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## Angio-oedema induced by ACE inhibitors

Angio-oedema is associated with several drugs. Hedner and coworkers (p 941) report on the increasing incidence of angio-oedema after angiotensin converting enzyme inhibitor treatment. Cases were commonly appearing within the first two weeks after the start of treatment. Information from the Swedish Adverse Drug Reactions Advisory Committee and the WHO's international drug information system registers indicates that the incidence may be 1/2200 newly started treatments. Based on these data and previous reports, some 10-20% of cases may be life threatening. In such cases, admission and prompt subcutaneous adrenaline administration are vital.

## Effects on fetal circulation of different $\beta$ blockers

Treatment of hypertension in pregnancy with  $\beta$  blockers is widespread but controversial. On p 946 Montan *et al* describe a randomised controlled study of the effects on fetal circulation of atenolol (cardio-selective) and pindolol (non-selective with intrinsic sympathomimetic activity). The antihypertensive effect and fetal outcome were similar with the drugs, but during atenolol treatment maternal and fetal heart rate fell, fetal peripheral vascular resistance rose, and volumetric blood flow in the umbilical vein fell. No such changes were seen with pindolol. Although the implications of these findings are uncertain, adverse effects on the fetus from  $\beta_1$  blockers cannot be excluded.

## Staff exposure to patients' blood

Exposure to patients' blood and the concomitant risks of infection with HIV or hepatitis B virus is a worrying problem for hospital staff. It is important that staff should be immunised against hepatitis B virus and that hospital procedures minimise the risk of blood contact. On p 949 Oakley *et al* report on the management of incidents resulting in exposure to blood recorded over 2½ years. Most of the staff affected had been immunised. Nevertheless, tracing and testing of source patients enabled prophylactic treatment where appropriate and reassurance of staff about the risks of infection. The authors emphasise that good reporting of incidents is vital if the number of incidents of exposure to blood is to be reduced.

## Secondary leukaemia after childhood cancer

Various adult and childhood cancers seem to be followed by an excess of leukaemia, and specific groups of cytotoxic agents have been incriminated. On p 951 Hawkins *et al* report on secondary leukaemia after childhood cancer in Britain. Incidence was estimated from a cohort of 16 422 one year survivors treated between 1962 and 1983, among whom 22 secondary leukaemias were observed. Aetiology was investigated

in a case-control study of 26 cases and 96 matched controls. The cumulative risk of secondary leukaemia was under 1% within five years; however, after non-Hodgkin's lymphomas treated around 1980, 4% of patients developed secondary leukaemia within five years. The relative risk of secondary leukaemia increased with exposure to epipodophyllotoxins and dose of radiation, which may explain the raised incidence of leukaemia after non-Hodgkin's lymphomas treated around 1980. The authors recommend cautious use of epipodophyllotoxins in childhood cancer and think that similar studies should be done in adults.

## Thermometers and GPs

Most doctors would agree that the presence of a fever can give valuable clues as to the nature of a patient's illness. Clarke (p 961) used a postal questionnaire survey to ask 145 general practitioners how they used their thermometers; 80% replied. The results showed that 6% of general practitioners did not have any method of taking a patient's temperature. Over half used thermometers less than once a fortnight, and although mercury glass thermometers were most commonly used, only 8% of doctors used them correctly. Concern was raised regarding the use of 'fever detector strips, and 5% of doctors failed to clean their thermometers after use.

## Audit of general practice cervical screening programme

Cervical cancer kills over 2000 women in Britain every year, and reports of the disease seem to be increasing. An effective screening programme is therefore essential to reduce mortality and morbidity. Creighton and Evans (p 963) report an audit of their practice's procedures. Although the coverage was good, after analysis of five years' data they were able to improve it by including women aged 20-25, who had previously been tested opportunistically, among those invited for screening. Many of the women who had significant abnormalities detected had had normal results at screening within the past five years. This suggests that the screening interval should be reduced and has implications for remuneration policy for GPs.

## Urgent transfer of remanded prisoners to hospital

Section 48 of the Mental Health Act 1983 allows the home secretary to transfer remanded mentally ill or severely mentally impaired defendants in urgent need of treatment to hospital. The plight of these people is well recognised and is currently being addressed by the Reed committee on behalf of the Department of Health and the Home Office. On p 967 Smith *et al* report that section 48 seems to be used more often in the South Western region than elsewhere in England and Wales. The process of community care is well advanced in the south west, and the authors think that the inconsistent use of section 48 nationally may partly be explained by lack of resources, both of secure places and in the community.