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Respiratory symptoms as predictors of mortality

A standardised respiratory questionnaire was devised for a study of chronic bronchitis in 1958. Using data from that study, Carpenter *et al* (p 357) found significant associations between cough, phlegm, breathlessness, and wheeze and death from chronic bronchitis over the next 27 years.

Further independent associations were found between death from bronchitis and four episodic respiratory symptoms not included in the widely used Medical Research Council's respiratory questionnaire. The authors' findings also support a closer link between reversible and irreversible airflow obstruction than has been assumed in many other studies of the natural course of chronic obstructive airways disease.

A new form of panuveitis

From 1982 to 1987, 254 children aged 0-9 years were seen at Mvumi Hospital in Tanzania with posterior uveitis or panuveitis. Uveitis is uncommon in children and is usually anterior or peripheral. On p 355 David Yorston et al describe how they investigated these children. A history of fever was given for some of the patients, but examination of the aqueous humour, serum, urine, stools, and thick blood films failed to identify any common abnormality that would explain the uveitis. The disease did not resemble toxocariasis or toxoplasmosis, and none of the children had arthritis. The condition resolved spontaneously in all of the patients, and there were no recurrences. The authors claim to have described a new form of panuveitis. There was some geographical and temporal clustering of cases, which suggested that the uveitis may have been a response to an infection, but the cause was not established.

Magnetic resonance imaging versus computed tomography in lesions in the posterior fossa

Computed tomography revolutionised the investigation of intracranial lesions; magnetic resonance imaging provides pictures of even more striking clarity, but how often the extra information is important clinically has not been firmly established. On p 349 Teasdale et al compare the two techniques in patients suspected of having a lesion in the posterior cranial fossa. The authors used a novel approach to assessing imaging technology: they allocated 1000 patients randomly to undergo one or other investigation, the main end point being assessment of how often the investigation failed to provide the information required for management. Doctors were three times more likely to consider that further imaging was needed after computed tomography than after magnetic resonance imaging. In the patients who were referred for the alternative imaging technique the results of magnetic resonance imaging had more substantial effects on the diagnosis and the plan for management. On the other hand, the reason that the clinician had not been satisfied by the initial

investigation, whether this was computed tomography or magnetic resonance imaging, was usually that the result had not sufficiently excluded the suspected diagnosis; the additional imaging gave new evidence of structural disease in only a small minority of cases. The authors conclude that magnetic resonance imaging has advantages in investigating the posterior cranial fossa but that its use instead of computed tomography would only rarely alter management. It will be the potential of magnetic resonance imaging to replace other investigations, such as myelography or cerebral angiography, that will determine its eventual role in neuroradiology.

Interstitial hyperthermia induced by laser

Hyperthermia for treating a range of tumours has been under investigation for many years. Its use has been limited mainly to superficial lesions because of the difficulties of delivering an appropriate amount of heat to all parts of tumours of internal organs without overheating surrounding normal tissue. Many of these problems can be overcome with laser light, which can be delivered through thin, flexible fibres to the centre of solid organs, where the energy is absorbed as heat. The effects are limited to the area around the tip of the fibre and are easy to monitor and control with ultrasonography. On p 362 Steger et al show that this approach can be used to treat several common types of cancer, including those of internal organs, by a simple percutaneous technique under local anaesthetic. All areas of the tumours necrosed in these patients healed safely without further intervention. This technique has potential for treating a wide range of tumours in solid organs.



Top: Needles and fibres positioned for treating secondary tumour in liver. Bottom left: tumour in head of pancreas; right: 14 days after laser treatment, showing evidence of oedema in retroperitoneum and increase in amount of central necrosis in the tumour