viral, or toxic diseases may explain this "pseudo decline."[1 2] In conclusion, Reye's syndrome should be reassessed.

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Water births given a bad press

EDITOR,—The response of the Royal College of Obstetricians and Gynaecologists to questions on the safety of water birth and the resulting widespread publicity generated last year, raise issues that should concern all health care professionals.

Water birth is a new technique that needs to be properly tested for effectiveness, efficiency, and safety. Although some obstetric interventions in the past were introduced without evaluation, the introduction of water birth has been cautious and well documented, and the technique is currently under study. The John Radcliffe Hospital in Oxford is halfway through a three year study to assess the outcome in women using a water pool. Initial published results give details of the 300 women who used the pool between August 1990 and August 1991.[1] More than 600 women have now used the pool during labour, and over 300 of them have given birth under water. In addition, the Department of Health has sponsored the National Perinatal Epidemiology Unit to collect and evaluate data on the use of water birth throughout the country.

This must be the proper way to proceed. Until these studies and trials are completed no one can judge the effectiveness or safety of the procedure. By drawing attention to water birth in the way in which it did, however, the Royal College of Obstetricians and Gynaecologists may have jeopardised the success of these clinical studies. Some women may well withdraw from the trials. The Royal College of Midwives has supported the cautiousness of the advocates of water birth. We agree that many women find being in water comforting during labour, but we realise that there is much yet to be learnt. The use of studies, trials, and audit seems wholly responsible.

A further point is the naivety of some professionals in their dealings with the media. News values being what they are, it should have been obvious that there would be little attempt to balance views on the safety of water birth. Without the hysteria, the popular press would not have had a story at all. The passing of opinion and conjecture as established medical fact caused many women, midwives, and obstetricians needless anxiety.

The way to deal with controversial new procedures is through multiprofessional debate, research, rigorous audit, and consensus. To cause distress on the basis of so little evidence and to put at risk the current research which is hoped will give that evidence seem to be wholly irresponsible.

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Chemotherapy in advanced small cell lung cancer

EDITOR,—I E Smith argues that there is good evidence for the place of chemotherapy in controlling symptoms and prolonging survival in advanced non-small cell lung cancer.[1] Smith's argument is largely based on comparison of the data available with data on other "standard" treatments. Simply to assert that the evidence supporting the use of chemotherapy in advanced non-small cell lung cancer is as good as that for using palliative radiotherapy in the same disease[2] or chemotherapy in advanced breast cancer is hardly persuasive. Neither of these could be described as thoroughly studied cancer treatments, and neither is notably successful.

The survival data referred to[3] also fall short of being conclusive since they are derived from an overview of published trials. In such overviews and meta-analyses trials with different entry criteria and treatment regimens are amalgamated. It is well known that they may be influenced by a positive publication bias in favour of "good results." Finally, the evidence of an impact on patients' symptoms is taken from a small non-randomised study in a single institution.

In the historical development of new treatments there is often a relatively narrow time window in which to accumulate comprehensive, reliable information on the impact of treatment. Fashion and the understandable desire to offer some treatment where previously there was none can overtake scientific endeavour. Evidence of a treatment effect, such as the response rate, is not sufficient to justify recommendation of a treatment in a journal such as the *BMJ* with a worldwide influence.

We are currently running randomised controlled trials of chemotherapy (mitomycin, ifosfamide, and cisplatin[4]) in inoperable non-small cell lung cancer with survival as well as quality of life end points. Over 600 patients have been randomised, with a target of 800. These two trials (one in localised and one in advanced disease) will provide more definite information that will allow oncologists to make informed judgments concerning the place of this treatment among other priorities in health care systems with limited resources. We urge Smith and others to help us by collaborating in this work.

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GP facilitators and HIV infection

EDITOR,—Peter Saunders[1] and subsequent correspondents[2] raise many issues relevant to general practitioner facilitators and HIV infection in Lothian. Of 1000 adults known to have HIV infection in Lothian, 60% have acquired HIV through needle sharing, but for the past three years heterosexual transmission has been the commonest mode of spread. At the suggestion of a group of interested general practitioners, Lothian Health Board established a facilitator team in 1989. In 1992 it was expanded to three part time staff: a working general practitioner, a retired general practitioner, and a retired health visitor.[3] The nurse facilitator concentrates on non-medical members of the primary care team, focusing on issues of HIV prevention, while the medical facilitators support general practitioners to care for drug users and for people with HIV infection. We work closely with hospitals and non-statutory agencies, and the emphasis has been on supporting primary care teams in their care of people with HIV infection rather than on asking them to do more at a time of increasing demands on general practice.

We circulate regular information sheets to general practitioners, organise courses for doctors and nurses, and visit practices to provide information, training, and support to all members of the practice team.[3] We have developed teaching aids and resources (such as a leaflet and a combined pill and condom pack) to support general practitioners and primary care nurses in their prevention work and have been involved in auditing the quality of community care for people with HIV infection.[4] In 1991 and 1993 a 99% response to a survey of all practices in Lothian provided a detailed picture of the epidemiology of HIV infection and drug use in Lothian general practice.[5] By 1993, 70% of the 133 practices in Lothian as a whole—including 93% of the 76 practices in the city of Edinburgh—had experience of patients with HIV infection. Only four practices were caring for more than 20 people with HIV infection, and most practices (46%) had between one and five patients with HIV infection.[5]

We share with Singh *et al*[2] an interest in evaluating the work of facilitators, and from the team's inception we have consistently evaluated individual activities.[3] As for the wider impact of facilitation, we have been unable to distinguish this from the effects of the Lothian approach to HIV care in general. We can, however, point to the increasing involvement of Lothian general practitioners in shared care and the continuing goodwill associated with facilitator activities, of which the remarkable response rate to our epidemiological survey is an example.

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Bias in assignment to clinical trials

EDITOR,—Despite the many biases to which clinical trials are subject, trials are still considered the best way to show the efficacy of a new therapeutic or prophylactic measure.[1] Perhaps the most important biases are those of selection and measurement, as they most determine the validity of a study. The respective techniques of random assignment to study treatment groups and of blind experimentation are attempts to remove these biases.

We have detected a type of selection bias that does not affect the assignment of subjects in a single study to different groups but rather the