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Immunity after accelerated immunisation

In May 1990 the Department of Health introduced an accelerated schedule of primary immunisation with diphtheria/tetanus/pertussis and polio vaccines to further improve uptake of immunisation, which will also protect against whooping cough at an earlier age. Previously, because of concern about the persistence of immunity, a booster at 12-18 months of age was recommended after any accelerated course. Currently, however, no booster is recommended until the diphtheria/tetanus and polio vaccines at school entry. On p 1489 Ramsay *et al* report the immune status at 4 years of age of children immunised in infancy with triple vaccine in accelerated and extended schedules. Their evidence suggests that the accelerated schedule confers adequate protection against diphtheria, tetanus, and pertussis until the booster at school entry.

Variability among surgeons in operations for colorectal cancer

Outcome after surgery for colorectal cancer varies considerably between surgeons. Such variability may be due to variations in patient populations. On p 1501 McArdle and Hole report a study of the management of patients presenting to one hospital over six years by 13 consultant surgeons, none of whom had a special interest in colorectal surgery. The overall postoperative mortality varied from 8% to 30%. After accounting for various factors influencing postoperative mortality the authors still found a threefold variation in the hazard rate ratios among the surgeons. Also, there was much variability in the choice of procedure, with the proportion of patients undergoing "curative" resection varying from 40% to 76%. These differences compromise survival; such surgery should be performed by surgeons with a special interest in colorectal surgery.

Computer aided teaching for acute abdominal pain

The diagnosis of acute abdominal pain by inexperienced staff remains difficult, less than half of all patients being correctly diagnosed by the first hospital doctor who sees them. In the past 20 years various studies have suggested that structured data collection forms and real time computer aided decision support can lead to improved diagnostic and decision making performance. On p 1495 de Dombal *et al* describe a further series of studies using structured data collection forms and a computer based teaching package in two hospitals. A total of 12 506 patients were studied with varying diagnostic support to inexperienced staff. Use of any one modality improved diagnostic accuracy and decision making. Use of structured forms plus the computer teaching package gave results at least as good as those with direct feedback by computer. The encouraging results with a computer teaching package may be highly relevant for those apprehensive about real time use of clinical diagnostic computers.

Local steroid injections alone may be best for frozen shoulder

The management of capsulitis of the shoulder (frozen shoulder) remains controversial. Jacobs *et al* (p 1498) carried out a 16 week prospective randomised study of three treatment regimens. Patients were assessed by clinical measures (range of movement, pain levels, analgesic use) and by means of dynamometry. They found that three intra-articular injections of long acting local steroids at six week intervals provided satisfactory relief of pain and shoulder stiffness. Performing intra-articular distension as well did not significantly accelerate patient recovery. Nevertheless, both treatment regimens were superior to intra-articular distension without steroids. This treatment may be used on an outpatient basis and considerably shortens the time to recovery from capsulitis.

Does nicotine delay onset of Alzheimer's disease?

Patients with Alzheimer's disease have reduced numbers of nicotinic receptors, and nicotine has been suggested to improve information processing and attention in such patients. Van Duijn and Hofman (p 1491) compared the history of smoking between patients with early onset Alzheimer's disease and matched controls. They found that fewer patients with familial Alzheimer's disease smoked than did controls and in six families with autosomal dominant inheritance of Alzheimer's disease the mean age of onset was later in smoking patients than in non-smoking patients from the same family. No association was found for non-familial disease. Further studies of the role of nicotine in Alzheimer's disease may give insight into the cause of the disease.

Audit of 25 years of general practice in south Wales

Before the new contract many practices experimented with planned anticipatory care and health promotion for the sake of better clinical medicine. One of the first was a practice in Glyncorrwg, which began with community control of high blood pressure in 1968 but eventually tackled most other chronic disorders on the same model. As Tudor Hart *et al* describe (p 1509), the experiment seems to have been cost effective and should be considered by anyone attempting to devise a more rational general practitioner contract. Their main conclusion is that when ascertainment of common chronic disorders is nearly complete follow up caseloads will double, far beyond the capacity of hospital outpatient departments, requiring a larger and more diverse primary care workforce.