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Dyspepsia and endoscopic findings

There have been few studies aimed at settling the controversy surrounding the "dyspeptic myth" of gastroduodenitis, which focuses on an association between dyspepsia and peptic ulcer disease. On p 749 Johnsen *et al* describe a study in which they performed blind endoscopy and histological examination on 309 subjects with dyspepsia and 310 age and sex matched controls. They found that 30% to 50% of the diagnoses of mucosal inflammation and peptic ulcer disease were made among control subjects. Also, only about 10% of both subjects with and those without dyspepsia had normal endoscopic findings. The authors point out that this is a good example of the inability to discriminate between disease and "non-disease," which can represent a burden in medicine, and they question the value of the well accepted diagnostic criteria in the upper gastrointestinal tract.

Physiotherapy for stress incontinence

Physiotherapy is widely used to treat stress incontinence, but there is little information on what is standard practice. On p 753 Mantle and Versi report on the results of a national survey with a 98% response rate. The consensus view among physiotherapists is that pelvic floor exercises in combination with interferential treatment give the best results, but there was a wide variation in the techniques used. Motivation was thought to be essential for a good outcome. The results of their survey highlight the urgent need for research into the efficacy of physiotherapeutic techniques for stress incontinence.

Copper, selenium, and low density lipoprotein in atherosclerosis

Authors have proposed that the oxidation of low density lipoprotein increases its atherogenicity. Salonen *et al* have investigated the interactions between serum copper, selenium, and low density lipoprotein cholesterol concentrations with regard to the progression of carotid atherosclerosis in 126 eastern Finnish men (p 756). The increase after two years in the maximal common carotid intima media thickness assessed ultrasonographically was double in men with high serum copper, low serum selenium, and raised serum low density lipoprotein cholesterol concentrations. A raised serum low density lipoprotein concentration was associated with accelerated progression of atherosclerosis only in men with higher than median serum copper concentration, and this synergism was even more pronounced in men with low serum selenium concentrations. These data support a synergistic effect

of copper (a pro-oxidant), a low serum concentration of selenium (a cofactor of an enzyme that scavenges free radicals), and low density lipoprotein cholesterol concentrations in atherosclerosis.

Computerised general practice data and population surveillance

The use of computers in general practice is becoming more widespread. By linking these computers together it should be possible to use the recorded data for population studies. Johnson *et al* (p 763) considered this possibility by comparing incidences of influenza recorded on computers with those produced by an established manual system. Although the actual incidences recorded on the computers were lower, the curves of the incidences plotted against time for the two systems were very similar. It would therefore seem possible to use computer systems to provide information about illness in the community that is both rapidly available and that covers a wide geographical area. In the future it may also be possible to use such systems to predict as early as possible those years in which an epidemic is starting to occur.

Validation of general practitioners' computer records

Clinical information recorded on computer has been used in the United States to conduct clinical research for many years. A large number of British general practitioners now record information on computer, and on p 766 Jick *et al* report a study to see how well the information on computer compares with that in letters from hospital consultants that are kept in the general practitioners' manual files. They found that the clinical diagnoses were the same in 87% of cases. They conclude that the computer records of the general practitioners in their study could be used for a wide range of clinical studies, which could be completed quickly and at reasonable cost.

Needlestick injuries

Occupational needlestick injuries are a potential hazard in medical care, with a risk of contracting infection with hepatitis B or HIV; 22-40% of such injuries are estimated to occur while attempting to resheathe needles. In Britain the Department of Health and Social Security and a BMA working party have recommended that resheathing needles should be avoided. However, on p 769 Anderson *et al* argue the case for resheathing to protect operators and third parties, who may be unaware of the associated risk, and they describe ways of resheathing needles successfully and safely.