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Birth weight and blood pressure in late adolescence

One explanation for the observed relation between an unfavourable intrauterine environment and the long term risk of cardiovascular disease has been that adverse intrauterine conditions increase the risk of raised blood pressure. On p 1235 Seidman *et al* report a study of the effect of birth weight—an indicator of intrauterine environment—on blood pressure in 17 year olds in Jerusalem. They found that the correlation was poor for both young men and young women and that current body weight and body mass index correlated much more strongly with systolic and diastolic blood pressures. They conclude that efforts to reduce hypertension in adults should be concentrated on controlling body weight during adolescence rather than on increasing the birth weight of infants.

Do good doctors refer more patients to hospital?

Does the wide variation in referral rates among general practitioners reflect varying standards of clinical practice? On p 1250 Reynolds *et al* describe a study of referrals from one suburban general practice in which the doctors with high referral rates to some specialties seemed to be those with greatest expertise, through current or past hospital experience in the specialties. Although Reynolds *et al* did not measure the appropriateness of the referrals directly, the results are a timely reminder to health authorities, who are about to feed back referral patterns to general practitioners, that high referral rates do not necessarily indicate inadequate primary care.

The promise of a reformed NHS

Much of the discussion of the reforms flowing from *Working for Patients* has understandably concentrated on managerial and organisational means, to the detriment of consideration of the ideological ends of the new look NHS. On p 1253 Culyer examines the promise of the reforms in the explicitly ethical terms of equity and efficiency. He urges in particular that needs assessment requires urgent attention from purchasing authorities, whose solutions—and in particular the concepts of need they choose to use—have the potential for realising more completely than ever before the ultimate humane objectives of the NHS.

Neonatal screening for cystic fibrosis

A drawback of the primary neonatal screen for cystic fibrosis by estimation of immunoreactive trypsinogen in dried blood spots is its lack of specificity. On p 1237 Ranieri *et al* report a two tier neonatal screening strategy that entails the initial estimation of immunoreactive trypsinogen followed by direct gene analysis of those specimens with the highest 1% of values. A high immunoreactive trypsinogen value combined with at least one cystic fibrosis mutation is the principal criterion defining a positive result. Infants with high immunoreactive trypsinogen concentrations and one recognised cystic fibrosis mutation are recalled for a sweat test and those with two mutations are referred directly for clinical management. When meconium ileus is suspected direct gene analysis is performed, followed by a sweat test later. The authors found this strategy to be highly specific, with only 2·8 families being contacted for each affected infant detected. No known cases have been missed by the screen yet.

GP contract: future directions

On p 1247 Bain concludes his series on six general practices in the United Kingdom and draws together the common themes in their strategies for coping with the changes and realising future plans. He concludes that sustaining sufficient energy to deal with the new demands will be the single most important requirement in achieving optimal care and personal and professional rewards.

Outcome of brittle diabetes

Insulin dependent diabetic patients who are repeatedly admitted with ketoacidosis or hypoglycaemia form a small minority of all diabetic patients, but their treatment is expensive and places great strain on their families and staff. What eventually happens to these patients is unclear. On p 1240 Tattersall *et al* report a 12 year follow up of 11 patients with recurrent ketoacidosis and 14 with recurrent hypoglycaemia. Patients with recurrent ketoacidosis formed a relatively homogeneous group, and in most the instability had been related to unhappiness at home and had resolved as the patients sorted their lives out. Patients with recurrent hypoglycaemia were more varied, and two of them, both with psychological problems, died of self induced hypoglycaemic coma. Surprisingly, patients with brittle diabetes had the same prevalence of complications as did their matched controls. The message for doctors faced with these difficult patients seems to be don't panic. If you can sort out the personal problems the brittleness will resolve.

Survival in a vegetative state

Traumatic or hypoxic brain damage may cause permanent loss of function of the cerebral cortex, leaving patients in a persistent vegetative state—for 10 or 20 years if adequately fed by gastric tube. In many such patients in the United States nutrition and fluids have been discontinued to let them die, often with the permission of a court. After a Missouri court refused permission in the case of Nancy Cruzan an appeal led the United States Supreme Court to give its first decision on an incompetent patient's right to die. On p 1256 Jennett and Dyer discuss the case and the uncertain legal position in Britain, where no such case has yet reached the courts. They note that living wills and powers of attorney for health decisions might be helpful in such cases, but neither has legislative backing in Britain, nor are many people likely to make an advance directive to deal with such a contingency.