These variations in rate are probably due partly to differences in maternal characteristics and complications and not just to the mode of delivery. Nevertheless, obstetricians will lack credibility if they make statements that are inconsistent with published data.

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An office at last

EDITOR,—I have been a consultant since 1972 (head of department, faculty tutor) and am thrilled to have just been given my first office.¹ This is, of course, because we have fewer beds and fewer nurses with the result that some outpatients are seen in a former ward and we can have the former outpatient department. My gain is the patients' loss, isn't it?

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- 1 Campbell RHA. An office at last. *BMJ* 1994;308:417. (5 February.)

Preventing the hand-arm vibration syndrome

EDITOR,—The hand-arm vibration syndrome is caused by prolonged use of vibrating tools, including pneumatic tools, rotary burring tools, swaging or fettling tools, chain saws, chipping hammers, grinders, concrete vibrothickeners, and concrete levelling vibrotables. The syndrome comprises musculoskeletal and neurological symptoms and vibration white finger (Raynaud's syndrome).¹ In Britain the tools are used for long periods by roughly 150 000 people,² and some 20 000 people suffer from vibration white finger.³ Workers exposed to vibration can take steps that might reduce the risk of developing the hand-arm vibration syndrome. They should hold tools as loosely as possible and in varying positions, ensure that tools are well maintained, and consider the use of antivibration gloves. Other measures believed to be of prophylactic benefit include taking regular breaks of at least 10 minutes from exposure to vibration, keeping warm while at work, and not smoking. In addition, heavy, old tools usually generate more vibration than their newer, lighter, and better designed equivalents.

We conducted a roadside survey in south London of workmen who used vibrating pneumatic tools for at least five hours a week. We interviewed 53 men employed by 16 companies; they had been exposed to vibration for an average of 13 years. Musculoskeletal complaints (pain and stiffness) were common. Nine men experienced paraesthesia of the hands even when not using the tools, and two complained of nocturnal paraesthesia. We estimate that at least three had vibration white finger, although exact diagnosis was not possible at the roadside. Fourteen workmen knew that the symptoms of Raynaud's syndrome could be caused by using vibrating tools.

Only four men knew of measures they could take to prevent the hand-arm vibration syndrome, and

three of these worked for the same company. Failure of employers to educate their workers about preventing injury and about the hazards of tools they are required to use may contravene the Health and Safety at Work Act 1974. The fact that workers at high risk are ignorant of the hand-arm vibration syndrome suggests that employers generally either do not provide education or provide ineffective education. Doctors who are aware of their patients' occupational exposure to vibrating tools could help to correct this deficiency.

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- 1 Palmer RA, Collin J. Vibration white finger. *Br J Surg* 1993;80:705-9.
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Pertussis immunisation and neurological illness

EDITOR,—The national childhood encephalopathy study was set up in Britain in 1976 to answer the question, does whooping cough vaccine cause brain damage in children?¹ Last year the simple answer to that question was an unequivocal no.² The complex answer, stated in the recent report by David Miller and colleagues, is that the vaccine "may on rare occasions be associated with the development of severe, acute neurological illness that can have serious sequelae."^{3,4}

The simple answer comes from a three year epidemiological survey of patients with neurological conditions admitted to hospitals in England, Scotland, and Wales. No cases of a "pertussis vaccine syndrome" or a syndrome associated with the vaccine were found in the survey. Some two million injections have been administered to children aged 2 months to 3 years, but only 35 children who had been vaccinated with diphtheria, tetanus, and pertussis vaccine were found among the first 1000 of 1182 patients in hospital. In their present study Miller and colleagues have added more reassurance about the safety of the vaccine. During a 10 year follow up no neurological disorders that developed late among patients who had been vaccinated with diphtheria, tetanus, and pertussis vaccine were unique to the vaccine.

The complex answer, repeated in the present study, is that on rare occasions pertussis vaccine may cause an acute, serious neurological illness that can be lethal or result in permanent brain damage. This answer is misleading and mistaken. All that these case-control studies have shown is how admissions to hospital increase when parents are frightened by the news media about alleged reactions to vaccine and that physicians share their fright. The number of notifications in the national childhood encephalopathy study were about double what was expected. Miller and colleagues counted some patients who would not have been admitted to hospital were it not for anxiety about reactions, especially febrile convulsions.

Looking at the national childhood encephalopathy study in its entirety shows how a well designed case-controlled study can be statistically correct and clinically wrong. Clinically, all patients admitted to hospital who died or developed brain damage were later found to have a disease unrelated to diphtheria, tetanus, and pertussis vaccine, except possibly for one child.⁵ One

possible damaging reaction out of two million injections can be classified only as anecdotal information, no matter what any statistical construct concludes about these patients.

As well as there being no deaths or chronic neurological disorders that could be attributed to the vaccine there were no acute serious disorders that can have serious sequelae—in short, no acute encephalopathy and no chronic encephalopathy. The reactions that can be reasonably attributed to the vaccine are fever or pain, or both. Statistical studies such as these should not be allowed to transform anecdotal information into something more.

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- 1 Alderslade R, Bellman MH, Rawson NSB, Ross EM, Miller DL. The national childhood encephalopathy study. In: *Whooping cough. Report from the Committee on Safety of Medicines and the Joint Committee on Vaccination and Immunization*. London: HMSO, 1981:79-169.
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Old fashioned photographs

EDITOR,—My colleagues working in child health would like to meet Stuart Handysides and the picture editor who presented such an out of date, unhelpful image of the school doctor in one of the articles in Handysides's series on careers in general practice.¹ If they come to our office, form an orderly queue, and bare their left arms we will go to our museum and find a genuine old reusable needle so that they can enjoy the complete old fashioned experience.

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- 1 Handysides S. Building morale through personal development. *BMJ* 1994;308:114-6. (8 January.)

★ We received seven other letters complaining about the photograph and its caption. We apologise for the offence, which was not intended.

Access to specialist palliative care

May be expnding too quickly

EDITOR,—How do you decide when enough is enough? Previous estimates had suggested that around 15% of patients with cancer in Britain receive access to specialist care.^{1,2} Anthony M Smith and Ann Eve now suggest that the figure is much higher, offering the example that perhaps two thirds of patients dying of cancer are seen by specialist home care nurses.³ These higher estimates are offered with understandable pride in a movement that has established palliative care at many levels of health care, including the specialty of palliative medicine. But at what point does increasing availability of specialist care start to deskill other professionals?

We believe that palliative care is a resource to existing services, not a replacement for those services. This belief was expressed in 1980⁴ and is still shared today.⁵ Yet palliative care teams,