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Penicillin prophylaxis in sickle cell disease

Regular oral prophylaxis with penicillin has been shown to reduce considerably the incidence of pneumococcal infection and related mortality in children with sickle cell disease. Few data exist, however, regarding the awareness of the necessity for prophylaxis among parents and general practitioners of children with sickle cell disease and about children's compliance with treatment. Cummins *et al* (p 989) have studied these questions in Brent. Although all of the parents claimed that their children received penicillin on at least five days a week, penicillin was detected in less than half of the urine samples analysed. Poor compliance may have been due to the fact that most parents were unaware of the risk of their child dying if penicillin were discontinued and that only about half the general practitioners knew that regular penicillin prophylaxis prevents pneumococcal septicaemia and death.

What GPs think about health services

With the advent of the internal market health authorities must estimate the health care needs of their populations, assess how well those needs are being met, and identify priorities for improvements. General practitioners could provide important information to health authorities, but no mechanism exists for them to express their opinions. In a postal survey of general practitioners in one health district Hicks and Baker (p 991) show that general practitioners' views are remarkably consistent. More importantly, they found that priorities identified in the survey were different from those of the health authority and the local NHS trust. The survey influenced the health authority to alter its priorities, and the authors suggest that, as well as promoting good relations between general practitioners and purchasing authorities, postal questionnaires are an effective way for non-fundholding general practitioners to influence the quantity and quality of health care available to their patients.

Terodiline for detrusor instability in elderly patients

Detrusor instability is a common cause of urinary incontinence in elderly people. Bladder retraining is an important treatment, but there is little information on whether drugs give additional help. On p 994 Wiseman *et al* report a randomised, double blind, parallel group study of terodiline with bladder retraining in frail but ambulant elderly people. They found no significant differences between the group receiving terodiline and that receiving placebo with respect to frequency of micturition, number of incontinence episodes, and the patients' subjective evaluations of

their condition. Both groups showed some improvement in their condition. Although differences between the groups could have been missed because of the small number of patients studied, the authors conclude that terodiline has little or no additional benefit over bladder retraining in treating detrusor instability in frail elderly people.

Efficiency of referrals for suspected glaucoma

Screening of middle aged and elderly people for glaucoma is essential to prevent unnecessary loss of sight. On p 998 Tuck and Crick report an analysis based on a large prospective survey carried out to examine current practice. Among 704 people referred for suspected glaucoma by optometrists in England and Wales, glaucoma was confirmed in 283, and another 222 were considered to require further monitoring. About 40% of confirmed cases were in patients with an intraocular pressure of at least 30 mmHg in one or both eyes, emphasising the importance of tonometry for effective screening; but ophthalmoscopy and visual field testing are also essential because considerable error results from the use of one test alone. The median waiting time for an NHS appointment for examination by a consultant ophthalmologist was nine weeks. The authors conclude that although unnecessary referrals do not seem to be excessive, closer cooperation between doctors and optometrists is necessary.

Future of anatomy

As a clinical subject anatomy has declined in favour and importance. On p 1001 Charlton, a newly appointed lecturer in anatomy, reflects on the history of the subject, from a time when it was a highly respected and popular discipline, especially in eighteenth century Scotland, more akin to a humanity than a science. He suggests that the future of the subject now lies in either reintegration of its teaching and research or in reintegration into medicine, possibly with pathology.

Physician-scientists

On p 1002 Sir David Weatherall airs his views of the need for physician-scientists in the changing climate of medical research resulting from the finishing of molecular science. Medical research workers will need to become proficient in molecular science; and physician-scientists of the future will have to diversify to survive, spending appreciable time in laboratory research. A few may eventually progress to basic medical science, the remainder to further training and accreditation in a clinical specialty, all of which has major implications for academic clinical departments and for medicine as a whole.

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