Letters of his was sadly gentle and no signs of prematurity or potential disability, but did not alter the emotional consequences of psychosocial adversity. If this were the case, this apparently very well designed study could have inadvertently prevented the depressive disorder it was meant to detect.

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Dr Lambrenos comments:
It is always possible, as Dr Spender points out, that the mothers in the study derived support from the research assessments. However, the research interview was wide ranging and did not focus on disability. Furthermore mothers of infants receiving the early physiotherapy intervention received much more professional support in addition to the research interviews. If talking about disability helped them to cope one would have expected to detect lower levels of depression in this group. These were not found. Up until the 12 month assessment only low levels of disability were evident. The mothers, rather than grieving, were relatively optimistic, and seemed to be denying the news broken to them on the neonatal intensive care unit. Perhaps grieving is a task to be negotiated by the mothers during the second year of their children’s lives, when disabilities are evident.

Thalidomide treatment of mucosal ulcerations in HIV infection

EDITOR,—The case report by Solér and colleagues confirms the beneficial effects of thalidomide in treating aphthous ulcers in HIV/AIDS patients unresponsive to conventional treatments including oral prednisolone.1 One important side effect encountered in our centre and reported by others is irreversible peripheral neuropathy associated with prolonged high dose in patients with relapsing aphthous ulcers. Patients should be counselled about this as well as, of course, the teratogenic potential in females at risk of pregnancy.

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Infant length measurements

EDITOR,—Dr Falkner rightly commends the use of infant length measurements.1 But the available standards for length velocity must be treated with caution; some of these (including that quoted in Dr Falkner’s letter) are derived from smoothed rather than observed data points and are thus liable to produce centiles which are too close together.2 The same caveat applies to some of the published standards for fetal growth velocities.

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