considered to be safe practice and open more beds to reduce bed occupancy, furore erupted among the managers again because, inevitably, we were heading towards overspending on staff costs.

The detailed assessments necessary to make the provider-purchaser arrangements work were never clearly worked out. The assumption was that by retaining the historic agreements the transfer to so called market forces would make no difference to a major regional acute service. Sadly, for our patients this has not been the case.

In summary, a shift in case mix has occurred about which we can responsibly do nothing. We have the physical capacity to accommodate these patients safely but are constrained by staffing budgets that are based on historical establishments. Our patients and we the directorate are casualties of trying to make the white paper work.

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Chromosomal abnormalities and fetal nuchal translucency in first trimester

SIR,—K H Nicolaides and colleagues describe the importance of fetal nuchal oedema as a marker for chromosomal abnormalities.¹ The presence of nuchal oedema in their population of patients was associated with a 10-fold increase in the risk of fetal chromosomal abnormality. In the absence of nuchal translucency fetal chromosomal abnormalities were one third less likely than they were in the authors' "average" population.

The prevalence of chromosomal abnormalities in their population was 3%. The authors work in one of the world's finest centres for antenatal diagnosis, and their patients are therefore different from those in ordinary district hospitals. Assuming that the accuracy of this test would be unchanged in a population with a normal risk with a prevalence of chromosomal abnormalities of one in 160 live births,² the positive predictive value of a positive test result would fall from 35.2% to 9.3%.

Nicolaides and colleagues maintain a high level of skill because of their frequent exposure to fetal abnormalities and their special interest in ultrasonographic detection of such abnormalities. For obstetricians, radiologists, and ultrasonographers in district hospitals the distinction between amnion and fetal skin oedema can be difficult. The accuracy and the predictive value of the test in district hospitals might fall to a level at which screening for nuchal translucency in the first trimester becomes questionable.

The value of the test can be assessed by Bayes's theorem. In its simplest form this compares the probability before the test is done (the prior probability) with the probability after the test has been done (the posterior probability).³ In real life in district hospitals the posterior probability might be lower than 1% (true positive results three, false positives 40, false negatives three, and true negatives 955 in an imagined fourfold table, with a slightly lower accuracy (95%) than that reported by Nicolaides and colleagues (96%) and a prevalence of one in 160).

Nicolaides and colleagues state that "the sensitivity and specificity of nuchal translucency as a marker for chromosomal defects in routine transabdominal ultrasound examination of the whole population remain to be determined." We agree.

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Adoption in utero is the wrong term

SIR,—Ian Craft and colleagues report having successfully treated an infertile couple with two cryopreserved surplus embryos donated by an anonymous infertile couple.¹

Embryo donation has been available for some time, the first pregnancy having been reported by Trounson *et al* in 1983²; in 1987 Devroey *et al* reported the first successful pregnancy achieved with a cryopreserved donor embryo.³ The treatment has not, however, become common, one reason being the limited number of embryos available for donation. The case reported by Craft and colleagues differs in that the frozen embryos were surplus ones after the treatment of another infertile couple was successful. More such embryos are likely to become available for donation since the introduction of the five year statutory limit on the storage of cryopreserved embryos under the Human Fertilisation and Embryology Act 1990.

We cannot agree with the authors' use of the term "adoption in utero" to describe embryo donation. Adoption is a legal process whereby a couple (or a person) seek to become the legal parents of a child who is not theirs by birth. In British law a woman who gives birth to a child is regarded as his or her legal mother, whether she has made any genetic contribution to that child or not. In the case of embryo donation the recipient of the embryo is therefore the legal mother of any ensuing child and her husband is the legal father. Adoption is unnecessary. Indeed, use of the term adoption in utero confers the status of a newborn child on the donated embryo. Other workers concerned with in vitro fertilisation have been careful to maintain the distinction between these two stages of development.

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Health and safety at fairgrounds

SIR,—Gian Singer and Lawrence Freedman's letter on the dangers of "bouncy castles"¹ highlights the important issue of public safety in fairgrounds and amusement parks—a topic that has already been addressed in some detail by the Health and Safety Executive.

Legislation relevant to this subject already exists. Section 3 of the Health and Safety at Work etc Act is interpreted as imposing a duty on operators of devices such as bouncy castles to conduct their business in a way that minimises the risk of injury to members of the public.² If they fail to do so inspectors from the Health and Safety Executive have powers to prohibit use of the device or may require the operator to carry out

improvements. A prosecution under the Health and Safety at Work etc Act may also be considered.

To help operators of fairgrounds and amusement parks fulfil their duties under the act the Health and Safety Executive and representatives of the amusement industry have cooperated in drawing up a code of safe practice at fairs.³ This sets out agreed general principles regarding such matters as the design, manufacture, operation, inspection, and maintenance of amusement devices as well as the safe accommodation of passengers. In most situations inspectors of the Health and Safety Executive will regard observance of the provisions of this code as the best means of meeting the general duties set out in the act.

In addition to the code of safe practice at fairs the Health and Safety Executive has also issued more detailed guidance concerning the safe operation of several specific amusement devices such as bouncy castles.⁴

Finally, it should be noted that if a serious accident involving an amusement device occurs the operator has a duty to report it to the Health and Safety Executive.⁵

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- 1 Singer G, Freedman LS. Injuries sustained on "bouncy castles." *BMJ* 1992;304:912. (4 April.)
- 2 *Health and Safety at Work etc Act 1974*. London: HMSO, 1974.
- 3 Health and Safety Executive. *Code of safe practice at fairs*. Bootle: HSE, 1984.
- 4 Health and Safety Executive. *Safe operation of passenger carrying amusement devices—inflatable bouncing devices*. London: HMSO, 1991. (Guidance note PM 76.)
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On your bikes

SIR,—Fiona Godlee declares, "Urban cyclists are a heroic and selfless breed." If she was to move from the confines of her office and take to the streets of London—preferably on foot, of course—she would see that so many cyclists:

- (1) Use no lights, either front or rear, after dark;
- (2) Frequently and wilfully disregard red traffic lights;
- (3) When they do halt at such lights, make their way to the head of the queue, only to move off in advance of the traffic, not keeping to the near lane and often turning one way or the other without warning;
- (4) Despite it being a statutory offence, frequently ride on pavements to the peril of pedestrians;
- (5) Unhesitatingly ride across roads by way of pedestrian crossings, exercising a priority otherwise reserved for walkers.

If their means of propulsion does prove to be unsafe then, as I see it, cyclists themselves are not without blame. In such condemnation I am not entirely prejudiced for, over the years, I have bicycled over 160 000 km, paying, I like to think, rather more respect to the rules and the courtesies of the road than I see commonly evinced by riders today.

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- 1 Godlee F. On your bikes. *BMJ* 1992;304:588-9. (7 March.)

Advice to authors

Priority will be given to letters that are less than 400 words long and are typed with double spacing. All authors should sign the letter. Please enclose a stamped addressed envelope for acknowledgment.