1-8% of term infants. The odds ratio for a preterm infant to have eczema was 0-86, and the 95% confidence interval was (0-66 to 1-11). This indicates that preterm infants are at slightly decreased risk of eczema, but that this difference was minimal and not significant. The 95% confidence interval in this analysis excludes 0-56, which is the estimated odds ratio reported by David and Ewing. Adjustment for maternal race and education (a proxy for social class) did not change the odds ratio substantially.

In summary, this analysis of data from the Collaborative Perinatal Project failed to confirm the hypothesis posed by David and Ewing of a decreased risk of atopic eczema among preterm infants followed to 1 year of age.

References


MA KLEBANOFF and HW BERENDES
Prevention Research Program,
National Institute of Child Health
and Human Development,
National Institutes of Health,
Bethesda, Maryland 20892,
USA

Silastic catheters for antibiotics in cystic fibrosis

Sir,

We read with interest the paper by Dr Williams and her colleagues, comparing percutaneous silastic catheters with conventional intravenous cannulae for giving antibiotics to patients with cystic fibrosis.1 We agree and have reported that these catheters are favoured by the patients, last longer, and have fewer complications.2

Since 1985 we have been using a modified version of the catheter described by Dr Williams, which does not require threading onto a 25 gauge butterfly needle (Vygon epicutaneous catheter designed for neonatal use). The manufacturers changed the design of the catheter in 1985 after an accident when a line was accidentally cut by the butterfly needle and apparently disappeared into the child (without ill effect). The new catheter is also marked every 5 cm and is radio-opaque so that it is easy to ensure that the whole catheter has been removed at the end of treatment.

Local anaesthetic cream is applied to the site at least one hour before the procedure. The catheter is primed with heparinised saline and is flushed one hour after insertion with 2 ml heparinised saline (100 U/ml). We have not found it necessary to administer a continuous infusion of heparinised saline, but merely flush the catheter every four hours. The catheter is covered with a transparent plastic film and a bandage, allowing the patient freedom to play or even go swimming.

The cost of each catheter (£11-84) is negligible in comparison with the total cost of a two week course of antibiotics. Many patients have been able to complete their treatment at home, without the inconvenience of returning to the hospital for a conventional cannula to be resited. The technique of inserting the catheter has been taught to the house physicians caring for adult cystic fibrosis patients as well as those caring for paediatric patients at this hospital.

References


RJ RAYNER, JC TYRRELL, S WYNN,
and EJ HILLER
City Hospital,
Hucknall Road,
Nottingham NG5 1PB