring is continuous from the time of beginning ventilation. Currently, such a system is not available.

(3) A discussion and clarification of what constitutes ‘active expiration against the ventilator’ would be a useful step in aiding further research in this area.

A service for problem families

Sir,

Dr Polnay’s encouraging account of the Radford Family Centre1 gives welcome attention to an area central to child health today—namely, how best to help families handicapped by disadvantage. There are analogies with the management of similar problems in developing countries that are worth exploring, in this case with Nutrition Rehabilitation Centres.

Nutrition Rehabilitation Centres were set up in many countries in Africa and elsewhere in the 1960s and 70s with the aim of preventing malnutrition by teaching mothers how to feed their children better. The concept is now being reassessed as a result of evaluations that cast doubt over their effectiveness.2, 3 Yet the aims of the centres were broadly similar to those formulated for the Nottingham families by Dr Polnay. What went wrong?

Firstly, the concept that malnutrition is due mainly to ignorance has been falsified: usually, adverse socio-economic circumstances are the prevailing aetiological factor. Secondly, though the centres were successful in rehabilitating children with malnutrition in the short term, their impact on long term problems was limited:4 eight months after admission the children’s nutritional state and family’s dietary practice were little different from a control group. It was considered that the families had ‘practical difficulties in implementation, chiefly related to low income’. These findings were confirmed in Lukmanji’s study.3

As a result of such evaluation nutrition policies in developing countries are changing to emphasise community based programmes that train community workers who will help the local people (not just the parents of malmalnourished children, who have low social status) to confront the root causes of malnutrition. Though the analogy with family centres should not be pursued too closely, the problems the families face are similar: poverty, lack of community support, and a feeling of ‘powerlessness’. As with malnutrition, the children admitted represent the tip of an iceberg—there are many more less severely affected outside.

In finding remedies, ultimately, the professionals must stand aside and assist in the development of community based health initiatives,4 involving local people as activators, to combat the root causes of ‘problem families’.

TONY WATERSTON
Ninewells Hospital and Medical School, Dundee DD1 9SY

Dr Polnay comments:

I would accept that there are three problems, namely, poverty, ignorance, and neglect, rather than the two, ignorance and neglect. Whether these factors lead to problems in the children depends on the balance that exists between the individual vulnerability of the family, the quality of the professional services that are available, and the hostility that they meet from their environment. This is illustrated in the attached diagram. In the Family Centre we have worked very much in the areas of personal vulnerability. However, other social, medical, and educational initiatives in the area have also addressed themselves to the other two issues, namely the stresses that the environment produces and the services available outside to support the families.

Long term follow up studies of early intervention programmes are few and far between. However, Gutelius et al and Schweinart et al have produced promising long term results.5 6

Viewed in its wider context, our record for dealing with disadvantaged communities may not be quite as impressive. References to the Medical Officer of Health for the Report...