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Identification of primary tumour in metastatic disease

Finding the primary tumour is often difficult in patients presenting with metastatic adenocarcinoma. Consequently many patients undergo extensive investigation with little prospect of clinical benefit. On p 295 Gamble *et al* tested the ability of a panel of antibodies to identify the primary site from the metastatic tumour. They correctly predicted the primary site in 70% of tumours from men and 54% of tumours from women with specificities of over 65%. The antibodies could be used to determine which patients are likely to have tumours amenable to treatment in advanced stages and thus limit unnecessary and expensive further investigation.

Inherited prion disease

Some cases of Creutzfeldt-Jakob disease are known to be genetic in origin and associated with a mutation on the prion protein gene on chromosome p20. Clusters of these cases have been identified among Libyan Jews (who have a 100-fold excess incidence of the disease) and in Slovakia. On p 301 Collinge *et al* describe two cases of inherited prion disease identified in Britain in patients with Creutzfeldt-Jakob disease. One patient was of Libyan Jewish ancestry, but the other came from the south of England and had no history of Libyan Jewish or European ancestry. The authors suggest that they may have identified a separate British focus of the disease.

Birth weight and non-insulin dependent diabetes

Reduced growth in fetal life has been associated with an increased risk of developing impaired glucose tolerance in adulthood. The mechanisms underlying this association are not defined. Cook *et al* examined the relations between birth weight and β cell function in non-insulin dependent diabetic subjects and their first degree relatives (p 302). Birth weight was correlated with β cell function in the whole group. Diabetic subjects had significantly lower β cell function than the non-diabetic relatives, although the two groups were of similar birth weight. Environmental influences in utero may have a role in determining adult β cell function, but additional genetic or environmental factors are likely to be necessary for the development of non-insulin dependent diabetes.

Who's afraid of informed consent?

In sharp contrast with North American practice, most British patients who consent to surgery receive a sketchy outline of the risks associated with their treatment because of a widely held belief among British doctors that it would be unkind to burden patients with unwanted information about what might go wrong. On p 298 Kerrigan *et al* report the results of a randomised study suggesting that this assumption is incorrect, at least as far as inguinal herniorrhaphy under general anaesthesia is concerned. Detailed information (including the potential for injury to genitourinary, major vascular, and intra-abdominal structures and the risks of pulmonary embolism and death) did not result in increased preoperative anxiety. The authors emphasise that patients are entitled to receive accurate information about their treatment and the risks we ask them to take; they also have a right to withhold consent from such treatment if they feel unhappy about accepting these risks.

Working partnership between GPs and management

Integrating the purchasing and provision of primary and secondary care is one of the main aims of the reorganisation of the health service in Britain. Starey *et al* argue that for this to succeed general practitioners need more influence over process and outcome and also need to be more accountable to management (p 308). They provide a model for organisation of health services that they believe will meet these demands more effectively than the present system. The model retains the advantages of fundholding while reducing the administrative load and makes management more sensitive to patients' needs.

Quantitative versus qualitative research

Ways of improving the cost effectiveness of health services have become important in the reformed NHS and health services research has become more prominent. On p 315 Pope and Mays use a dramatised discussion between the director of a health services research unit and a medical sociologist to raise several issues about the appropriate methods for studying health care organisation. They suggest that the randomised controlled trial may not always be useful, and hope that the points raised in the dialogue will be pertinent to clinicians engaged in health services research as well as those refereeing such research for journals or funding bodies.

Authors' rights: editors' obligations

Many guidelines provide authors with advice on how to behave when submitting papers to medical journals. On p 318 Dewey catalogues some unhappy experiences with journals and suggests that editors should follow similar guidelines. As well as the usual catalogue of delays, aggressive referees, and obscure demands from editors, Dewey highlights things that make authors paranoid. These include the publication of papers on similar subject matter shortly after the rejection of their own paper and the publication of papers by a journal editor in his or her own journal.