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British Medical Journal.  
US second class postage paid at  
Rahway, NJ. Postmaster: send  
address changes to: BMJ, c/o  
Mercury Airfreight International  
Ltd Inc, 2323 Randolph Avenue,  
Avenel, NJ 07001, USA.  
US (direct) subscription \$180.00.

Published by the proprietors,  
the British Medical Association,  
Tavistock Square, London WC1H  
9JR, telephone 071 387 4499  
(editorial fax 071 383 6418).  
Printed by BPCC Business  
Magazines (Pulman) Ltd,  
Milton Keynes.  
Typesetting by Bedford Typesetters  
Ltd, Bedford. Registered as a  
newspaper.

## Trends in biological characteristics of breast cancer

Although the incidence of breast cancer is increasing worldwide, deaths from breast cancer are increasing at a much slower rate. The reasons for the greatly improved survival rate have remained a matter of speculation. On p 155 Joensuu and Toikkanen present comparative clinical, histological, and DNA ploidy data from women with breast cancer, one cohort diagnosed in 1945-65 and the other in 1980-4, in the city of Turku, Finland. They found no difference in histological type or DNA ploidy of breast cancer, but women diagnosed in 1980-4 were older and more had small carcinomas with favourable histological features such as high grade of differentiation, low mitotic counts, and little tumour necrosis.

## Growth in asthmatic children during treatment with budesonide

The risk of systemic side effects of inhaled glucocorticosteroids in children with asthma has been much debated. Recently knemometry was suggested as a useful physiological alternative or adjunct to the biochemical measures of systemic effects of topical steroids in children. On p 163 Wolthers and Pedersen report a randomised, double blind crossover study investigating short term growth in a group of children with mild asthma during treatment with daily doses of 200 µg and 800 µg budesonide and during open treatment with 400 µg budesonide. Pulmonary function and other factors that might influence growth were kept constant throughout. They found an overall dose related reduction in growth velocity of the lower leg.

## Fundholders, cash limits, and creative general practice

The views of doctors on fundholding and cash limits seem to be polarised: some are enthusiastic and others are deeply pessimistic. In our series on the future of general practice Roland describes these opposing views and draws his own conclusions about the effect the changes will have on the NHS (p 171). He believes that the reforms offer opportunities for all general practitioners, fundholders or not, that should be exploited to improve services for patients. Those doctors who are able to adapt to the changes will get the best deal for themselves and their patients.

For the first wave of fundholders that deal seems to vary greatly. In their survey of fundholders in 12 regions Day and Klein found wide variations in their budgets, although the differences were reduced when budgets were considered on a per patient basis (p 168). Reasons for the variation were unclear, but the characteristics of the patient population seemed to be important. They suggest that data collected by health authorities when assessing fundholders must be pooled and analysed nationally to determine what causes budgets to vary and whether the differences are justified.

In a third paper on the subject Eve and Hodgkin offer a completely alternative model to fundholding (p 167). They argue that a coordinated group of

non-fundholding practices can assess the quality of services patients get from hospitals and advise their district health authorities which services need to be purchased and developed. They describe a scheme in Sheffield in which eight practices have been working this way, sharing information and providing a forum for experiments in primary care.

## Deprivation and childhood diabetes

The incidence of childhood insulin dependent diabetes varies widely between countries, but little is known about rates in England. Careful epidemiological analysis can help in understanding the role of environmental factors in the aetiology of the disease, and such factors may vary between individuals according to a measure of deprivation. On p 158 Crow *et al* report on the incidence of insulin dependent diabetes in the Northern health region over 10 years. Achieving a level of case ascertainment greater than 95% in a population of 3.1 million, they found a steady rate that represents an intermediate risk in international terms of developing the disease. They also compared the incidence with a composite index of material deprivation at the level of enumeration districts (150 household units). The incidence of disease was much higher in the most deprived than in the least deprived children, suggesting that causal factors may vary between these groups.

## Antibody associated with renal and skin disease

In 1990 Guy's Hospital reported a dramatic rise in loss of renal transplant in children that was associated with an epithelial cell antibody. Since then other transplant units have reported its presence and positive association with increased transplant rejection. The antibody's sudden appearance in the transplant population and occurrence in healthy adults and children without transplants suggested an infectious aetiology but the antibody had not been associated with disease in people without transplants. On p 161 Deal *et al* report native kidney disease and a novel cutaneous eruption in six children positive for the epithelial cell antibody. Their findings add to the spectrum of disease caused by this antibody and provide more evidence of a viral cause.

## Single subject trials

One of the biggest problems in clinical research is obtaining enough patients to draw significant conclusions. Controlled trials in single patients, if properly validated, are therefore attractive. On p 173 Johannessen claims that such trials are particularly useful for vaguely defined conditions such as non-ulcer dyspepsia. They may also improve treatment decisions and encourage greater discernment among doctors and patients about using drugs. Lewis, however, believes that the usefulness of single subject trials is limited to determining whether an individual patient responds to treatment (p 175). He considers that for most research objectives the benefits of data on many patients outweigh those of precise information on a few.