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Trends in incidence of anal cancer in Denmark

The incidence of anal cancer seems to have increased in the past two decades, and it has been suggested that a sexually transmitted agent is involved. Frisch *et al* used data from the Danish Cancer Registry, which was established in 1943, to study long term trends in the incidence of anal cancers (p 419). They found that in about 1960 anal cancers increased 1·5-fold among men, from 0·25/100 000 population in 1958-62 to 0·38/100 000 in 1983-7. The incidence nearly tripled among women, from 0·28 to 0·78 per 100 000 population. The greatest increase was among residents of Copenhagen. Men—but not women—with anal cancer were significantly more likely to be unmarried than those with cancer of the colon or stomach. The synchronism between changes in the incidence of anal cancer and heavy smoking behaviour supports the role of smoking in promoting anal cancer.

Fetal origins of cardiovascular disease

Evidence that cardiovascular disease is programmed by an adverse environment in utero is accumulating rapidly. Much of the evidence comes from follow up studies which link fetal and infant growth with hypertension, impaired glucose tolerance, and plasma fibrinogen and serum lipid concentrations in adult life. Only one study has linked birth weight and infant growth with death from cardiovascular disease. On p 422 Barker *et al* describe a further study in which 1586 men born during 1907-24 in a hospital which kept unusually detailed birth records were followed up. Men who had a small head circumference or were thin at birth had increased mortality from cardiovascular disease. This is consistent with studies which have shown that thin babies with a small head circumference tend as adults to develop high blood pressure, impaired glucose tolerance, and syndrome X—a combination of hypertension, non-insulin dependent diabetes, and abnormal serum lipid concentrations. Their findings are further evidence that cardiovascular disease is associated with reduced growth in utero and that it originates through programming of the body's structure, physiology, and metabolism by the environment in fetal life and infancy.

HIV transmission among men who have sex with men

Sex between homosexual men is known to carry a high risk of transmitting HIV-1 infection. Data from the mid-1980s showed that the incidence of sexually transmitted diseases among homosexual men was decreasing, suggesting that they were following advice to adopt safer sexual practices. On p 426, however, Evans *et al* present data from several sources which show that transmission of HIV-1 infection is continuing in this group. Recent infections have occurred in young men who may not have been exposed to the publicity campaigns of the 1980s, and in older men in whom behavioural change has not been sustained. Risk of infection was highest in London, where the prevalence of HIV is highest, and the authors emphasise the need for a continuing health education programme.

NHS reforms and GP referral patterns

General practice fundholding was the most unpredictable and controversial element in the package of NHS reforms introduced in April 1991. It generated a great deal of debate, with both proponents and critics arguing that it would have a major effect on primary health care delivery and on the interface between general practice and the hospital specialties. On p 433 Coulter and Bradlow report their attempt to measure this effect by looking at the impact of the reforms on the referral patterns of fundholding and non-fundholding practices in the Oxford region. Contrary to expectations there was no evidence that the first wave fundholders had adapted their referral behaviour in response to budgetary pressures.

Hypertension under 40

Hypertension in young adults has traditionally been seen as rare, usually secondary, and a matter for specialists. On p 437, however, Tudor Hart *et al* describe a systematic case finding study in a small south Wales practice which over 21 years yielded 41 people aged under 40 with a mean systolic blood pressure of 160 mm Hg or more or a mean diastolic pressure of 100 mm Hg or more. Twenty five were men and 16 women. Only one case was secondary to a classic cause, but compared with matched controls twice as many of the young hypertensive men died and five times as many suffered non-fatal cardiovascular events. On this evidence the authors believe that case finding programmes in general practice are justified from the age of 20.

The risk of long waiting times

Current waiting list initiatives focus on reducing the wait for surgery, while the wait for a first appointment with a specialist is ignored. On p 429 German *et al* point out the dangers of long waiting times in a urology clinic. Over three years 55 patients with symptoms of bladder outflow obstruction were recruited into two clinical trials from the waiting list for their clinic. They were seen in a special clinic, for which they waited an average of 13 weeks—compared with the average wait for a routine appointment of eight months. Among the 55 trial patients, seven new cancers of the prostate were discovered on investigation; five out of six bone scans yielded negative results. The authors point out that these cancers were discovered early; had their detection been delayed they might have metastasised. They conclude that the high prevalence of associated disease makes long waits for a specialist opinion for bladder outflow obstruction unacceptable.