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OOPHORECTOMY IN 1518 WOMEN HAVING HYSTERECTOMY
FOR FIBROIDS OR MENORRHAGIA IN ITALY, 1990-92

	Oophorectomy		No oophorectomy
	Bilateral, no (%)	Unilateral, no (%)	No (%)
Age (yr)*			
30-39	6 (5)	27 (23)	85 (72)
40-49	364 (35)	206 (20)	458 (44)
50-59	247 (75)	13 (4)	68 (21)
≥60	44 (64)	10 (14)	15 (22)
Type of surgery†			
Abdominal	603 (46)	238 (18)	478 (36)
Vaginal	43 (22)	14 (7)	138 (71)

* χ^2 , trend (bilateral vs unilateral or none) = 170.1 ($p < 0.001$), adjusted for study by the Mantel-Haenszel procedure.

† χ^2 , trend (bilateral vs unilateral or none) = 31.7 ($p < 0.001$), adjusted for age and study by the Mantel-Haenszel procedure.

oophorectomy during hysterectomy and 252 (17%) monolateral oophorectomy; in the remaining 616 (41%) ovaries were not removed. The frequency of prophylactic bilateral oophorectomy was low in women who underwent hysterectomy before 40 years and increased with age at operation, reaching a maximum of 75% in women aged 50-59 (table). Vaginal hysterectomy was associated with a significantly lower rate of bilateral prophylactic oophorectomy.

These data show large variability in the attitudes of gynaecologists toward bilateral prophylactic oophorectomy during hysterectomy for benign uterine conditions, especially in the perimenopausal. Although the risk/benefit balance of bilateral prophylactic oophorectomy is still debatable, general guidelines for this surgical procedure may reduce the differences in subjective decisions about removing ovaries during hysterectomy for benign uterine conditions.

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Apallic syndrome—to treat or not to treat?

SIR,—Mrs Brahmans reviews (Feb 13, p 428) the recent discussion about treatment rules for persistent vegetative state (PVS) in the UK. In central Europe, apallic syndrome (AS) is used synonymously with the term PVS. AS, independently of its aetiology, is remarkably uniform, representing a restriction of brain functions at the mesodiencephalic level.¹ Clinically it is characterised by the reappearance of day and night independent sleep-wake rhythm irrespective of the surroundings. The disintegration of brain function leading to AS and to remission of AS are characterised by a systematic pattern of development.¹ About 30% of trauma-induced¹ and nearly 40% of hypoxia-induced severe brain injuries result in AS.²

We investigated 339 male and 117 female patients for outcome and social reintegration 6-43 years (mean) after AS had developed. These patients had been admitted to our rehabilitation unit during the past 12 years. They were classified into four groups: rehabilitation and back to work ($n = 159, 35\%$), independent of help (personal toilet, controlling bowels and bladder, dressing, feeding;

$n = 64, 14\%$), dependent on nursing care ($n = 155, 34\%$), and deceased ($n = 78, 17\%$). These figures should be kept in mind if withdrawal of medical treatment and support is being considered for a patient with AS. The outlook depends on various facts, such as aetiology, age, and, importantly, the time since the initial event. During remission two main stages can be distinguished. The first is typified by establishing contact with the surroundings, and the second the disinhibition symptoms disappear and voluntary motor and higher brain functions reappear.¹

Gerstenbrand et al³ described several stages of remission of AS, and believed that the development of Klüver-Bucy syndrome was of great prognostic significance, since persistence of this syndrome during remission of AS is rare. During remission patients show characteristic changes of motor functions, manifesting as increased muscle tone, altered body posture, and so on, which cause contractures, periarticular ossifications, myelopathy, polyneuropathy, decubital ulcerations, and various infections. To avoid these complications, treatment must be started very early, even if the outlook at this time is uncertain.

On the basis of our experience we cannot justify a fixed attitude towards the treatment of patients with AS. However, as controversies of medical, legal, moral, and economic issues arise,⁴ each case should be assessed individually before a definite decision is made.

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Tobacco

SIR,—Mr Bullock of the Tobacco Advisory Council (Feb 27, p 564) denies that advertising influences children to start smoking. Presumably if pressed he would say that there is merely a statistical correlation, as between smoking and lung cancer, and no proof of a causal relation. Certainly peer pressure is a key factor—but to suggest that we curtail under-age smoking by reducing peer pressure is to argue in a circle. The fact remains that advertising has been shown time and again to be linked with starting smoking and that a ban on advertising is a practical step that has been effective in other countries.

Bullock seeks to deny the scandal of British-American Tobacco (BAT) marketing plans in Canada identifying children as young as 12 as targets for some brands. The company's letter to *The Observer* newspaper did not give the details he alleges, either in the published or the uncut version, and in prolonged correspondence with Action on Smoking and Health the company refused to provide copies of the documents in question that they allege would clear their name. If BAT were not interested in selling to young teenagers, why did their market researchers produce detailed reports on the attitudes and smoking habits of children?

Nor should anyone be misled by the suggestion that Office of Population Census and Surveys' figures show that 11-15-year-old children are smoking less than before. In successive biennial surveys from 1982 to 1990, the percentage of regular smokers of this age in England has been 11, 13, 10, 8, and 10.¹ More importantly, for 15-year-old children, the comparable totals have been 24, 28, 18, 17, and 25 (boys) and 25, 28, 27, 22, and 25 (girls).¹ If Mr Bullock can draw comfort from these figures, it is on grounds of preservation of tobacco profits, not public health.

In fact, the whole of our limited success over the past decade in reducing the prevalence of smoking derives from reduced smoking by those aged 25 and over, and that success has been most striking

THE LANCET

Vol 341

LONDON SATURDAY 3 APRIL 1993

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