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## Infant feeding and lipid concentrations in adults

There has been speculation that infant feeding may programme lipid metabolism throughout life, and this is supported by evidence from experiments in animals. On p 801 Fall *et al* report a study of men born during 1911-30 in Hertfordshire, where health visitors recorded details of infant feeding for all babies born in the county including whether infants were weaned at 1 year. Men who had been breast fed beyond 1 year and men who were exclusively bottle fed had higher mean serum concentrations of low density lipoprotein cholesterol and apolipoprotein B than the other men. Death rates from ischaemic heart disease were also higher in these two groups. Bottle feeds for babies and weaning practices have changed considerably since the 1930s, so it is difficult to assess what these findings mean for babies born today. However, they provide evidence that the type of milk used and the age at weaning may permanently influence lipid metabolism and partly determine mortality from ischaemic heart disease.

## Hearing screening in high risk neonates

Severe prelingual hearing impairment disrupts communication and usually results in impaired language, cognitive, and emotional development. The success of rehabilitation programmes hinges on early diagnosis, and the effectiveness of screening at age 9 months by health visitors has therefore been questioned. On p 806 McClelland *et al* assess the value of auditing brainstem evoked potential testing in neonates admitted to a special care baby unit. Screening identified all children with conductive and sensorineural impairment. If introduced into routine clinical practice the median age at diagnosis of severe congenital sensorineural impairment would be 1 month compared with 19 months with the existing screening service. The average cost per infant identified was less than £500. However, the full potential of such procedures can be realised only within the context of a comprehensive service embracing diagnostic assessment, habilitation and family counselling.

## Factors affecting risk of HIV among heterosexuals

Studies on sexual transmission of HIV have focused mainly on homosexual men or on heterosexual couples in which the man was the first infected. On p 809 the European Study Group on Heterosexual Transmission of HIV reports a study of 563 couples that allows comparison of female to male and male to female risk of transmission. None of the partners who had systematically used a condom had become infected. In addition to unprotected vaginal intercourse stage of HIV infection and sexual contacts during menses increased the risk of female to male transmission, and stage of infection, anal sex, and the age of the women increased the risk of male to female transmission. The efficiency of transmission was greater when the index case was the

male partner, although the difference disappeared when the index case had clinical or biological signs of immunodeficiency. These results should help doctors counselling patients infected with HIV and their sexual partners.

## Is *Bordetella pertussis* clonal?

Concern over the safety of the vaccine against whooping cough has led to the development of new subunit vaccines. *Bordetella pertussis* was thought to be clonal, showing limited genetic diversity, but a study by Khattak *et al* (p 813) of DNA fingerprinting by pulse field gel electrophoresis shows that multiple strains circulate in a given population at one time. This was true for strains from the United Kingdom and Germany, with a different predominant DNA type occurring in each country. These results raise the possibility that the efficacy of a new subunit vaccine might differ between countries because of clonal variation in the circulating *B pertussis* strains. DNA fingerprinting will be important for investigating vaccine failures to determine whether they are due to pre-existing strains or the introduction of a new more virulent clone.

## Immunisation in Grampian since the 1990 contract

Immunisation rates for preschool children in Grampian region have shown a steady increase over some years, in keeping with national trends. This improvement has probably been encouraged by many factors, including more accurate centralised computer records of immunisation with regular quarterly feedback to general practitioners, improved professional education, and increased parental understanding. Ritchie *et al* report (p 816) that after the introduction of the 1990 general practitioner contract the upward trend in levels of primary and preschool immunisation continued, and they found a significant and sustained increase in the numbers of practices achieving target levels. By September 1991 more than three out of four practices had reached levels of at least 95% for primary immunisation.

## What should referral letters contain?

Clinicians are often dissatisfied with referral letters as a means of communication of information and expectations about patient management, and a standardised referral letter has not fared well. Newton *et al* canvassed the views of general practitioners and consultants in Newcastle upon Tyne (p 821) and found general agreement on the clinical and administrative items that should form a minimum requirement for referral letters and replies. Over four fifths of doctors preferred to use their own words rather than standard categories. More general practitioners than consultants wished to use referral communications to provide feedback, and two thirds of doctors were in favour of using written communications as a topic for professionally led audit.