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Estimating trends in child growth

Trends in child growth are of primary importance in determining the impact of general social and economic changes and of public health interventions, but reliable information is rarely available. On p 797 Monteiro and Torres describe a method of determining such trends by comparing height deficits observed in children and young adults. With this method, only one cross sectional survey is needed, making it suitable especially for use in developing countries.

Numbers of melanocytic naevi on children after chemotherapy

With the increasing success of cytotoxic regimens in inducing long term remission in children with haematological malignancies the sequelae of these regimens are slowly being elucidated. On p 799 Baird *et al* report carrying out total body counts of melanocytic naevi on children at the start of maintenance chemotherapy and repeating them three years later. They found a significant increase in numbers of naevi, and total counts were much higher than expected for normal age matched children. Having large numbers of banal melanocytic naevi is one of the strongest risk factors for melanoma. The relevance of such high naevus counts after chemotherapy in these children is not yet established, but regular skin examinations with advice to parents and children on sensible sun exposure and the features of early melanoma is recommended.

Computer aid for interpreting tumour markers

Tumour markers allow assessment of the effectiveness of treatment of some types of cancer, but the information may be difficult for clinicians to interpret fully. On p 804 Leaning *et al* describe a computer system designed to help clinicians evaluate changes in human chorionic gonadotrophin concentrations in gestational trophoblastic tumours. Using a database of past cases, the system predicts the adequacy of treatment based on the last six measurements of chorionic gonadotrophin. The system recommended changes in treatment unnecessarily in only 5-8% of patients. For patients whose treatment required change, the system detected the need earlier than clinicians in about three quarters of cases, with a time benefit of at least 10 days. The authors expect that the system could be adapted for use in other cancers.

Prostitutes and HIV

McKeganey *et al* (p 801) used an anthropological technique to estimate the numbers of streetwalking prostitutes in Glasgow and the proportion with HIV infection. Two researchers spent 53 nights between January and September 1991 walking round Glasgow's

red light district and approaching as many women as possible (about 90% of all women seen during each period). The women were asked about aspects of their lives that might be associated with HIV transmission; offered condoms, sterile needles, and advice on HIV; and asked to provide a saliva sample for anonymous testing for HIV. Samples were obtained from 159 of the 206 women contacted: only four (all of them injecting drug users) proved positive for HIV, though 147 injected drugs. From their estimate that about 1150 women work the streets of Glasgow over 12 months, the researchers estimated that at any one time there are five HIV positive women on the streets and over the course of a year 29.

Oestrogen replacement therapy after hysterectomy

Women under 45 who have had a hysterectomy with conservation of the ovaries often have early onset of the menopause. As the consequences of oestrogen deficiency are most severe in younger women and these women will not menstruate or suffer premenstrual symptoms, they are ideal candidates for oestrogen replacement therapy. However, many such women may not receive this treatment, particularly as general practitioners' efforts in health promotion are often based on cervical screening targets that exclude women who have had a hysterectomy. Seeley studied all the women who had had a hysterectomy in his large group practice (p 811) and found that about a fifth of the women who could have benefited from oestrogen replacement therapy were not receiving it. Regular monitoring of follicle stimulating hormone concentrations after hysterectomy would help ensure that these women do not miss out on valuable treatment.

Surgical correction of nearsightedness

A quarter of people in the West and up to 50% in Asia are short sighted. Until recently the only real corrective option was spectacles, but the desire for normal vision without spectacles has led to the search for a safe, effective, predictable, and adjustable surgical procedure to correct myopia. On p 813 Bechara *et al* review some basic aspects of nearsightedness and the main surgical procedures currently performed in clinical practice to treat moderate and high levels of this refractive disorder. There are three main approaches: to change the cornea's refractive power, the power of the lens, or the axial length of the eye, but in all three categories many procedures remain experimental and unpredictable in their outcome. The oldest and most commonly performed refractive surgical procedure is radial keratotomy. After three months 80% of eyes become stable, but progressive hyperopia becomes a problem in the rest. The very long term effects of the procedure are still uncertain.