

## Selected Abstracts

Pages with reference to book, From 169 To 170

Modern Management of the Breech Delivery L.I. Mann (Medical Center Hosp of Vermont, Burlington, VT 05401) *Am J Obstet Gynecol* 134:611-614 (July 15) 1979.

Retrospective review of 457 breech deliveries failed to reveal a significant improvement in mortality and morbidity rates for infants delivered by cesarean section vs vaginal delivery. A slight but insignificant improvement in salvage was found for the 1,000-to 1,500 g weight category when delivery was by cesarean section. Most of the deaths in the 1,500-g breech presentations were associated with hyaline membrane disease or congenital defects incompatible with life and sepsis, rather than directly related to the manner of breech delivery.

Vaginal Breech Delivery or Cesarean Section. B.V. Lewis (Watford General Hosp, Her-fordshire, United Kingdom) and H. R. Senevir *Am J Obstet Gynecol* 134:615-618 (July 15) 1979.

In 579 singleton breech deliveries the total mortality was 10.4% and the correct perinatal mortality was 0.67%. There were 452 infants delivered vaginally (78.1 %) and 127 delivered by cesarean section (21.9%). The perinatal mortality was very high in the premature breech delivery and in the low-birth-weight infant. Cesarean section should be used to avoid a traumatic vaginal delivery and it should be used more liberally in the mature breech, but it is unlikely that cesarean section rates in excess of 50% will significantly reduce the perinatal mortality. More information is required as to whether extending the indications for cesarean section in the low-birth-weight infant will further reduce mortality.

Cellular and Humoral Immune Status in Women With Chronic Candida Vaginitis R.E. Syverson et al (G.M. Rayan, Jr, Univ of Tennessee Center for the Health Sciences, Memphis, TN 38163) *Am J Obstet Gynecol* 134:624-627 (July 15) 1979.

In nine women with chronic Candida vaginitis and 29 control subjects, agglutinating and precipitating antibodies were studied and tests of lymphocyte transformation, lymphokine production, and cutaneous delayed hypersensitivity were performed. The results suggest a lack of cellular immune response to Candida antigens in women with chronic Candida vaginitis.

Amitriptyline D. De Maio (Neuropsychiatry Emergency Service, Milan, Italy) and A. Levi-Minzi *Br J Psychiatry* 135:73-76 (July) 1979.

Three groups of neurotic depressed patients were treated with amitriptyline, one group receiving the customary three daily doses, another a single dose in the morning, and the third a single dose at night. All three groups showed significant decrements of total scores on the Hamilton Scale for Depression and the Zung self-rating Depression Scale without significant differences. Patients taking the drug at night showed a lower incidence of side effects.

Maternal Smoking Habits and Congenital Malformations. D.R. Evans et al (Welsh National School of Medicine, Cardiff, Wales, UK) *Br Med J* 2:171-172 (July 21) 1979.

Maternal smoking habits in 67,609 single pregnancies were examined. The overall incidence of congenital malformations was 28% in both nonsmokers and smokers. An analysis of congenital defects according to individual systems showed no significant difference in the incidence of malformations according to the number of cigarettes, smoked, except for neural tube defects. Further analysis, taking social class into account, showed that neural tube defects were less common in nonsmokers in social classes I and II. This study suggests that maternal smoking does not have teratogenic effects in the offspring, except in the case of neural tube defects, where the effect is at most modest.

Blindness After Treatment for Malignant Hypertension. D.H. Cove et al (Dudley Road Hosp, Birmingham, England) *Br Med J* 2:245-250 (July 28) 1979.

In patients with untreated malignant hypertension, encephalopathy, renal failure, and cardiac failure may develop. Urgent correction of blood pressure is required. Rapid reduction of hypertension,

however, has been associated with cerebral and myocardial infarction. Two patients became blind after treatment for malignant hypertension.

Effect of General Practitioners' Advice Against Smoking. M.A.H. Russell et al (Addiction Research Unit, Institute of Psychiatry, London, England) Br Med J 2:231-235 (July 28) 1979.

During a four-week period all 2,138 cigarette-smoking patients of 28 general practitioners (GPs) in five group practices in London were allocated to one of four groups: group 1 comprised non intervention controls; group 2 comprised questionnaire-only controls; group 3 was advised by their GP to stop smoking; and group 4 was advised to stop smoking, given a leaflet to help them, and warned that they would be followed up. Follow-up data were obtained from 1,884 patients (88%) at one month and 1,570 (73%) at one year. Changes in motivation and intention to stop smoking were evident immediately in groups 3 and 4. Of the people who stopped smoking, most did so because of the advice. The effect was strongest during the first month but still evident over the next three months and was enhanced by the leaflet and warning about follow-up. An additional effect over the longer term was a lower relapse rate among those who stopped; this was not enhanced by the leaflet and warning about follow-up. The proportions who stopped smoking during the first month and were still not smoking one year later were 0.3%, 1.6%, 3.3%, and 5.1% in the four groups respectively. The results suggest that any GP who adopts this simple routine could expect about 25 long-term successes yearly.