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## Sexual transmission of hepatitis C virus

Epidemiological studies have produced conflicting evidence of the role of sexual contact in the transmission of hepatitis C virus. In an anonymous study among patients attending a London genitourinary medicine clinic Tedder *et al* (p 1299) found a significantly higher seroprevalence among homosexual men than among heterosexual subjects and associations with exposure to other sexually transmitted diseases, providing strong evidence for sexual transmission.

## Gastric cancer: *H pylori*

Chronic infection with *H pylori* results in active gastritis and may be a major predisposing factor in the development of peptic ulcers. On p 1302 Forman *et al* report that such infection may be also associated with gastric cancer. They tested blood samples for the presence of *H pylori* antibodies in 29 men with gastric cancer and in 116 control men closely matched for age; all the blood samples had been obtained before the cancer was diagnosed. Sixty nine per cent of the men with cancer were positive for antibody compared with 47% of controls. *H pylori* infection may therefore be an important cause of gastric cancer, and its control may facilitate prevention of the cancer.

## Gastric cancer: workload

Gastric cancer has come to be viewed as a disease in decline because of falling mortality statistics. On p 1305 Sedgwick *et al* have shown that in Scotland, while mortality from gastric cancer continued to fall by about 25% overall, the decline in incidence from 1978 to 1987 was marginal at about 9%, and the number of operations performed in the Lothian Health Board area did not decline. They suggest that this stable incidence may be due to the increasing proportion of older patients in the population, in whom the risk of cancer is greater. They conclude that clinicians should not be deterred from diagnosing gastric cancer by the erroneous belief that the incidence is declining and that resources for both service and research should be determined not by mortality but by clinical caseload.

## Testing for ectopic pregnancy

Ectopic pregnancy is notoriously difficult to diagnose clinically, and because of the dangerous consequences of missing an ectopic pregnancy many women are admitted to hospital to exclude this condition. A simple test for human chorionic gonadotrophin could help assess which women with emergency gynaecological problems may have ectopic pregnancies, thus reducing unnecessary admissions. On p 1308 Kingdom *et al* evaluate a sensitive one step urine test for chorionic gonadotrophin in unselected women attending an accident and emergency department. All women with ectopic pregnancies were detected by the kit, which had a 100% sensitivity for the detection of all pregnancies. A quarter of the women evaluated were sent home with a negative test result and normal clinical findings. The cost of the test was offset by a

reduction in admissions and in the need for quantitative measurement of chorionic gonadotrophin.

## Organisation of general practice

On p 1313 Morrell argues that the changes introduced by the Charter for General Practice in 1966 reflected the results of simple research carried out in general practice in the preceding decade, combined with sympathetic negotiation by the government, and that the subsequent evolution of general practice fully justified the profession's enthusiasm for the charter. In the late 1980s limited changes in the general practice contract were desirable, but a new contract was imposed after negotiations failed. Examining the evidence available from research, Morrell concludes that general practitioners' initial reaction that the new contract will not improve the quality of primary care is fully justified.

## HRT in general practice

The progestogen in opposed preparations of hormone replacement therapy may reduce the protective effect of oestrogen against cardiovascular disease—thus it is important to establish the benefits and hazards of different regimens. Wilkes and Meade (p 1317) found that 1081 doctors in 220 practices were prescribing hormone replacement treatment to 9% of their female patients aged 40 to 65, and over half were prescribing opposed hormone replacement therapy to more patients than a year previously. They also found considerable uncertainty among general practitioners as to the balance of beneficial and harmful effects of hormone replacement therapy in the long term, particularly in preventing osteoporosis and cardiovascular disease, but most of the doctors surveyed would be prepared to enter their patients into randomised controlled trials.

## Swallowed coins in children

Although coins are the commonest foreign bodies to be swallowed by children, no consensus exists for management of this condition. In a review in one hospital Stringer and Capps found no rationale for the type of radiograph requested in most cases and that children were being exposed to unnecessary radiation and surgical intervention (p 1321). They believe that the hazards of swallowing coins are exaggerated and propose minimal intervention in children with no gastrointestinal abnormalities.

## Ethics of palliative care

One of the most difficult ethical problems in the care of patients with incurable disease is when active treatment should be stopped. On p 1322 Ashby and Stoffell divide the management of life threatening disease into three phases: curative, palliative, and terminal. The treatment phase is decided after applying risk-benefit analysis, and the authors recommend that patients and their families should participate in discussions about transition between phases.