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Effect of fetal surveillance unit on antenatal admissions

Administrative changes that both save money and improve patient care are often recommended but rarely assessed. Serial monitoring of suspected fetal disease is a common reason for admission of pregnant women to hospital because the various tests used are often performed in different places and by different members of staff. Soothill *et al* (p 269) report that organising the various fetal investigations into a fetal surveillance unit was associated with a 22% decrease in the number of hospital beds occupied with antenatal patients. This was because of shorter mean intervals from admission to discharge and from admission to delivery. The benefits include less disruption to patients, concentration of pregnancies with complications for teaching and research, and considerable financial savings for the hospital.

Diabetes, heart disease, and caste in Hindu Indian migrants

Studies from several countries have shown that migrants from the Indian subcontinent have more diabetes and coronary heart disease than expected. But the frequency of these diseases also varies in different parts of India, which is a reminder that migrants of Indian origin are not a homogeneous group. On p 271 Ramaiya and colleagues report the prevalence of diabetes and cardiovascular risk factors in seven Gujarati Hindu communities categorised by caste in Dar-es-Salaam, Tanzania. The prevalence of diabetes and the risk factors varied with caste and the differences were not fully accounted for by intergroup differences in age, sex, body mass index, and other potential confounding factors. The observations emphasise the importance of genetic, lifestyle, and socioeconomic heterogeneity within the "Asian" population and point to new epidemiological studies to understand the aetiology of diabetes and cardiovascular disease.

Mentally disordered offenders and court liaison schemes

The plight of the mentally disordered offender has recently received much attention in the press and in the reports of official inquiries. The Home Office has recommended the setting up of innovatory psychiatric liaison schemes to magistrates' courts with the aim of rapid diversion from custody of the mentally ill. James and Hamilton (p 282) provide the first quantitative evaluation of the efficacy and cost of such a scheme, comparing the lengths in custody on remand of those processed by a court liaison scheme with those in a sample receiving assessment at a large remand prison. The liaison scheme reduced the average length of time in custody by more than 80% (8·7 days compared with 50·8 days). The direct costs of the scheme were negligible and there is a potential for savings in remand costs. The results illustrate that such schemes are practicable, inexpensive to run, and of benefit to the mentally ill offender.

Coronary heart disease in population with low cholesterol

In countries such as Britain or the United States, where coronary heart disease is common, only a minority of the population have blood cholesterol concentrations persistently below 5·0 mmol/l. It is therefore difficult to determine directly whether a threshold exists below which the strong relation of cholesterol to coronary heart disease ceases. In Shanghai, the usual cholesterol concentration ranges from 3·8 to 4·7 mmol/l and coronary heart disease is a relatively minor cause of death. On p 276 Chen *et al* report that even in this low range there is a positive independent relation between serum cholesterol concentration and death from coronary heart disease, with no apparent threshold. They suggest that few people in Western populations have biologically normal cholesterol concentrations and that most could benefit from reduced levels.

Why patients consult and what happens when they do

Challenges to the traditional model of doctor-patient interactions led Martin *et al* (p 289) to examine patients' reasons for contacting their doctors and their perceptions of their problems before and after consultation. They compared these with doctors' perceptions, and found that doctors perceived patients to be less ill than the patients themselves did, and that patients perceived themselves to be less ill after the consultation. Whereas doctors' perceptions of the consultation emphasised listening, supporting, and giving advice, patients' perceptions emphasised prescribing, reassuring, and referring to a consultant. Doctors tended to examine more and educate less their patients from social classes IV and V, and to give explanations more to men than to women. This may reflect difficulties of male doctors from social class I in relating to patients of a different sex and different social classes.

Outpatient care contracts: GPs' views on requirements

District health authorities are expected to consult local general practitioners over the development and content of contracts for health care. Bowling *et al* (p 292) have carried out an in depth interview survey and sent postal questionnaires to general practitioners aimed at ascertaining their views on criteria for inclusion within contracts for outpatient care. The most popular items which doctors thought should be included in contracts by April 1991 related to the availability of patients' notes in outpatient clinics, respect shown to general practitioners in telephone communications with hospital doctors, supply of medicines after discharge, patient management plans for general practitioners, the earlier arrival of discharge slips, type of hospital doctor to see new outpatients, and the unnecessary duplication of investigations.