Letters to the Editor

Postneonatal mortality

SIR—The article “Why did perinatal mortality rates fall in the 1970s?”, 1986, 40, 228–31, by Sunderland, Gardner, and Gordon, is an important contribution. The strong relation between the fall in the birth rate and the death rate from infections during the perinatal period confirms the clinical impressions of many doctors. A similar analysis of postneonatal mortality rates and birth rates during the period 1968–82 in the City of Nottingham shows a statistically significant correlation (p < 0.05) between the two measurements.1

This was the period when discussion about family planning became much more open, culminating in the acceptance of responsibility for family planning services by the NHS. It seems reasonable to assume that a smaller number of more planned children were better looked after, especially by their parents, and also by health professionals. Although many factors have played a part in the fall in mortality in both cities, it seems that some factors have been overemphasized, for example, the impact of birth scoring systems, whereas the real hero(in)es may well have been the unsung workers of the family planning service.

The article goes on to describe the need for an objective method of identifying deprived, high risk children and communities, and states that “statistical scoring systems provide that objectivity”. This is not our experience in Nottingham. We began a birth scoring system in January 1978,2 and discontinued it, after rigorous evaluation,3 in March 1985. As part of this exercise we analysed carefully all the papers published about the Sheffield birth scoring system, plus routine OPCS data from that city. We shared the scepticism expressed when the results of this scheme were presented at a symposium of the Royal Statistical Society.4

The problem with birth scoring systems is that they explain only a low percentage of the variance, typically around 20–25%. The commonly used risk factors are necessarily very crude and often lack plausibility, for example “short second stage of labour”, or are far-fetched, “blood group of mother”. The more credible ones, low birthweight, will be taken into account by any competent practitioner as part of normal clinical practice.

It is important that the debate about the best allocation of resources is not allowed to become a question of “birth scoring systems or nothing”. There are other alternatives, for example, mapping zones of low birthweight in a given health district. A recent exercise by the Nottinghamshire County Council5 showed large variations in this measurement in different zones of the county, and a strong correlation between low birthweight and indicators of primary poverty such as unemployment, single parenthood, and being in receipt of free school meals.

Such data are very useful in planning services and delivering care to individuals. They are much easier to collect than bothering with birth scoring systems. They also suggest the possibility of strategies aimed at the primary prevention of low birthweight, by various types of anti-poverty policy. In the long run, these may well be the most effective way of reducing mortality further.

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References

2 Madeley RJ. Relating child health services to needs by the use of simple epidemiology. Public Health 1978, 92, 224–30.

Seasonal variation in birthdates of men with testicular cancer

SIR—Knox and Cummins reported in a recent issue of the Journal (39: 237–43, 1985) data which, in their opinion, provided “strong evidence of a temporal cycle” in the birth dates of men with testicular cancer in Britain. This cycle had a four-month period and was interpreted to be significantly different from an expected distribution obtained from national birth data for the year 1950 after correction for secular trend in natality.

This paper prompts us to report on an analysis we conducted on the month of birth of the Hawaii-born testicular cancer cases reported between 1960 and 1983 to our population-based tumour registry. These data are presented in the figure (identified as cases) and also suggest a seasonal pattern but with a six-month cycle instead of the four-month cycle seen...