

- 2 March of Dimes, PMNCH, Save the Children, WHO. Born too soon: the global action report on preterm birth. http://www.who.int/pmnch/media/news/2012/preterm_birth_report/en/index.html (accessed March 7, 2013).
- 3 NHS. Statistics on women's smoking status at time of delivery: England, Quarter 3, 2011/12. <http://www.ic.nhs.uk/pubs/wsstd1112q3> (accessed Nov 18, 2012).
- 4 Brailon A, Bewley S. The enigma of spontaneous preterm birth. *N Engl J Med* 2010; **362**: 2032.
- 5 Mackay DF, Nelson SM, Haw SJ, Pell JP. Impact of Scotland's smoke-free legislation on pregnancy complications: retrospective cohort study. *PLoS Med* 2012; **9**: e1001175

Loss of reason

Having read seven letters and the authors' reply on the issue as to whether or not statin treatment should be offered to people at low risk of cardiovascular disease (Nov 24, pp 1814–18), I was marvelling at the process of scientific reasoning that could weigh the pros and cons of a contentious issue in such a mature and logical manner. And then came the letter by Nicholas Wald and Malcolm Law.¹ In it they support the use of statins in low-risk patients irrespective of the concentration of serum cholesterol, but then go on to propagate their previously voiced view (which was not relevant to the subject under debate) that "blood-pressure-lowering drugs should be offered... irrespective of a person's blood pressure".

There is a broad spectrum of blood pressure behaviour over 24 h that is characterised by periods of hypertension, hypotension (caused by drugs, meals, and exercise), and patterns of autonomic failure, as well as nocturnal patterns of dipping, non-dipping, reverse, and extreme dipping. These varying manifestations become more common in the very age group (older than 50 years) in which Wald and Law recommend blind treatment.

So let's not throw aside methods such as 24-h ambulatory blood-pressure measurement. Such methods provide a means for carefully assessing patients with hypertension so that we can prescribe appropriate drugs in appropriate doses and

thereby obtain blood pressure control without overtreatment.

One is put in mind of Bulgakov's thoughtful observation: "There is no greater misfortune in the world than the loss of reason".

I declare that I have no conflicts of interest.

Eoin O'Brien
eobrien@iol.ie

Conway Institute, University College Dublin, Dublin 4, Ireland

- 1 Wald N, Law M. Statins for people at low risk of cardiovascular disease. *Lancet* 2012; **380**: 1818.

Myth of falling productivity in the UK NHS confirmed

Falling productivity in the UK National Health Service (NHS) between 2000 and 2009 has now been confirmed as a myth by the very organisation that created it. In its latest publication,¹ the Office for National Statistics has reassessed the period and concluded that, rather than falling by 0.4% a year, productivity rose by about 0.7% a year. This change arises from recognising that growth in the quantity of NHS care provided by non-NHS providers exceeded that by NHS providers. That such a minor alteration can have such a dramatic

effect on the overall productivity estimate illustrates the precarious basis of such estimates.

Given that the new estimate still pays scant regard to improvements in the quality of care,² it seems likely that productivity really rose even faster during this period. Although there is no room for complacency, and even greater improvements in productivity are required over the next decade, official recognition that previous claims of falling productivity were inaccurate is welcome. It is important that the National Audit Office³ and the Public Accounts Committee⁴ are made aware that they were misled.

I declare that I have no conflicts of interest.

Nick Black
nick.black@lshtm.ac.uk

London School of Hygiene and Tropical Medicine, London WC1H 9SH, UK

- 1 Office of National Statistics. Public service productivity estimates: healthcare 2010. <http://www.ons.gov.uk/ons/rel/psa/public-sector-productivity-estimates--healthcare/2010/art-healthcare.html> (accessed March 7, 2013).
- 2 Black N. Declining health-care productivity in England: the making of a myth. *Lancet* 2012; **379**: 1167–69
- 3 National Audit Office. Management of NHS hospital productivity: report by the Comptroller & Auditor General. HC491. Session 2010–2011. London: National Audit Office, 2010.
- 4 Public Accounts Committee. Management of NHS hospital productivity. <http://www.publications.parliament.uk/pa/cm201011/cmselect/cmpubacc/741/74102.htm> (accessed March 7, 2013).

Department of Error

Last week (*Lancet*, March 16, 2013) we featured a photograph on the cover of our Iraq-focused issue, for which the copyright credit was not provided. The photographer of this image was Mona Chalabi.



Mona Chalabi