first controlled study of family relationships and the psychological development of children in families created by the two most widely used new reproductive methods, in vitro fertilisation and donor insemination.

Forty one families with a child conceived by in vitro fertilisation and 45 with a child conceived by donor insemination were compared with two control groups of families (43 with a child conceived naturally and 55 with a child adopted in early infancy). The children were aged 4-8, there were roughly equal numbers of boys and girls in each group, and the families were matched as closely as possible for the age of the parents and social class. The quality of parenting and the presence of emotional and behavioural problems in the children were assessed by standardised interview with the mother and by questionnaires completed by the mother, the father, and the child's teacher.²³ The children were administered the separation anxiety test, which provides a measure of the security of a child's attachment to his or her parents,⁴ and the family relations test, which assesses positive and negative feelings towards the parents.⁵

In 1984 the Committee of Inquiry into Human Fertilisation and Embryology raised concerns about the potential negative consequences of the new reproductive technologies for family functioning and the psychological development of the children. Contrary to those concerns, our results showed that the quality of parenting in families with a child conceived by assisted conception was superior to that shown by families with a child conceived naturally even when gamete donation had been used in the child's conception. No group differences were found for any of the measures of the children's emotions, behaviour, or relationships with parents. The adoptive mothers and fathers were similar in quality of parenting to the mothers and fathers of children conceived by assisted reproduction, which suggests that genetic ties are less important for family functioning than a strong desire for parenthood.

SUSAN GOLOMBOK
RACHEL COOK
ALISON BISH
CLARE MURRAY

Clinical and Health Psychology Research Centre,
School of Social Sciences,
City University,
London EC1V 0HB

- 1 Dillner L. British public will rule on fertility advances. *BMJ* 1994;308:153-4. (15 January.)
- 2 Quinton D, Rutter M. *Parenting breakdown: the making and breaking of intergenerational links*. Aldershot: Avebury Gower Publishing, 1988.
- 3 Graham P, Rutter M. The reliability and validity of the psychiatric assessment of the child. II. Interview with the parent. *Br J Psychiatry* 1968;114:581-92.
- 4 Grossmann KE, Grossmann K. Attachment quality as an organizer of emotional and behavioural responses in a longitudinal perspective. In: Parkes CM, Stevenson-Hinde J, Marris P, eds. *Attachment across the life cycle*. London: Routledge, 1991.
- 5 Bene E, Anthony J. *Manual for the family relations test*. Windsor: NFER-Nelson, 1985.

Infant death and consanguineous marriage

EDITOR,—Perinatal mortality and infant mortality are important indicators of community health. Consanguineous marriage increases the risk of having children with autosomal recessive disorders and may be a cause of perinatal and infant death that cannot be prevented.^{1,2} We recently compared perinatal and infant mortality in children with a Norwegian background and children with a Pakistani background.³

Perinatal mortality in the Pakistani children was 1.5 times higher than that in the Norwegian children, and infant mortality in the Pakistani children was more than double that in the

Perinatal mortality (stillbirths and deaths at age 0-7 days) and infant mortality (deaths within first year of life) 1000 children born in Oslo 1983-9

	All children		Excluding children who died of inherited disorders or malformations	
	Norwegian	Pakistani	Norwegian	Pakistani
Perinatal mortality	6.5	9.8*	5.4	5.5
Infant mortality	6.2	14.9**	4.3	5.1

*P<0.05, **P<0.000001.

Norwegian children. Deaths due to autosomal recessive disorders were 18 times more common in the Pakistani children. Similarly, deaths due to multiple malformations, which may be part of unrecognised autosomal recessive syndromes, were 10 times more common.

When children who had died of disorders with monogenic inheritance or of congenital malformations were excluded from our series the difference in perinatal mortality between the two groups disappeared and the difference in infant mortality was greatly reduced. The similar perinatal mortality in the two groups may reflect equivalent prenatal and perinatal care in the Pakistani and Norwegian families.

Consanguinity in immigrant populations has great social and cultural advantages² but health workers must be well educated about the risks associated with consanguineous marriage. An increase in the rate of consanguineous marriage in immigrant populations has been reported.⁴ This may lead to an increase in perinatal and infant mortality, which may outweigh the effect of improving prenatal and perinatal care.

