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British Medical Journal.

US second class postage paid at  
Rahway, NJ. Postmaster: send  
address changes to: BMJ, c/o  
Mercury Airfreight International  
Ltd Inc, 2323 Randolph Avenue,  
Avenel, NJ 07001, USA.  
US (direct) subscription \$250.00.

Published by the proprietors,  
the British Medical Association,  
Tavistock Square, London WC1H  
9JR, telephone 071 387 4499  
(editorial fax 071 383 6418).  
Printed by BPCC Magazines (Milton  
Keynes) Ltd, Milton Keynes.  
Typesetting by Bedford Typesetters  
Ltd, Bedford. Registered as a  
newspaper.

## Predictive factors in arthritis

Acute arthritis or synovitis affects a large proportion of the population at some time in their lives. The paper by Emery *et al* (p 1387) covers the important question of outcome. They studied three factors: two were genetically determined and the third was rheumatoid factor. Their data show that clinically useful predictions of radiological erosions, and hence outcome, may be made in patients who present with symmetrical rheumatoid-like arthritis.

## Community clinics for leg ulcers

Leg ulcers have traditionally shown poor healing despite the hard—and time consuming—work of district nurses. A research clinic devised an effective means of treatment with four layer compression bandaging, and on p 1389 Moffat *et al* describe the results of setting up community clinics, run by nurses, to assess and treat leg ulcers. Over two years 550 ulcers were treated, with an overall healing rate of 67% at 12 weeks and 81% at 24 weeks. The healing rate in the 12 weeks before the clinics were established was 22%. The authors conclude that leg ulcers can be effectively managed in community clinics.

## Antioxidant vitamins and prevention of cataract

Oxidative damage of lens proteins is implicated in the development of cataracts among older people. To study whether this process is modified by antioxidant state, Knekt *et al* (p 1392) examined the association between serum concentrations of  $\alpha$  tocopherol,  $\beta$  carotene, retinol, and selenium and the incidence of cataract extraction in a nested case-control study of 1419 Finns followed up for 15 years. Low concentrations of antioxidant vitamins predicted cataract extraction, with subjects in the lowest third of the distribution of serum concentrations of  $\alpha$  tocopherol and  $\beta$  carotene having 90% and 70% higher risk, respectively. When both vitamin concentrations were in the lowest third the risk was threefold. Adding the findings of this prospective study to the evidence from cross sectional and experimental studies, the authors suggest that controlled trials of the role of antioxidant vitamins in cataract prevention should be undertaken.

## Asthma and allergic disorders in German schoolchildren

The prevalence of asthma and allergy is thought to be increasing in Western countries, and this has been attributed to environmental pollution. The reunification of Germany allowed von Mutius *et al* to study respiratory disorders in children eastern and western Germany, who have been exposed to different environmental and social influences during the past 45 years (p 1395). They found no significant differences in the prevalences of asthma and wheezing, although bronchitis was more common in Leipzig (eastern Germany) than in Munich and allergies were less common. The findings suggest that there may be a link between Western living conditions and allergy.

## Why measure height on school entry?

Poor growth may indicate organic disease. Height is usually measured at school entry, but height velocity has recently been suggested as a better means of measuring growth. The Wessex growth study, however, has recently shown that short term velocity is of little value in identifying poor growers and set out to compare the utility of height and 12 month height velocity in identifying previously undiagnosed disease in a cohort of short new school entrants (p 1400). Out of 14 346 school entrants, 180 had heights below the 3rd centile; 25 had known organic disease, and further investigations identified a further seven with disease. The smaller the child the greater the prevalence of organic disease. Height velocity correlated poorly with height and was unable to distinguish short children with disease from short normal children. Unlike those short children with known disease, nearly half of those with newly identified diseases had had remediable conditions. The authors recommend that all children below the 3rd centile for height on school entry should be checked with simple blood tests and specialist clinical examination for previously undiagnosed disease. This is important, because none of the new cases in this study were identified at the routine school medical examination.

## Hormone replacement treatment after the menopause

In their regular review of hormone replacement therapy for postmenopausal women Jacobs and Loeffler draw conservative conclusions from existing studies, pointing out that most of these have been observational rather than experimental and have relied on surrogate markers of risk such as bone density and serum cholesterol values (p 1403). The data do, however, suggest a reduction in the incidence of coronary disease of 20-45% in women taking oral oestrogen alone; the effect of opposed oestrogen is not known. Likewise, hormone replacement therapy reduces the risk of fracture due to osteoporosis, but the effect is lost when treatment is discontinued. The authors recommend oestrogens for most women with symptoms of oestrogen deficiency and suggest that those with a clinical risk of osteoporosis should consider them.

## Part time training step by step

Part time training is a valuable training option but widely perceived as being difficult to organise and undertake. The Department of Health administers a scheme that organises part time training places, and an opportunity arises to apply once a year. The application procedure involves three steps—manpower approval, educational approval, and funding and in their How To Do It article on p 1411 Morrell and Roberts explain how candidates should go about obtaining each of these. Coordination of the application is the responsibility of the candidates alone, and it can prove a frustrating task.