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Predicting time to healing of venous leg ulcers

It is estimated that nearly 1% of the adult population is subject to leg ulceration. Attempts to identify prognostic factors for their healing have suffered from poor study design and lack of statistical power. Skene *et al* (p 1119) studied 200 patients entered into a randomised clinical trial over 21 months. They report that in the presence of graduated leg compression four main prognostic factors were associated with the time to complete ulcer healing. Healing occurred more rapidly in patients with a smaller initial ulcer area, shorter duration of ulceration, younger age, and those without deep vein involvement. These prognostic factors can be used in a simple scoring system to calculate a prognostic index for ulcer healing in any patient. The authors recommend that the index should be used prospectively at presentation to assign patients into high, medium, and low risk groups.

Oral cancer in Scotland

Oral cancer has been becoming less common throughout this century in Scotland, both incidence and mortality decreasing steadily. Macfarlane *et al*, however, examining the most recent data (p 1121), have found that there has been an increase in the frequency of this disease, especially in younger men. Current death rates in Scotland in young men are similar to those recorded in the 1940s. Alcohol and tobacco are important in the aetiology of oral cancer and therefore further increases may be preventable. However, there is a lack of information specifically about risk factors in young people by virtue of the fact that the disease has been less common in this age group. It has been suggested that similar increases in the United States are due to the use of smokeless tobacco among young people, but this cannot account for the increase in Scotland.

Primary health care in London since the Acheson report

The Tomlinson report covers the provision of primary and secondary health care services in London and recommends strengthening primary health care. The King's Fund has recently recommended an investment of £250m into primary care premises in London and the closure of several inner London acute hospitals. On p 1130 Jarman and Bosanquet look at what has happened to similar recommendations made by the Acheson committee, examining primary care in inner London 11 years ago. They conclude that about a third of the Acheson committee's recommendations have been implemented, but this has happened only as a result of overall improvements in primary care nationally. Jarman and Bosanquet's paper highlights the problems now faced by primary care workers in London and compares London with England as a whole and some other inner city areas outside London. If the bed closures that have been recommended in inner London take place before the situation in

primary care has been improved, the outlook for the health care of Londoners is likely to be poor.

This conclusion is supported by Professor David Metcalfe's analysis of primary care in the "London after Tomlinson" series (p 1141). He argues that the heterogeneous population of London places special demands on GPs, and that above all high quality consultations must be safeguarded. He suggests a range of structural support—premises, staff, information, transport—and recommends trying different models of primary care centres.

Effect of osteoporosis treatment on hip fracture

Fractures of the hip are the most serious consequence of osteoporosis and account for most of the mortality, morbidity, and costs. However, nearly all studies of drugs for osteoporosis have examined risk of vertebral fractures. Kanis *et al* (p 1124) report a large case-control study of hip fracture in women taking drugs affecting bone metabolism. They found that oestrogen, calcium, and calcitonin were the most effective at reducing the risk of hip fracture. The average age at starting treatment was over 70 years, which suggests that the drugs are effective even late on in the course of bone loss.

Managing feverish children at home

Varying advice is given to the parents of small children with fever caused by self limiting viral illnesses. Kinmonth and colleagues assessed how effective and acceptable the advised measures were in their comparison of unwrapping, warm sponging, giving paracetamol, and a combination of warm sponging and giving paracetamol (p 1134). In 52 young children recruited to the study by general practitioners the child's temperature was measured continuously by an axillary thermistor, compliance with the advice was assessed over four hours, and the acceptability of treatment was assessed. Warm sponging and paracetamol together produced the greatest fall in temperature, but paracetamol alone was more effective than the physical methods and more acceptable and better complied with.

Adult urinary tract infection

Most urinary tract infections in adults are uncomplicated, but their incidence is high, particularly among women, and occasionally they may cause permanent renal damage. On p 1137 Wilkie and colleagues review the diagnosis and management of these infections in adults. Ninety per cent of community acquired infections in women are caused by *Escherichia coli* and these may be treated by short course antimicrobial therapy. For other groups of patients, however, the cause and the management are not so simple, and the authors outline the indications for radiology and management of groups such as pregnant women, the elderly, and people with indwelling catheters.