

How advice on babies' sleeping position changed with time.

avoidable cot deaths.¹ Although not all cot deaths can be blamed on this unfortunate advice, there was a dramatic decline in these deaths when the practice was abandoned and advice to put babies to sleep on their backs was promoted. When clear evidence of the harmful effects of the prone sleeping position emerged in the 1980s, doctors and the media started to warn of the dangers, and the numbers of cot deaths began to fall dramatically. The message was later reinforced by concerted 'back to sleep' campaigns to remove once and for all the negative influence of Dr Spock's regrettable advice.

DRUGS TO CORRECT HEART RHYTHM ABNORMALITIES IN PATIENTS HAVING A HEART ATTACK

Dr Spock's advice may have seemed logical, but it was based on untested theory. Other examples of the dangers of doing this are not hard to find. After having a heart attack, some people develop

heart rhythm abnormalities – arrhythmias. Those who do are at higher risk of death than those who don't. Since there are drugs that suppress these arrhythmias, it seemed logical to suppose that these drugs would also reduce the risk of dying after a heart attack. In fact, the drugs had exactly the opposite effect. The drugs had been tested in clinical trials, but only to see whether they reduced heart rhythm abnormalities. When the accumulated evidence from trials was first reviewed systematically in 1983, there was no evidence that these drugs reduced death rates.²

However, the drugs continued to be used – and continued to kill people – for nearly a decade. At the peak of their use in the late 1980s, one estimate is that they caused tens of thousands of premature deaths every year in the USA alone. They were killing more Americans every year than had been killed in action during the whole of the Vietnam war.³ It later emerged that, for commercial reasons, the results of some trials suggesting that the drugs were lethal had never been reported (See Chapter 8, p97).⁴

DIETHYLSTILBOESTROL

At one time, doctors were uncertain whether pregnant women who had previously had miscarriages and stillbirths could be helped by a synthetic (non-natural) oestrogen called diethylstilboestrol (DES). Some doctors prescribed it and some did not. DES became popular in the early 1950s and was thought to improve a malfunction of the placenta that was believed to cause these problems. Those who used it were encouraged by anecdotal reports of women with previous miscarriages and stillbirths who, after DES treatment, had had a surviving child.

For example, one British obstetrician, consulted by a woman who had had two stillborn babies, prescribed the drug from early pregnancy onwards. The pregnancy ended with the birth of a liveborn baby. Reasoning that the woman's 'natural' capacity for successful childbearing may have improved over this time, the obstetrician withheld DES during the woman's fourth pregnancy; the baby died in the womb from 'placental insufficiency'. So, during the woman's fifth and sixth pregnancies, the obstetrician