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Effectiveness of phenylketonuria screening programme

Early detection of phenylketonuria is important as each week's delay in starting treatment may reduce IQ by 1 point, and the Department of Health has recommended that all infants are tested before they are aged 14 days. Smith *et al* have monitored the screening programme's performance during 1984-8 (p 333). In general the coverage by the programme was good, although one case was missed. They found, however, that over 15 years the bacterial assay used by many regions was more likely to give false negative results than the other methods available. Wide regional variation was evident in the numbers of infants tested after 14 days and starting treatment after 20 days. A working group may be needed to ensure that the best procedures are adopted nationally.

Condyloma and risk of cancer

Condyloma acuminata is associated with human papillomavirus types 6 and 11. Some types of the virus are thought to induce genital cancers, and there are several reports of patients with both condyloma and a genital malignancy. There is, however, no clear epidemiological evidence for a causal effect. On p 341 Sigurgeirsson *et al* report an epidemiological study of 3260 patients with condyloma. They compared the numbers of various cancers in this group with expected numbers derived from national incidences obtained from the Swedish Cancer Registry. In all, there were 27 malignancies in the study group. There was no significant increase in genital or cervical cancer in women with condyloma. In men the number of genitourinary cancers was almost three times higher than expected (9 *v* 3·4, relative risk 2·6). Further studies are required to investigate the implications of these results.

Multiple sclerosis in Suffolk

The prevalence of multiple sclerosis in southern Britain is thought to be lower than that in the north. Although studies have been conducted in northern England and Scotland, estimates in the south rely on hospital data. In 1987 a study in a London borough suggested that the prevalence was higher than had been thought. On p 347 Lockyer describes a study of multiple sclerosis in rural practices in Suffolk. He also found a higher prevalence than would be expected from hospital data. Perhaps differences between north and south are due to underestimation in hospital statistics.

Imported and autochthonous kala-azar in France

Kala-azar is generally considered a tropical disease, and although it is endemic in the Mediterranean area, its extent there is not widely appreciated. Several reports of imported cases have been published, but knowledge of the epidemiology of imported kala-azar and the prevalence of the classic clinical and biological features is scarce. On p 336 Jeannel *et al* report a study performed in France on a national scale during 1986-7. In a series of 89 incident cases half of them were in children under 8 years old. Seventy nine per cent were autochthonous, and a large proportion (50%) of the imported cases were acquired in other Mediterranean countries. Only half of the patients showed the classic association of fever, splenomegaly, and hepatomegaly, and one third of the children had the usual association of biological abnormalities. The authors conclude that doctors, especially paediatricians, should be aware of kala-azar in Mediterranean areas, and public health authorities should emphasise the risk of infection abroad.

How many prisoners should be in hospital?

Up to a third of inmates in Britain's prisons have psychiatric disorders, yet facilities for treating them are poor. On p 338 Gunn *et al* describe a survey of sentenced prisoners in which they assessed treatment needs. Three per cent of prisoners were thought to require hospital treatment, most for psychosis. More high and medium security hospitals need to be developed to accommodate these prisoners. Personality disorders, substance misuse, and sexual disorders accounted for 28% of the diagnoses; many of these inmates could be treated in prison if more therapeutic community programmes were established.

Should doctors edit medical records?

Now that many GPs are members of group practices and referral to colleagues or hospitals is common, the practical difficulties surrounding medical confidentiality are greater than ever before. Markus and Lockwood (p 349) suggest that many patients give information to enable a particular doctor to treat them at a particular time and may not wish the information to be passed on to other doctors. This is especially important when patients move on to new practices and want to start with a clean slate. The GMC forbids removal of information from patients' records unless it considers it justified, but there are moves to allow patients access to their own records. Giving patients more autonomy may encourage trust and openness in their relationship with their doctor, and the authors believe that it may be a step towards a certain amount of periodic editing of the records being allowed.

HIV transmission during surgery

The risk of transmission of HIV to patients during surgery has received less attention than the risk to health care workers after percutaneous injury. When surgeons have been found to be HIV positive their patients have been told that the risk is "infinitesimal," even though no data exist to show this. On p 351 Bird *et al* argue that epidemiological studies should be started to establish the risk. For such studies to be successful steps need to be taken to maximise compliance—for example, lifting life or medical insurance exclusions for participants. Without epidemiological data it will be difficult to reassure patients.