The debate over regulation versus competition as strategy is counter-productive because both are important. The political climate merely dictates the relative emphasis. What is crucial is whether community forces can be marshaled to implement either or both strategies effectively. If the BGH is espousing competition in the form discussed in this paper, then it behooves the HSA to offer all the support it can muster. At the same time, BGH members should assist the HSA in its regulatory efforts, and they should not delude themselves into thinking that the forces of competition will rapidly replace the need for regulation. I have not heard any advocate of competition who knows the health care field well argue that such a short time frame is realistic.

Finally, both HSAs and BGHs should focus on results. Business leaders are result-oriented people, and thus they are quick to move from planning to implementing. HSAs are well advised to observe the BGH's implementation activities carefully. How desired changes are implemented in the community is the lesson that far too few HSAs have learned. If the BGH and HSA forge ahead with a cooperative spirit, I think that we may see throughout the United States the joining of health consumers and providers into the kind of partnership for community health planning and action that has been envisioned for nearly two decades.

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LETTER TO THE EDITOR

Ophthalmia Neonatorum Prophylaxis

The article "Ophthalmia Neonatorum Prophylaxis in Vermont," by Richard L. Vogt et al., which appeared in the March–April 1983 issue of *Public Health Reports,* is of great interest to me for two reasons: during the period 1952–57 I was the Vermont State Epidemiologist, and during the period 1973–81 I was the Director of Public Health in New Hampshire. Therefore, the article struck a responsive chord in my memory.

First of all, I wish to commend Dr. Vogt and his coworkers for the excellent study and the benefits derived therefrom. I'm sure that the responsible hospital personnel only needed to be reminded of the proper prophylactic medications, and were quick to cooperate.

Home deliveries are certainly another matter, especially when the attendant is a lay midwife. Dr. Vogt might have mentioned in his article some of the social reasons why there was noncompliance in the home situation. We observed in New Hampshire a strong resistance to the use of drops in the newborn's eyes among those young parents who wanted everything to be "natural" and strenuously objected to medication of any type. This was especially true in the setting of the "commune," where otherwise intelligent, reasonably well-educated people tried to live apart from the rest of society. Often they would choose one of their number (not necessarily blessed with any kind of medical or nursing education) to act as "midwife" when the occasion arose. The omission of prophylactic drops was therefore willful.

Another argument I used to hear was the implied insult to the young mother, in that the use of drops in the infant suggested that mother might have a venereal disease, and this thought was just too revolting to be considered!

As for the possible interference with bonding, that problem has been solved by the slightly delayed instillation of drops (after mother and child have had a chance to achieve eye contact).

The preceding comments are certainly not intended in any way as criticism, but only to point out the need for attention to the precepts of cultural anthropology.

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