

This week in BMJ

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Fathers' radiation dose an unlikely cause of childhood leukaemia

In 1990 in a study at Sellafield Gardner *et al* reported an association between childhood leukaemia and the occupational exposure of their fathers to ionising radiation before the child's conception. McLaughlin *et al*'s case-control study (p 959) found no such association in children born to mothers living near nuclear facilities in Ontario, Canada. Cases were 112 children (age 0-14) who died from or were diagnosed with leukaemia from 1950 to 1988. Eight controls per case were identified from birth certificates, and paternal radiation exposure was determined by a record linkage to the Canadian National Dose Registry. Overall, there was no evidence of an increased risk for the exposure periods examined, which included lifetime exposure and the six months and three months before the child's conception.

Gardner *et al* hypothesised that the exposure to radiation of fathers working at the Sellafield nuclear installation could explain the excess of childhood leukaemia in the adjacent village of Seascale. On p 966 Parker *et al* report the results of a study which has investigated this hypothesis by generating the geographical distribution in Cumbria of the paternal dose of radiation received at Sellafield before conception. They found that only 7% of this dose was associated with births in Seascale, which is comparable with the 8% of births to fathers employed at Sellafield that have occurred in the village. This result is incompatible with the suggestion that paternal preconceptional exposure to radiation can account for the excess leukaemia in Seascale. It is highly unlikely that there is a direct causal relation between paternal exposure to radiation before conception and childhood leukaemia.

Crude death rates do not measure intensive care performance

While no one doubts that the mix of patients admitted to different intensive care units varies, the extent of those differences has never been systematically documented in Britain. In the first such study to be carried out in Britain and Ireland Rowan *et al* (p 972) have prospectively documented the medical details of over 9000 consecutive admissions to 26 general, adult, intensive care units. Using the American APACHE II method to assess the severity of disease, they found that important differences existed in the mix of patients admitted. These differences were significantly associated with the proportion of patients surviving to leave hospital showing the need to take case mix into account when comparing outcome. In an accompanying paper (p 977) Rowan *et al* used the American APACHE II equation to adjust for case mix and found that the outcome for four of the units was still significantly different from that which would be expected. Although using the APACHE II equation was clearly an advance on comparing crude data, the authors conclude that the fit of the equation needs to be improved before widespread adoption in Britain.

Many asthma exacerbations are linked to colds

The aetiology and pathogenesis of exacerbations of asthma are still poorly understood. Respiratory viruses are implicated in about half the wheezing episodes in children, but the association in adults is less clear. On p 982 Nicholson *et al* report a study of colds and asthma exacerbations in 138 adults who completed 7526 patient-weeks of observation. Symptom diaries linked the majority of colds with an exacerbation. Polymerase chain reaction and other diagnostic tests identified rhinoviruses and other non-bacterial respiratory pathogens in almost half the most severe exacerbations with ≥ 50 l/min mean decrease in peak expiratory flow during the seven days after onset of symptoms. About a quarter of laboratory confirmed infections were associated with ≥ 50 l/min reductions in mean peak expiratory flow and a half with ≥ 25 l/min decreases. None of the control specimens collected during recruitment or routine visits yielded viruses or polymerase chain reaction products. The authors conclude that there is a strong causal link between respiratory viruses and asthma exacerbations and that polymerase chain reaction testing will greatly facilitate research.

Side effects of 'flu vaccine in elderly people are mild

Although immunisation against influenza is recommended for elderly people at risk from infection, the uptake is low. Many patients are worried about the side effects of the vaccine. Govaert *et al* conducted a randomised controlled trial of vaccination in patients aged 60 or over (p 988). Systemic effects were reported equally in the placebo and vaccine groups but local effects were more almost twice as common in the vaccine group. Women reported more side effects than men. All the side effects were mild and transitory and the authors conclude that influenza vaccine can safely be given to elderly people.

Money hasn't followed mentally ill patients into the community

When large psychiatric hospitals closed funds were intended to move with the patients into community facilities. In their analysis of historical trends in spending on mental health and bed numbers Lelliott and colleagues show that this has not happened (p 991). When the number of beds fell between 1958 and 1979 the proportion of the total hospital and community health services budget spent on mental illness fell (from 15% to about 11%) and has remained at that level ever since. From this the authors conclude that further bed closures are unlikely to release funds for community services. Instead pressure on existing acute beds and on underfunded community facilities is likely to create a vicious circle where patients cannot easily be discharged from hospital, while admissions from the community cannot be accommodated. The resulting pressure on authorities to open more beds will further starve community services of funds.