Letters

Jargon and "The Juice"

I am writing regarding the editorial "Basic research: The need for lateral movement" (13 July, p. 149).

Once I got through the football jargon in the opening paragraph and understood the editorial's subject matter, I wholeheartedly agreed with its views. But since scientists are criticized so frequently for writing in laboratory jargon, unintelligible to the lay public, why are they expected to be familiar with the language of the locker room?

It's hard enough for a "university professor carrying out basic research" to keep up with his or her own jargon, without expecting knowledge about " 'The Juice,' who has taken his share of licks."

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Obstetrical Medication Study

There were a number of errors and a lack of clarity in the News and Comment article by Gina Bari Kolata (27 Apr., p. 391) covering the 19–20 March meeting of the Anesthetic and Life Support Drug Advisory Committee of the Food and Drug Administration (FDA). My affiliation is with the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), not the National Institute of Mental Health. I made no announcement (nor promotion) "last fall" of findings from a study of obstetrical medication and infant development, of which Kolata should have been aware because she made several unsuccessful attempts to obtain informally from my office a preliminary draft of the report of this study. The earliest publicity was in two articles written by Kolata herself in *Science* (Research News, 17 Nov. 1978, p. 732) and in the Washington *Post* (19 November 1978). Sources cited were a University of Florida colloquium given by Yvonne Brackbill and testimony prepared by her for the subcommittee on health and scientific research of the U.S. Senate Committee on Human Resources.

The NINCDS Collaborative Perinatal Project (NCPP), source of the data under analysis in the obstetrical medication study, is incorrectly described as having been conducted in the "1950's." The obstetric phase of the NCPP was begun in 1959 and completed in 1966; follow-up of offspring to age 8 was completed in 1974.

John Bartko, a statistical consultant on the obstetrical medication study, also reviewed the manuscript by Brackbill and myself that reported on relationships between medication administered during labor and delivery and infant development in the first year of life. He indicated his approval of the scientific content by signing an NINCDS Manuscript Review and Clearance Form. This manuscript was not rejected for publication, as reported, but was returned to us for revision.

The quoted protests of Milton Alper that IQ scores are nowhere mentioned in the written report are puzzling. Before the meeting, he had received a copy of the report, which presented associations between obstetrical medication and indices of development through the period of infancy only. With regard to the methodological point raised of lack of a strict longitudinal approach in the analysis of the data, it should be noted that different aspects of development were assessed in the sample of infants at the three ages of primary interest (a pediatric examination at 4 months, a psychomotor examination at 8 months, and a pediatric-neurological examination at 12 months). For this reason, hypotheses related to change or stability over time are not readily formulated. However, efforts in this direction are being pursued as an additional analytic technique.

Emanuel Friedman correctly pointed out that the maternal hypertension variable developed by him for the NCPP (*1*) was not among the 13 complications of pregnancy for which women were excluded from the study sample. It has been determined that 186 of the women in the sample of 3416 were affected. Maternal hypertension has been included with other maternal and infant characteristics in multivariate analyses of examination items in the first year found to be associated with administration of obstetrical medication. In no instance was maternal hypertension significantly related to outcome.

Application of mid- or high forceps was among the labor and delivery complications for which women were excluded from the study sample. These cases were dropped after exclusions were made for incomplete obstetrical data, multiple births, pre- or postmaturity, pregnancy complications, and maternal age of under 16 or over 40 years. The number of women excluded for midforceps delivery was 606, and for high forceps delivery, one. Friedman's statement that midforceps deliveries could not have been excluded and so large a sample as 3416 white women retained is not supported by fact. In 1972, Niswander and Gordon (*2*) reported that 12.22 percent of the vaginal vertex deliveries among white women registering in the NCPP for the first time were accompanied by midforceps (head engaged but above the perineum) and 0.02 percent by high forceps (head not engaged). When these two groups are subtracted from the total sample of 16,446, 14,433 women remain. Similarly, in 1975, Broman, Nichols, and Kennedy (*3*) reported that 13.8 percent of the vaginal vertex deliveries among white, first-study registrants whose children were followed to age 4 (N = 10,927) were accompanied by midforceps, and that 0.03 percent were accompanied by high forceps. Obviously, even in this smaller white cohort, removing mid- and high forceps deliveries leaves many more than 3416 cases.

Finally, Kolata reports that the FDA "critics" support the joint recommendations of the American Academy of Pediatrics Committee on Drugs and the American College of Obstetricians and Gynecologists, which she paraphrases. These recommendations are quoted in full in the discussion section of the manuscript that was under review (*4*) at the FDA hearings.

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References

1. E. A. Friedman and R. K. Neff, *Pregnancy Hypertension* (P. S. G. Publishing, Littleton, Mass., 1977).
2. K. R. Niswander and M. Gordon, *The Women and Their Pregnancies* (Saunders, Philadelphia, 1972).
3. S. H. Broman, P. L. Nichols, W. A. Kennedy, *Preschool IQ: Prenatal and Early Developmental Correlates* (Erlbaum, Hillsdale, N.J., 1975).
4. Y. Brackbill and S. H. Broman, in preparation.