in each unit is small, and estimates of the incidence of outcomes are often imprecise. At present, such population-based data are mainly available through research studies, such as the EPICure study. In some countries routine collection and synthesis of such data is being attempted—for example, using nationally agreed minimum datasets reporting standardised assessments.

Conclusion

Most preterm infants have good neurodevelopmental outcomes and cannot readily be distinguished from term infants. As survival rates for extremely preterm infants have improved, however, the overall number of preterm infants with disability and handicap has not fallen as might have been expected. These impairments may have an adverse effect on family life as well as having an important impact on social, education, and health service resources. The longer term neurodevelopmental outcomes must be considered when reviewing the impact of neonatal intensive care for preterm infants.

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The ABC of preterm birth is edited by William McGuire, senior lecturer in neonatal medicine, Tayside Institute of Child Health, Ninewells Hospital and Medical School, University of Dundee; and Peter Fowle, consultant paediatrician, Perth Royal Infirmary and Ninewells Hospital and Medical School, Dundee. The series will be published as a book in spring 2005

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The magnified view of laser treatment of retinopathy of prematurity is with permission from Nick George, Ninewells Hospital, Dundee. The chart showing neonatal death rate for preterm infants in Scotland since 1989 is adapted from the Scottish perinatal and infant mortality and morbidity report 2001, which can be found on the website www.isdscotland.org

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French lessons

"Aren't you going to give me something for my nose?"

It was the end of a busy weekend on call; I was hungry and tired, and this was not what I wanted to hear. I had been called out to see a man with a cough, which I had diagnosed as asthma due to a cold. He had all sorts of treatments at home for asthma, which I encouraged him to take regularly. The attack was not severe, and he was quite well apart from the slight cough and a runny nose. I prepared to leave, not before collecting my €42.60 (£29.89; \$56.56) cheque and giving him his form for reimbursement.

"And my cough?" he asked. I explained again, as patiently as I could given my weakened state, that treating the asthma would stop the cough and that symptomatic treatment was unhelpful.

"My tiredness?" Once more, I related this to his condition, said that this couldn't be treated *per se*, and explained that, as his asthma improved, all his other symptoms would get better.

"Aren't you going to give me something for my nose?" finally floored me. He emphasised, slightly belligerently and in minute detail, how being at work was incompatible with a runny nose and that his life would be impossible without treatment for this.

I gave up, too tired to argue. "What do you normally have?" I asked lamely.

"I don't remember. Don't you know what to give?" He had won hands down.

"Not really—in Britain we don't give symptomatic treatment much."

His eyes lit up with comprehension: this was the explanation for the doctor's intransigence in the face of extreme suffering. "Un médecin anglais—oh là!" Of course, all was now clear—the weakened state of the NHS, endless waiting lists, cancelled operations, no trains, bad food, rain. Triumphant, he suddenly became friendly, slightly patronising, almost apologetic. Well, of course, an English doctor wouldn't prescribe; what could you expect? "Les britanniques" were used to suffering uncomplainingly; and so he carefully explained, as though to a child, how one medicine was for a cough, another for the fatigue, yet another for the runny nose, and an antibiotic for the infection.

There you had it—four items on the prescription, at last. God was in his firmament, watching over the land of *liberté, égalité, and fraternité*, and the English doctor had at last understood that medicine in *la belle France* was different and incomparably better. I left gratefully, my tail between my legs, hoping to get home for dinner before the next batch of visits. I had a lot to learn.

Speaking the language and knowing the names of the medicines, of which only 5% are prescribed generically, are the least of the problems for an English doctor in France. Patient expectations are cultural, and what we take for granted as "good medicine" is nothing of the sort here. The right to treatment and to call a doctor out for what in Britain would be seen as trivial symptoms is enshrined in the national consciousness in France.

Doctors are paid only when they see patients—€20 per consultation in surgery and €30 per home visit, rising to €42.60 at weekends and €63.50 at night. Patients are reimbursed at least 70% by the state and the rest by top up insurance, usually paid for by their employer. This has sometimes encouraged an unholy alliance between patient and doctor. However, there are now less doctors, who all want more time at home, and they are reaping the whirlwind of excess demand which is proving difficult to control.

The French government, faced with massive overspend on the social security budget, is trying various measures to reduce demand. Home visits now have to be "justifiées," and in theory a medically unjustified visit will not be fully reimbursed. It is understandably difficult for doctors to see their patients' reimbursements reduced, especially as patients may move freely between doctors—for the moment. Further proposals are to require a patient contribution of €1 per consultation and, much more controversially, to ask patients to state a preferred general practitioner to claim full reimbursement and, even worse, to limit access to specialists except by referral from a general practitioner.

Sacré bleu! Pardieu! Just like in Britain.

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