monary complications. In this country the physiotherapeutic regimens of the post-operative patient are largely concerned with teaching effectively controlled breathing, assisting with coughing, percussion, and positioning the chest to allow drainage in such a way as to treat established and serious pulmonary complications. There is only one study¹ in which physiotherapy has been shown significantly to reduce the rate of pulmonary complications and in that the physiotherapy was largely concerned with prophylactic deep breathing exercises. When deep breathing and SMI are emphasised as part of the regimen it is likely that alveolar and lobular collapse may be reversed and not progress to collapse consolidation. Cheap instruments exist to aid the patient to perform SMIs, and their wider use would reduce the work load on and demand for physiotherapy staff in the general surgical ward.

Undoubtedly there will always be a need for the help of physiotherapists in treating major collapse and consolidation, but we would like to see, meanwhile, an introduction into general physiotherapeutic manoeuvres of some method or other of encouraging and achieving frequent sustained maximum inspirations.

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¹ Craven, J L, *et al*, *British Journal of Surgery*, 1974, **61**, 739.

² Bartless, R H, *et al*, *Surgery, Gynecology and Obstetrics*, 1973, **137**, 925.

³ Ward, R J, *et al*, *Surgery, Gynecology and Obstetrics*, 1966, **123**, 51.

⁴ Thoren, L, *Acta Chirurgica Scandinavica*, 1954, **107**, 193.

Standardisation of bibliographical reference systems

SIR,—With reference to Miss Maeve O'Connor's article on this subject (7 January, p 31), whether the name/date or non-sequential-numeric system is adopted is immaterial to librarians. But what is important is that citations should include the title of the article (first six words only, if you like) and the total pagination of the article. These are necessary for the following reasons:

Title—(1) For identification; sometimes the citation is incorrect. (2) The greater insight into the value of the article which the provision of a short title can give.

Inclusive pagination—(1) The length of the article can be an indication of its usefulness—for example, a two-page article could not be expected to be terribly exhaustive. (2) Requests for photocopies from other librarians often require the inclusion of prepayment tokens based on the number of pages required; this information can be hard to find, particularly with journals not included in the *Index Medicus*.

I appreciate that the object of these omissions is to save space and to simplify, but I am afraid that you do so at the cost of loss of usefulness for your readers and extra work for librarians. Please have another think.

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Alpha-fetoprotein in antenatal diagnosis of neural tube defects

SIR,—Mr R Carachi (19 November, p 1357) would like to know the false-positive rate associated with the use of amniotic fluid α -fetoprotein (AFP) measurement in the antenatal diagnosis of open spina bifida. The results of individual studies indicate that this is much less than 1% if levels equal to or exceeding 5 standard deviations above the mean are considered positive.¹⁻⁴ Provided the procedure is carried out on women with a sufficiently high risk of having a fetus with open spina bifida (say, 5% or greater) the number of normal pregnancies with raised amniotic fluid AFP levels is likely to be small in comparison with the number of affected ones with raised levels.

The UK Collaborative AFP Study Group is currently undertaking a study designed to obtain a more precise estimate of the amniotic fluid AFP false-positive rate than has so far been possible from smaller individual studies. So far results on more than 9000 singleton pregnancies without neural tube defects and more than 100 cases of open spina bifida have been collected. Information on pregnancies with conditions such as exomphalos which may cause raised amniotic fluid AFP levels in the absence of neural tube defects is also being collected.

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¹ Nevin, N C, *et al*, *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1974, **81**, 757.

² Stewart, C R, *et al*, *British Journal of Obstetrics and Gynaecology*, 1975, **82**, 257.

³ Brock, D J H, *Colloques d'INSERM*, 1976, **61**, 221.

⁴ Kimball, E M, Milunsky, A, and Alpert, E, *Obstetrics and Gynecology*, 1977, **49**, 532.

"Basic Health Education"

SIR,—We read with interest Dr J A Muir Gray's letter (14 January, p 107) and we will certainly take note of some of the points he raises in the next edition of *Basic Health Education*.

There still remain, however, points of dispute. It has been our experience that very many teachers are ignorant of the simple factual side of preventive medicine and that the extent of this ignorance is increasing with years. The word "basic" in the title of our book was perhaps a little unfortunate as it was intended to imply the basic facts about health rather than the basic facts about education.

The fact that it is possible for two people to have the same factual knowledge about a subject and yet differ in their attitudes was pointed out by Stevenson¹ as long ago as 1944. His theories were, quite rightly, criticised because he denied the importance of ethical facts. In the same way it is essential that health educationalists should not underestimate the importance of the factual aspects of their subject. Our experience in general practice and in classroom teaching has convinced us that doctors are best at influencing factual knowledge (an important factor in modifying

attitudes) and teachers are best at more directly influencing attitudes.

Finally, we echo Dr Muir Gray's sentiment that health education should be grateful to the *BMJ* for stimulating debate on this sadly neglected topic.

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¹ Stevenson, C, *Ethics and Language*. New Haven, Yale University Press, 1944.

Alcohol-induced hypoglycaemia

SIR,—I was interested to see the letter from Drs C Miquel and J Rubiés-Prat (15 October, p 1027) regarding the possibility that disturbances of hypothalamic-pituitary-adrenal function might be an important predisposing cause of ethanol-induced (fasting) hypoglycaemia. There is indeed a large body of circumstantial evidence in favour of this hypothesis, much of which has been reviewed in recent publications.¹⁻²

There is no doubt that chronic alcohol abuse can produce disordered hypothalamic-pituitary-adrenal function in both directions. Hypofunction, which appears to affect 20% or so of all chronic alcoholic subjects, seems to be commoner, though less easily identifiable, than hyperfunction.³⁻⁴ Impairment of hypothalamic-pituitary growth hormone secretion by alcohol, though less thoroughly investigated, is now well established.⁵⁻⁶ Since both adrenocortical insufficiency and growth hormone deficiency predispose to the development and continuance of hypoglycaemia, whatever its primary cause, I can only echo the suggestion by Drs Miquel and Rubiés-Prat that the integrity of both growth hormone and cortisol secretory mechanisms should be investigated in all cases of alcohol-induced (fasting) hypoglycaemia.

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¹ Marks, V, *Proceedings of the Royal Society of Medicine*, 1975, **68**, 377.

² Marks, V, and Wright, J W, *Proceedings of the Royal Society of Medicine*, 1977, **70**, 337.

³ Rees, L H, *et al*, *Lancet*, 1977, **1**, 726.

⁴ Smals, A G H, *Journal of the Royal College of Physicians*, 1977, **12**, 36.

⁵ Andreani, D, Tamburrano, G, and Javicoli, M, in *Hypoglycemia: Proceedings of the European Symposium*, ed D Andreani, P J Lefebvre, and V Marks. Stuttgart, Thieme, 1976.

⁶ Chalmers, R J, *et al*, *Psychological Medicine*, 1977, **7**, 607.

Cross-infection with *Serratia marcescens*

SIR,—In a leading article (7 May 1977, p 1177) you drew attention to the potential pathogenicity of *Serratia marcescens* in susceptible patients and predicted the arrival in the United Kingdom of strains resistant to gentamicin, as reported from France. We have recently experienced an outbreak of infection with a very resistant, non-pigmented strain of *S. marcescens*. The strain was first noticed in October 1977 and since then 10 patients have been infected, all in association with the intensive care unit. Isolations have been made from sputum or tracheal aspirate, wounds, and urine and two patients with positive blood cultures have died. Subcultures of strains