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Deprivation and general practitioner workload

The number of consultations with general practitioners varies with the demographic and socioeconomic distribution of the practice population. Balarajan *et al* (p 529) have estimated this variation from an analysis of data from the general household survey. From their analysis they derived a deprivation index for more than 8000 electoral wards in England and mapped these calculations for four urban conurbations. Such an index has important advantages in resource allocation, especially for investment and innovation in deprived areas.

Visual examination of the cervix as a screening method

Developing countries with a high prevalence of cervical cancer may not be able to carry out cytological screening because of a scarcity of trained staff. Singh *et al* (p 534) have evaluated the efficacy of visual examination of the cervix in detecting cancer at an early stage. In nearly 45 000 women attending maternal and child health services in Delhi, most of whom had minor symptoms such as backache and vaginal discharge, they found 238 cancers. The prevalence was 28.5/1000 among women with symptoms of bleeding and "high risk" signs such as cervical erosions that bled on touch, small growths, or a suspicious looking cervix. Visual screening detected over 70% of cancers found in the group and seems a feasible alternative to cytology for detecting cancer at an early stage.

Bronchioloalveolar cancer and smoking

To determine whether bronchioloalveolar carcinoma is a tobacco related disease Morabia and Wynder compared 87 patients with histologically diagnosed bronchioloalveolar carcinoma with matched controls, 286 with non-cancer diagnoses and 297 with diagnoses of cancer (p 541). They found that 10% of male cases and 25% of female cases had never smoked. Relative risks were inversely proportional to the age at start of smoking and increased in proportion to the number of years of smoking and to the average number of cigarettes smoked. They conclude that smoking has an important role in the aetiology of bronchioloalveolar carcinoma, but it is not the only potential cause since the proportion of never smokers is larger in bronchioloalveolar carcinoma than in lung cancers of other cell types.

Smoking, drinking, and body weight in non-employed men

On p 536 Morris *et al* report on the effect of unemployment and early retirement on cigarette smoking, alcohol consumption, and body weight in middle aged British men during the early 1980s. In these men, who had all been continuously employed for the five years before initial screening, becoming non-employed was not associated with increased smoking or drinking but was associated with an increased likelihood of gaining

more than 10% in weight. Levels of smoking and drinking, however, were higher in the men who became non-employed before the loss of employment occurred. Differences in drinking and smoking habits during employment must be accounted for in studies of mortality and morbidity in employed and unemployed people.

Open access non-screening mammography

Despite the attention given to screening mammography no data are available on the effectiveness of open access non-screening mammography in a hospital with a specialised breast clinic. Curtin and Sampson surveyed the results of non-screening mammography over one year (p 549). Most of the cancers detected were in women outside the screening age, underlining the need for good diagnostic services for these women. Only one cancer was detected in the women referred by their general practitioners, the remainder being in those referred by the breast clinic. GPs successfully identified the women at high risk and referred them to the clinic. The authors believe that the resultant low yield of mammographically detected carcinomas in directly referred women makes an open access service for GPs unnecessary when a breast clinic is available.

Monitoring of lithium treatment

Lithium has been used in the prophylaxis of affective disorders over the past 20 years. Because of its toxicity regular monitoring of serum lithium concentrations is recommended. Most research has been in patients attending hospital clinics, but Kehoe and Mander have examined lithium surveillance in general practice and compared this with hospital based monitoring (p 552). They found that practice varied widely, mainly because of variations in recommended rates of monitoring. Particular differences between hospital and general practice were found, general practitioners being more likely to prescribe lithium three or more times daily and to measure lithium concentrations less often. The authors suggest that uniform guidelines on dosage and monitoring need to be widely available.

Laparoscopic or minilaparotomy cholecystectomy?

There is currently a tidal wave of enthusiasm for removing the gall bladder with a laparoscope. Indeed, early reports for this technique are encouraging, but criteria for selecting patients are still emerging. The technique is not ideal as it is not suitable for all patients with gall stones and there are problems in dealing with stones in the common bile duct. On p 559 Baxter and O'Dwyer compare laparoscopic cholecystectomy with another technique, minilaparotomy cholecystectomy. In the clamour to learn the laparoscopic technique, minilaparotomy cholecystectomy is being overlooked, although the authors argue that minilaparotomy may have advantages over the laparoscopic technique. Published data suggest that there are only marginal differences in the outcome from the two techniques. The authors recommend a comparison of techniques in a randomised controlled trial.