KAREN HELENE ØRSTAVIK
ROLF LINDEMANN
JENS STEEN

Ullevål University Hospital,
Oslo,
Norway

- 1 Consanguinity and health [editorial]. *Lancet* 1991;338:85-6.
- 2 Modell B. Social and genetic implications of customary consanguineous marriage among British Pakistanis. Report of a meeting held at the Ciba Foundation on 15 January 1991. *J Med Genet* 1991;28:720-3.
- 3 Steen J, Lindemann R, Ørstavik KH. Infant deaths from inherited disorders or congenital malformation in children with Norwegian or Pakistani background. *Tidsskr Nor Lægeforen* 1993;113:334-6.
- 4 Darr A, Modell B. The frequency of consanguineous marriage among British Pakistanis. *J Med Genet* 1988;25:186-90.

Training SHOs to resuscitate newborn infants

EDITOR,—K F H Teale reports the results of a questionnaire survey on training in neonatal resuscitation, which suggested that few paediatric senior house officers receive any formal training in this skill.¹ We would be interested to know if any of the respondents were working in the Northern region. The paediatricians in this region have long thought it unreasonable to expect paediatric senior house officers to assume responsibility for neonatal resuscitation without formal training. Thus for the past 13 years a practical course in neonatal resuscitation has been run for all senior house officers covering maternity units in the Northern region. Over 1200 senior house officers have attended the course, and questionnaires consistently show it to be the most popular of all paediatric courses run in the region. More than 300 midwives and neonatal nurses have been on a similar course.

The course takes a full day, is organised on a regional basis with the support of all the region's paediatricians, and runs once during the week before and once during the week after the six

monthly changeover of staff. It reviews basic physiology as well as covering resuscitation. Sessions also deal with examination of newborn infants, taking blood, fixing drip cannulas, interpreting neonatal x ray films, and requesting the help of the regional neonatal flying squad. A video and illustrated booklet have been produced specifically to complement the practical aspects of the course (for details of availability contact SR). Its production has streamlined the timetable, allowing up to 40 people to attend each one day course.

A practical course needs to give practical experience. A placenta can be used to teach umbilical catheterisation, and examination for congenital dislocation of the hip can be rehearsed with plastic models. Our experience, however, is that there is no adequate alternative to the use of a stillborn or dead baby to teach endotracheal intubation. We are not alone in this view.²

Organisation of this part of the course has been difficult, but more than 90% of the staff attending have both seen and practised orotracheal intubation on a dead baby as part of the course. Feedback has shown that this is judged to be the single most valuable part of the day. Many of those who have been on the course have said that it would be unethical for staff to learn on an ill baby something that they had never practised first on a dead baby under supervision. A survey from Norway suggests that the general public may be more positive about this practice³ than has been supposed by the BMA.⁴

SAM RICHMOND

Neonatal Unit,
Sunderland District General Hospital,
Tyne and Wear SR4 7TP

JOHN BEESLEY

Paediatric Department,
Queen Elizabeth Hospital,
Gateshead,
Tyne and Wear NE9 6SX

- 1 Teale KFH. SHOs: the lost tribes. *BMJ* 1994;308:275. (22 January.)
- 2 Tyrrell J, Rudd P, Osborne J, Cain R. Practising intubation on cadavers. *BMJ* 1992;305:831.
- 3 Brattebø G, Wisborg T, Solheim K, Øyen N. Public opinion on different approaches to teaching intubation techniques. *BMJ* 1993;307:1256-7.
- 4 Tonks A. Intubation practice on cadavers should stop. *BMJ* 1992;305:332.

Repetitive strain injury and myalgic encephalomyelitis

EDITOR,—The current controversy over repetitive strain injury is so similar to that which has surrounded myalgic encephalomyelitis that some comparisons might be illuminating.¹ In both instances debate has been polarised between those who see the sufferers as affected by alarming forces outside their control (viruses or the effects of high technology) and those who suggest that the clinical picture may be clouded by personality factors, psychiatric illness, or social factors. The former group, by choosing a purely organic explanation, sees sufferers as victims of circumstance and interprets psychological explanations as undermining the extent of the patients' suffering.

Both illnesses arose dramatically out of epidemics but have now become "fixed" as endemic phenomena.² Both illnesses are characterised by disabling symptoms that are exacerbated by exercise. In neither illness have any consistent clinical signs or investigations been described. Both illnesses have names that imply causation though none has been proved, and changes in nomenclature to more neutral terms are often resisted. In both illnesses the media are active in disseminating the controversy, and it is often the patients who make the diagnosis. Both ailments are often seen as afflictions of the professional classes and are viewed as being a result of the sufferers'