

Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.



Intrapartum Fetal Monitoring

To the Editor:

The decision to reprint a review article on fetal monitoring (*Nochimson DJ, Cetrulo CL: Intrapartum fetal monitoring. J Fam Pract 1(3/4):4, 1974*) in the May 1977 issue of the Journal concerns me. While this article was an excellent technical review of the subject when it was written, it is no longer adequate. Important new information has become available.

Dr. Cetrulo is a co-author of a report of an excellent, controlled clinical trial which raises questions about the presumptive benefits of electronic fetal monitoring.¹ I believe the authors should have had the opportunity to update their article and discuss some of the issues raised more recently concerning the psychological and emotional factors involved in electronic fetal monitoring and their possible contribution to the unexpected finding that in high-risk pregnancies there is an apparent lack of improvement in perinatal outcomes and a higher level of maternal morbidity associated with continuous electronic intrapartum fetal monitoring.

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Reference

1. Haverkamp AD, Thompson HE, McFee JG, Cetrulo C: The evaluation of continuous fetal heart rate monitoring in high-risk pregnancy. *Am J Obstet Gynecol* 125:310, 1976

To the Editor:

I read with interest Dr. Nochimson's and Dr. Cetrulo's article in your May issue (*Intrapartum fetal monitoring. J Fam Pract 4:845, 1977*).

It says "...we ought to aspire to universal FHR monitoring in order to provide a safer transition for the fetus to the outside world." As one who has been involved for some years in national health policy (currently working on hospital cost containment), I was dismayed to find no indication of the relative costs and benefits (monetary and other) of this suggestion. Without some numbers, I would assume that Dr. Nochimson and Dr. Cetrulo are wrong, that we should not undertake the cost of FHR monitoring for every baby regardless of conditions, mainly because we could find better things to spend the money on.

Lee S. Hyde, MD
Professional Staff Member
Committee on Interstate and
Foreign Commerce
House of Representatives
Congress of the United States
Washington, DC

To the Editor:

We would like to challenge the "conclusion that, in a sense, labor

HYCOMINE® SYRUP

DESCRIPTION Each teaspoonful (5 ml) contains:

Hydrocodone bitartrate 5 mg

WARNING: May be habit forming.

Phenylpropanolamine hydrochloride..... 25 mg

USUAL ADULT DOSE 1 teaspoonful every four hours after meals and at bedtime (not to exceed 6 teaspoonfuls in a 24 hour period).

ACTIONS Hydrocodone bitartrate is an effective semisynthetic narcotic antitussive. Phenylpropanolamine is a sympathomimetic amine which provides nasal decongestion.

INDICATIONS To control cough and to provide symptomatic relief of congestion in the upper respiratory tract due to the common cold, pharyngitis, tracheitis, and bronchitis.

CONTRAINDICATIONS Hypersensitivity to any component of the drug. Should not be used in patients receiving monoamine oxidase inhibitors.

PRECAUTIONS Use with caution in diabetes, hyperthyroidism, hypertension, cardiovascular disease and in the aged. Since drowsiness and dizziness may occur, patients should be cautioned about driving or operating machinery.

Before prescribing antitussive medication to suppress or modify cough, it is important to ascertain that the underlying cause of the cough is identified, that modification of the cough does not increase the risk of clinical or physiologic complications, and that appropriate therapy for the primary disease is provided.

ADVERSE REACTIONS HYCOMINE® SYRUP is generally well tolerated. Occasional drowsiness, cardiac palpitation, dizziness, nervousness or gastrointestinal upset may occur.

HOW SUPPLIED As an orange-colored, fruit-flavored syrup.

CAUTION Federal law prohibits dispensing without prescription. Oral prescription where permitted by State Law.

Endo Laboratories, Inc.
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