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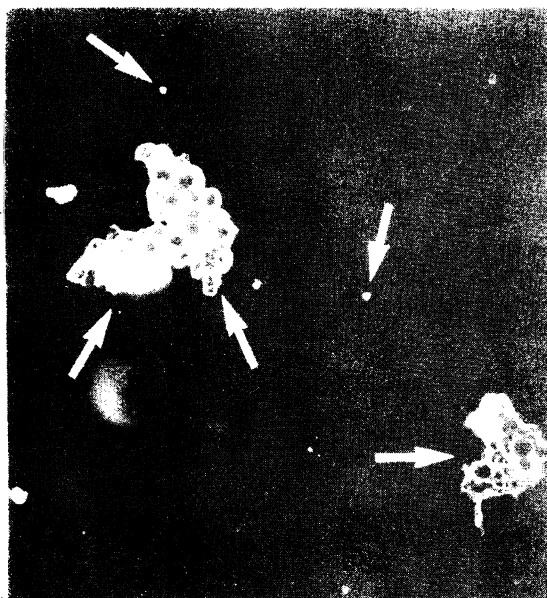
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Detecting *Pneumocystis carinii*

Patients with AIDS and other immunodeficient states commonly develop pneumonia caused by the protozoan parasite *Pneumocystis carinii*. Early diagnosis is important, as the infection is treatable, but not easy. It is usually based on visual detection of the parasite in material obtained by biopsy of the lung or by bronchoalveolar lavage.

At p 381 Elvin *et al* report the use of an immunocytochemical staining technique using monoclonal antibodies. With this method they were able to detect *P carinii* reliably in sputum as well as in bronchoalveolar fluid. The method is safe for laboratory staff and could be used to screen all patients positive for human immunodeficiency virus antibody with symptoms of respiratory disease.



Clusters of cysts and free trophozoites of *Pneumocystis carinii* in bronchoalveolar fluid stained by immunofluorescence with monoclonal antibody

Why is perinatal mortality higher in Asians?

The perinatal mortality rate is known to be higher among the Asian immigrant groups than in the indigenous population of Britain. The reasons for this difference remain uncertain—because of the problems of monitoring large populations of pregnant women so as to obtain unselected data, and because case reviews are uncontrolled, making it difficult to identify potential risk factors.

At p 384 Clarke *et al* report from Leicester data on perinatal mortality which they have accumulated since 1976, using a case-control design. Basing their analyses on over 1300 singleton perinatal deaths occurring over 10 years they show that the factors related to the increased risk of perinatal death in Asians are quite different from those in Europeans. For example,

previous infertility was associated with a high risk of perinatal death in Asians but not in Europeans, while social class factors appeared to be unimportant in Asians. Hypertensive disease and its complications were more important in Asians than in Europeans. The authors make the point that such differences, and others described in the paper, would not have been identified by case reviews.

Public education is effective in encouraging earlier referral of cutaneous melanoma

The incidence of cutaneous malignant melanoma is doubling every 10 years in several countries including Scotland. Some estimates from Scandinavia suggest that it may be more common than breast cancer by the year 2000. Mortality from the cancer depends on the stage at diagnosis; thin lesions have a much better prognosis than thick ones.

At p 388 Doherty and MacKie describe the results of a public education campaign carried out in Glasgow in 1985. This set out the features of a cutaneous pigmented lesion which could be an early malignant melanoma and was intended to encourage earlier referral for treatment at a time when the lesion was still potentially curable by surgery. The results of the campaign were a rise in 1985 and 1986 in the proportion of thin melanomas with a good prognosis and a concomitant fall in the number of thick tumours.

Later mortality in women related to their childbearing history

Although parity is known to affect the risk of women developing cancers of the reproductive organs, the effect of childbearing on women's health in general has not been much studied. Those studies that have been done have suggested that various other conditions may be influenced by parity—for example, an increase in coronary heart disease, diabetes, and nephritis and a decrease in cancer of the colon. Nevertheless, these studies either have relied on selected case-control investigations or have been unable to exclude other confounding possibilities such as social class.

Green *et al* (p 391) have made use of data from the Office of Population Censuses and Surveys' longitudinal study to produce the first systematic investigation of mortality in relation to childbirth in a national sample of married women. They found that, after adjusting for husbands' social class, increasing parity was associated with an increased likelihood of dying from diabetes and cervical cancer and a decreased likelihood of dying from oesophageal cancer. There were trends suggesting an increased mortality from all circulatory diseases with increasing parity.

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