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## Imaging children with urinary infection

Modern methods of diagnostic imaging are tending to replace traditional contrast radiology for children with urinary infection. In a prospective survey of 200 children Rickwood *et al* (p 663) found that the specificity of ultrasonography was excellent but its sensitivity modest, with many examples of vesicoureteric reflux and renal scarring remaining undetected. When symptoms were taken into account in children aged 2 years and over, however, further investigations of only those with positive ultrasonic results or with fever or vomiting detected most with vesicoureteric reflux and almost all with renal scarring. Renal scarring and obstructive uropathies were better assessed by radioisotope examinations than by intravenous urography. The authors conclude that older children with normal results on ultrasonography need further investigations only when infection has been accompanied by fever or vomiting and that appropriate radioisotope examinations largely eliminate the need for intravenous urography.

## Transurethral prostatectomy—a cardiac risk factor?

Transurethral prostatectomy is the usual treatment for obstruction of bladder outflow due to prostatic hyperplasia, but there is concern regarding the incidence of cardiovascular complications both in the short and long term. These complications could be the result of perioperative cardiovascular disturbances. Evans *et al* (p 666) used oesophageal Doppler ultrasonography to monitor changes in haemodynamic performance during routine transurethral prostatectomy and non-endoscopic control procedures of similar duration in men aged 50-85. Adverse haemodynamic responses occurred during uneventful, routine transurethral prostatectomy which were not seen in control operations. Doppler indices of cardiac output were reduced by up to 52% and left ventricular afterload was increased. Rapid central cooling was also noted during transurethral prostatectomy. Such thermal stresses, which may be related to the irrigation fluid, are a cardiovascular risk factor and should be avoided in elderly men.

## Adjuvant psychological therapy for cancer patients

Increasing attention is being paid to the quality of life of cancer patients. A substantial minority of these patients suffer from persisting psychological distress which requires treatment, but rigorous evaluation of possible treatments is rare. A brief, problem focused cognitive-behavioural treatment programme—*adjuvant psychological therapy*—has been developed at the Royal Marsden Hospital specifically for cancer patients and, where appropriate, their spouses or partners. In a randomised controlled trial Greer *et al* show that this therapy produces significant improvement in various measures of psychological distress

(p 675). The effect of therapy shown at eight weeks persisted in some but not all of the measures at four months of follow up—notably on measures of anxiety, psychological symptoms, and psychological distress. Long term effects are still under investigation.

## Screening for congenital heart disease

Congenital heart diseases are among the most common congenital malformations, occurring in about 8 per 1000 live births, and significantly contribute to neonatal morbidity and mortality. Although some maternal and neonatal risk factors for congenital heart disease are known, most affected infants are born to pregnant women without any known risk factor. On p 671 Achiron *et al* evaluate a simple fetal echocardiographic screening procedure in a low risk population. By visualising the four chamber view and the left and right outflow tracts of the fetal heart most of the serious congenital heart diseases could be detected in utero at 18-24 weeks' gestation. Early detection of these abnormalities would enable appropriate prenatal and neonatal management.

## Public opinion of health services

District health authorities now issue contracts for specific quantities and quality of care. In deciding how to allocate their money they may wish to consider the consumer's views. Richardson *et al* (p 680) describe the response to a questionnaire sent out to 1500 residents in Bath District Health Authority to discover their views on health service needs and priorities. Over two thirds of respondents thought that haemodialysis and vaccinations were very important, but only 4% rated varicose vein surgery as very important. About half the respondents said that they would be prepared to travel outside the district to reduce waiting times. Knowledge of services provided by the authority and the money available to it was poor. More information on the cost-benefits of health care should be given to the public to enable greater participation in health care.

## Vaccine coverage: recent trends and future prospects

The government's recent proposals for a national health strategy include a target of 95% coverage for the childhood immunisation schedule by 1995. On p 682 White *et al* assess the feasibility of achieving this and examine the influence of sociodemographic factors and information systems on recent trends. They predict coverage levels for mid-1995 of 99% for diphtheria and pertussis and 97% for measles. Although projections should be viewed with caution, the target seems to be realistic. Child population size, deprivation score, and change in computer system were not found to have a substantial bearing on coverage in 1991. Updating and validation exercises are likely to improve recorded coverage.