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Who should do p.·eschool vision screening?

Although nearly all district health authorities in England and Wales routinely undertake preschool vision screening, there is widespread concern about its effectiveness. Programmes vary considerably and are regarded as producing too many false negative and false positive results. Few districts, however, use orthoptists as primary screeners. On p 1291 Bolger *et al* report a community based study comparing referrals from one area using orthoptists with those from another using clinical medical officers. The findings show that the orthoptist based programme was considerably better at detecting abnormalities and also resulted in fewer children being referred inappropriately.

Dynamics of spread of HIV-I infection in rural Uganda

HIV infection is common in urban and clinical settings in Africa, but less is known about the spread of infection in rural communities. Such information is important if HIV infection is to be limited. On p 1303 Wawer *et al* report seroprevalence of HIV and sociodemographic and behavioural data on the population of 21 randomly selected clusters of households in rural Rakai district, south western Uganda. The seroprevalence varied according to the type of cluster, being highest in main road trading centres, intermediate in rural trading villages on secondary roads, and lowest in rural agricultural villages. As with other sexually transmitted diseases HIV infection seems to follow lines of communication from the main roads to rural areas. Travel and multiple sex partners, reported primarily by men, were predictive of high community prevalences of HIV infection in women, suggesting that men's behaviours serve as a conduit for HIV infection into rural areas. Community characteristics, particularly the proportion of the population employed in agriculture, were predictive of community HIV seroprevalences for both sexes. Such characteristics may be used to develop targeted preventive interventions for communities.

Spinal manipulation for back and neck pain

Spinal manipulation and mobilisation are widely used for treating back and neck pain, but the evidence showing the efficacy of such treatment or its benefit over other treatments remains questionable. On p 1298 Koes *et al* examine all 35 published randomised controlled trials of spinal manipulation and mobilisation for back and neck pain. They report that the methods used and the analysis in these studies were generally poor. About half the studies showed favourable results for manipulation, and a further five reported positive results in one or more subgroups only. However, the methodological quality tended to be poorer in these studies than in those reporting negative results. Eight trials attempted to compare manipulation with some placebo therapy, with inconsistent results. The authors conclude that although some results are promising, the efficacy of manipulation has not been convincingly shown. Further trials are required, but more attention should be paid to the methods of study.

A national register for Down's syndrome in England and Wales

Down's syndrome remains one of the most common severely disabling congenital conditions, but it is not notifiable and there are no firm national data on its prevalence nor on the effectiveness of prenatal diagnosis. The National Down Syndrome Cytogenetic Register was set up in 1989, and on p 1295 Mutton *et al* report the results for 1989. There were 1060 registrations (an estimated rate of 1·4/1000 live births) and a corrected rate of prenatal diagnoses of 24·3%; 13% of these were initiated by abnormal fetal ultrasound findings. This anonymous information is valuable for evaluating prenatal screening, planning care, and forming a basis for large scale aetiological studies.

Treatment for urinary incontinence

Regular urinary incontinence is a miserable condition with few patients coming forward for treatment and fewer still being effectively managed. On p 1308 O'Brien *et al* report a community based prevalence survey in adults over 35 years with a follow up randomised trial of intervention by a nurse. Treatment consisted of four sessions of pelvic floor exercises and bladder retraining if required. About 16% of women and 7% of men reported regular incontinence, but roughly half refused the offer of assessment. Over two thirds of women were cured or improved by the treatment compared with 5% of controls. Most of the men were referred to general practitioners because of possible prostatic problems but in those eligible for treatment the success rate was high. Extrapolation of the figures suggests that over one million women and 100 000 men in Britain could have their urinary incontinence accurately diagnosed and effectively managed by a nurse with limited extra training.

The case for larger lists in general practice

The new general practice contract contains incentives for practitioners to increase their list sizes. The government's aim is to contain costs, but on p 1312 Marsh argues that larger lists also make good professional sense. He advocates sharing care with the primary health care team as the main way of reducing doctors' workloads and believes that patients will benefit from more overall contact with health professionals. Efficient management should result in well informed patients, fewer home visits, frequent short surgeries, more repeat prescriptions, and more telephone consultations. Marsh believes that the benefits for patients and doctors of larger lists outweigh the financial considerations.