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Meningococcal disease can be diagnosed rapidly from skin lesions

Mortality from acute meningococcal infections is high, and most patients die within 16 hours after admission. Rapid bacteriological diagnosis and prompt antibiotic treatment are therefore essential to save lives. Meningococcal infections are commonly diagnosed from the results of culturing blood and cerebrospinal fluid, which takes 12-24 hours. As long ago as 1917, however, meningococci were detected in the characteristic skin lesions by Gram staining, which takes about 45 minutes. On p 1229 van Deuren *et al* evaluated Gram staining and culture of samples from skin lesions in 51 patients with proved meningococcal infections. Gram staining of a sample of a skin lesion rapidly provided the diagnosis in most patients with sepsis who had inconclusive results from staining of cerebrospinal fluid. Staining and culture of skin lesions gave positive results long after the start of antimicrobial treatment. Thus, the early administration of antibiotics in patients with suspected meningococcal sepsis will not affect the bacteriological diagnosis.

Patterns of teenage pregnancy differ in deprived and affluent areas

In *The Health of the Nation* the government set as a target the halving of the conception rate in girls aged under 16 by the year 2000. On p 1232 Smith investigates the current patterns in conceptions both in girls aged under 16 and in all teenagers in Tayside. In one of Tayside's local government districts the target for the year 2000 for girls aged under 16 has nearly been achieved, while in another the rate is currently two and a half times above the target. In girls aged under 20 the rate of pregnancy was six times higher in the most deprived areas than in the most affluent. In contrast, the proportion of pregnancies ending in abortions was twice as high in the affluent areas as in the deprived. These findings emphasise that in setting targets and allocating resources aimed at reducing the number of unwanted conceptions and the concomitant risk of HIV infection a small area approach is required.

Prescribing costs more in dispensing practices

There has been growing speculation about the prescribing of dispensing practices, partly based on the supposition that a conflict of interest potentially exists when one person both prescribes and dispenses. Morton-Jones and Pringle (p 1244) analysed the prescribing behaviour of dispensing practices (many of whom dispense to only a proportion of their patients) and non-dispensing practices in Lincolnshire in terms of the number of items per patient and the net ingredient costs per patient. The net ingredient cost per patient was significantly higher for all patients of dispensing practices, even those for whom the practice did not dispense. The main factor connected with this

difference was the lower use of generic drugs by dispensing practices. An analysis of PACT 3 data on 10 specific drugs showed that the number of tablets per prescription was significantly lower for the dispensing practices. This increases dispensing fees and increases costs for patients who pay prescription charges.

Which patients with diabetes develop microalbuminuria?

Insulin dependent diabetic patients with microalbuminuria are at risk of developing overt nephropathy but the reasons for developing microalbuminuria remain unclear. On p 1235 the microalbuminuria collaborative study group followed up 148 normoalbuminuric insulin dependent diabetic patients for four years. The cumulative frequency for the onset of persistent microalbuminuria was 8%, and patients who progressed to microalbuminuria were found to have had significantly higher arterial blood pressure, urinary albumin excretion rate, and worse glucose control at baseline than those who remained normoalbuminuric. An early rise in blood pressure against a background of poor metabolic control seems to be implicated in the development of microalbuminuria.

GP referrals don't explain London's accident and emergency burden

The Tomlinson report suggested that improvements in general practice could substantially reduce the workload of London's accident and emergency departments. To test this hypothesis Jankowski *et al* (p 1241) compared the patients attending two large accident and emergency departments, one inside and the other outside London. GP referrals accounted for only 12-15% of attendances at both hospitals. The inner London department had a higher proportion of people who lived alone, were single, were homeless, had recently moved, or were commuters or tourists. The case mix of patients was similar, although fewer in London presented with musculoskeletal and skin complaints, which are usually caused by minor trauma. Sociodemographic characteristics seem to be more important than inadequate primary care in determining who presents to London's accident and emergency departments.

Medical aid in war stricken Peru

Peru is caught in a dirty war between guerillas (Shining Path) and the army. As always it is the civilians, in this case the Quechua speaking peasants in the highlands of the Andes, who suffer most. An estimated 25 000 have died in the violence. On p 1263 Hans Veeken describes how Médecins sans Frontières tries to support this group on the basis of humanitarian aid and strict neutrality. These principles are not always respected by the different factions, but MSF feels morally obliged to continue to support this forgotten group of people. Although the leader of Shining Path has been captured, it is unlikely that the conflict will end in the near future.