

# This week in BMJ

All communications to:  
The Editor, *BMJ*

**Editor**

Richard Smith

**Art department**

Derek Virtue

**Book reviews**

Ruth Holland

**Correspondence**

Fiona Godlee

**Editorials**

Tony Delamothé

**General office**

Leslie Moore

Andrew Woodward

**News and**

**Medicopolitical digest**

Linda Beecham

Trish Groves

Jane Smith

**Obituaries**

Liz Crossan

**Original articles**

Stella Lowry

**Papers secretary**

Susan Minns

**Associate editors**

Tessa Richards

Roger Robinson

Tony Smith

**Registrar**

Luisa Dillner

**Technical editors**

Jacqueline Annis

Diana Blair-Fish

Tony Camps-Monney

Margaret Cooter

Sharon Davies

Deborah Reece

**Executive director**

Geoffrey Burn

**Group advertisement director**

Bob Hayzen

**Production director**

Derek Parrott

**International sales manager**

Maurice Long

**Books marketing manager**

Neil Poppmacher

**Advertisement sales**

Andrew Allsop

Sue Bound

Euan Currer

Caroline Scott

© British Medical Journal 1991.  
All Rights Reserved. No part of this  
publication may be reproduced,  
stored in a retrieval system, or  
transmitted in any form or by any  
other means, electronic,  
mechanical, photocopying,  
recording, or otherwise, without  
prior permission, in writing, of the  
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 BPC Magazines

(Pulman) Ltd, Milton Keynes.

Typesetting by Bedford Typesetters  
Ltd, Bedford. Registered as a  
newspaper.

## Renal outcome of childhood haemolytic uraemic syndrome

Diarrhoea associated haemolytic uraemic syndrome is a major cause of acute renal failure in childhood in the United Kingdom. On p 489 Fitzpatrick *et al* review the long term outcome of renal function in children evaluated five to 21 years after an acute episode. They found that the syndrome was associated with a substantial morbidity, and 39% of patients had an increased urinary albumin excretion rate or a reduced glomerular filtration rate in association with a higher blood pressure, indicating considerable residual nephropathy in this group.

## Breast feeding and childhood xerophthalmia

Every year worldwide an estimated 10 million children of preschool age develop xerophthalmia and about a million of them go blind. Most studies showing an association between lack of breast feeding and xerophthalmia have not estimated the magnitude of the protection provided by breast feeding nor controlled for enough confounding variables when assessing results. On p 493 Mahalanabis reports a case-control study from Bangladesh in which a systematic sample of all children aged 6 months to 3 years attending a large treatment centre for diarrhoea over three consecutive years was evaluated to estimate the degree of protection that breast feeding might provide against xerophthalmia. Using multivariate analysis to adjust for a large number of confounding variables, he found not only that the risk of xerophthalmia was reduced by 74% among breast fed children but that a high degree of protection persisted even in the third year of life (65% reduced risk).

## Extracontractual referrals: Merton and Sutton

The new emphasis in the NHS reforms on identifying the health needs of the population and placing contracts to meet those needs has caused concern that general practitioners' freedom of referral would be limited and patient choice reduced. The system for extracontractual referral safeguards these freedoms but its unpredictability has caused health authorities great anxiety. On p 497 Ghodse and Rawaf record that 109 elective and 83 emergency extracontractual referrals were authorised in Merton and Sutton Health Authority at a total cost of £190 000 during the first three months of the new system. Four admissions accounted for a quarter of the total cost of the emergency referrals. Local general practitioners made only two thirds of the elective referrals and many of these were at the patient's request. The findings confirm that extracontractual referrals are unpredictable, in terms of both their number and their cost, and also highlight the income generating potential of extracontractual referrals for provider units.

## Extracontractual referrals: Richmond, Twickenham, and Roehampton

The NHS reforms were intended to enhance patient choice, but the need to control purchaser spending could result in a severe restriction of choice. On p 499 Williamson describes the system devised by one district health authority to cope with an anticipated high demand for referrals outside its contracts portfolio. The procedures are necessarily complex and time consuming. Experience of three months' operation shows that 61 out of 235 referral requests were rejected; only half were appealed, suggesting that doctors were reasonably content with the new arrangement.

## Screening for carriers of cystic fibrosis

If couples at risk of having a child affected with cystic fibrosis are identified before pregnancy they can make fully informed reproductive choices. From some two million carriers in the British population, 82% can now be identified by using polymerase chain reaction to amplify the cystic fibrosis gene from DNA prepared from a mouthwash sample. Watson *et al* show on p 504 that the uptake for this test was high when it was offered to over 1000 people of reproductive age attending primary health care services in south west Hertfordshire (outer London). This pilot study showed an uptake of 66% in a general practice setting and 87% in family planning clinics. There were no technical problems in offering the test routinely using a mouthwash sample. Responses of those tested indicate that knowledge of carrier state would be considered in future reproductive decisions. Of those identified as carriers, for most the initial reaction was one of surprise, with a smaller proportion who were anxious or worried. In most cases those counselled reported being either less worried or not worried after counselling and were pleased to know their carrier state.

## Future of general practice education

The changes in teaching practices in British schools and calls for the emphasis on learning facts to be reduced in medical undergraduate courses will inevitably alter medical education. On p 510 Jewell describes his view of general practice education in 2011. He predicts a shorter undergraduate course that concentrates on critical evaluation of facts, with detailed clinical information being learned during vocational training. In addition, shorter hospital stays will mean that undergraduate students spend more time in general practice than in hospitals. The postgraduate education allowance will allow more structured continuing education and greater specialisation by GPs.