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Predisposing factors for cerebral infarction

Strokes are common, and most are due either to atheromatous arterial disease or to heart disease. Even so there is a long list of rarer causes that may have to be considered, and the relative frequency of these conditions will help to determine the clinical diagnostic approach in individual cases. There is surprisingly little information on this, as most studies have been hospital based and thus subject to referral bias or, if community based, have suffered from lack of diagnostic precision. On p 75 Sandercock *et al* present the results of a two year prospective community based study of the incidence and causes of strokes (the Oxfordshire community stroke project), which goes a long way towards overcoming these drawbacks. The findings show that in 244 patients with their first stroke, which had been caused by cerebral infarction, risk factors were present in 80%, including hypertension in 52%, ischaemic heart disease in 38%, peripheral vascular disease in 25%, and cardiac lesions, which were important potential sources of emboli, in 20%. There were only 20 patients in whom no causative factors could be identified. Transient ischaemic attacks were fairly uncommon, and other causes of stroke such as arteritis and use of oral contraceptives were rare. The findings suggest that a careful clinical assessment combined with a few simple investigations applied consistently to every new patient with stroke will identify most patients with uncommon causes of cerebral infarction.

Treatment of chronic non-A non-B hepatitis

Chronic non-A non-B hepatitis acquired from blood transfusion, infusion of factor VIII, or drug abuse is an aggressive disease, one fifth of patients progressing to cirrhosis within a few years. Until recently no effective treatment was available. On p 80 Jacyna *et al* report a controlled trial of interferon alfa (human lymphoblastoid interferon) versus no treatment in 14 patients with established disease. Given thrice weekly, low dose interferon alfa returned aspartate aminotransferase activities to normal in five of seven patients. The treatment was well tolerated and offers hope that it may be possible to stop chronic non-A non-B hepatitis progressing to cirrhosis.

Smoking, passive smoking, and absence from school

The relation between smoking and ill health is well established, including the effects of parental smoking on non-smoking children. Less well researched is the effect on children's health when they smoke themselves. On p 90 Charlton and Blair report that children aged 12 and 13 who smoke are more likely to be absent on a randomly selected day than their non-smoking classmates. Whatever the child's smoking state, his or her risk of being absent was increased if the mother smoked, probably because of

passive smoking at some stage in the child's life, and the minor ailments listed by the teachers as reasons for absence reinforced this. Do children who are subjected to passive smoking at home start school at a disadvantage because of ill health, thus starting a cycle that moves from passive smoking to impaired health, frequent absence, falling behind with schoolwork, underachievement, and, finally, smoking to relieve boredom and boost self esteem?

The smoking problems of children and their families may need investigation, which could help with the treatment of repeated minor illnesses in childhood.

Coated mesalazine as a substitute for sulphasalazine in active ulcerative colitis

Sulphasalazine is a main agent for treating active ulcerative colitis and preventing flare ups of the disease. Roughly one in five patients who might benefit from the drug, however, cannot use it because of side effects. These side effects are attributed to the sulpha moiety and not to 5-aminosalicylic acid, which is responsible for the therapeutic effect. On p 82 Rachmilewitz reports an international trial of sulphasalazine versus a preparation of 5-aminosalicylic acid (mesalazine) coated with a pH dependent methacrylic acid polymer (Eudragit L), such that the 5-aminosalicylic acid is released into the distal small intestine and colon. Patients studied had active mild to moderate disease, and none was hypersensitive to salicylates or sulphonamides. Overall the efficacy of the coated preparation of mesalazine, as measured clinically and endoscopically, was similar to that of sulphasalazine but the incidence of adverse events was substantially lower (16 of 115 patients (14%) versus 25 of 105 (24%)). He concludes that mesalazine coated with Eudragit L may be a better substitute for sulphasalazine in patients with active ulcerative colitis by virtue of its lower incidence of side effects.

Is obesity a genetic disorder?

Obesity runs in families, but the nature or nurture question is still unsettled. It is important as a better understanding of this issue would make possible family based programmes of prophylaxis. Many studies have examined the contribution of genetics to obesity, but none (apart from two recent studies of adoptees and parents) has excluded confounding due to the familial environment. The two studies of adoptees and parents both suggested strong genetic influence but were limited. Sørensen *et al* (p 87) have now investigated the degree of fatness in adult biological siblings of adult adoptees, who were either thin, of medium weight, overweight, or obese. The adoptees were reared from early in life by their adoptive parents, while the siblings had stayed with the biological parents. The fatness of the siblings increased with fatness of the adoptees, which is strong evidence that genes are concerned. Sørensen *et al* also found that the sex had no influence on the transmission, that probably many genes are implicated, and that a few major genes could play a specific part in the development of obesity.

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