three times a day a relative who is totally incapacitated by a stroke, or of being in constant contact with a person whose mind has long gone. What carers need is financial assistance to buy the help they need to retain their sanity and to provide them with a reasonable quality of life.

FRADA ESKIN
Consultant in public health medicine

62 The Glen,
Sheffield S10 3FN

1 Travers AF. Caring for older people: carers. *BMJ* 1996;313:482-6. (24 August.)

Article omitted to mention Princess Royal Trust for Carers ...

EDITOR,—Anne F Travers's article on carers who care for older people contains much needed advice to doctors to help them recognise the special needs of carers.¹ But in referring to relevant organisations it does not mention a national organisation dedicated to giving a range of practical help to carers—namely, the Princess Royal Trust for Carers.

The Princess Royal Trust for Carers has established 50 centres for carers across the United Kingdom since it was set up five years ago. Each centre provides three core services: information and advice on every relevant issue, including benefits, respite care, support services, and aids and adaptation; emotional support; and community consultation, enabling carers to influence local policy on community care. As each centre develops it may also provide advocacy, group support, practical help, relief care, education, and the opportunity for carers to enjoy a social life. Carers are given support before they reach breaking point, and the focus is very definitely on their needs.

All too often we hear that the first time that carers come to the attention of their general practitioner in their own right is because they have broken down under the strain of their caring responsibilities. This frequently leads to emergency admission to hospital for the person who is being cared for as well as treatment for the carer.

As Travers points out, many carers would not recognise themselves by that name. Thus referrals from general practitioners and other health professionals are essential if the Princess Royal Trust for Carers is to provide the support that carers need in ways that they want to a consistently high quality.

Each of the trust's centres for carers is partially funded through voluntary donations from individuals, companies, or trusts that give grants in partnership with the local authority. The Princess Royal Trust for Carers aims to establish a centre for carers in each local authority area, and many are already working in partnership with hospitals and general practices. Anybody who would like details of their nearest centre should telephone the trust (0171 480 7788 or, in Scotland, 0141 221 5066).

DAVID BUTLER
Chief executive

Princess Royal Trust for Carers,
London EC3R 5BA

1 Travers AF. Caring for older people: carers. *BMJ* 1996;313:482-6. (24 August.)

... and Crossroads Association

EDITOR,—I was disappointed that Anne F Travers's article on caring for people who care for older people makes no mention of the main voluntary organisation providing support for carers and those whom they look after.¹ The Crossroads Association was set up in the early 1970s to provide a focus for the needs of carers

and now has branches throughout England, Wales, and Northern Ireland, while its partner organisation, Crossroads (Scotland), provides services in Scotland. Branches provide care attendant services for disabled people and their carers of all age groups, and Crossroads has taken the lead in developing both research and services for younger carers. Over 25 000 families use Crossroads, with over two million care hours being provided each year.

Travers's article states that carers need three things from their doctor (recognition, information, and support), to which I would add a fourth—namely, education. Information alone is rarely adequate, and often very simple education programmes in primary care may make the task of caring and the risk of breakdown, and therefore institutionalisation, much less.

We would be pleased to receive comments about people's experience of or inability to obtain holidays, which may be difficult because of difficulties at home or because of the lack of facilities available to disabled people.

PAT WALLACE
Chief executive
P MAYER
Member of council

Crossroads,
Rugby CV21 2PN

1 Travers AF. Caring for older people: carers. *BMJ* 1996;313:482-6. (24 August.)

Infants in Sandwell are screened for haemoglobinopathy gene

EDITOR,—Linda Laird and colleagues are right in stating that it is important to cater for the needs of families with infants who are found to be carriers of a haemoglobinopathy gene.¹ We believe that families should be fully informed when a screening programme detects a heterozygous carrier infant.

Since 1992 we have run a selective newborn screening programme in Sandwell (population 295 000; a quarter of births are to couples in which one or both partners are from an at risk group). We have an explicit screening protocol. The haemoglobinopathy services committee oversees the programme and arranges training for all staff.

Because we obtain consent before the screening test is done, we believe that we should also feed the results back. The health visitor receives a copy of the result of every test. She discusses the haemoglobinopathy trait status at the 6 week check as part of routine child care. All infants receive a laminated national haemoglobinopathy card showing their haemoglobin type. The general practitioner is also sent a copy of the result for the infant's record. The consultant haematologist and specialist nurse confirm the result at 6 months, counsel the family, and

undertake cascade screening if necessary. In the four years to 1995 we screened 4611 infants, of whom 3.17% were found to have an abnormality (table 1).

Our experience shows that it is possible, at a district level, to provide a sensitive screening service with full regard for the needs of families with infants with haemoglobinopathy trait. Such responsiveness to local community groups may not be possible with large multidistrict or regional screening programmes,² which focus largely on detecting infants with disease states.

In setting up our service we did not see the detection of carriers as an "inadvertent consequence" of screening. Instead, such detection was always one of the benefits that the community wanted: knowledge about their genetic make up. We also believe that health visitors are a considerable resource: with training and support they can take on the bulk of the work involved in giving information about test results to families in community genetic screening programmes. Sandwell's experience shows the benefits of collaboration among clinicians, community groups, and public health physicians.

JAMMI N RAO
Consultant in public health

Sandwell Health Authority,
West Bromwich B71 4NA
jammi@bharat.demon.co.uk

SUNIL I HANDA
Consultant haematologist
PENELOPE J STABLEFORTH
Consultant haematologist
JACKIE MARTIN
Haematology department manager
HELEN WATSON
Biomedical scientist
GLENDA AUGUSTINE
Haemoglobinopathy clinical nurse specialist

Sandwell Healthcare NHS Trust,
West Bromwich B71 4HJ

- 1 Laird L, Dezateux C, Anionwu EN. Neonatal screening for sickle cell disorders: what about the carrier infants? *BMJ* 1996;313:407-11. (17 August.)
- 2 Griffiths PD, Mann JR, Darbyshire PJ, Green A. Evaluation of eight and a half years of neonatal screening for haemoglobinopathies in Birmingham. *BMJ* 1988;296:1583-5.

Proportion of *BMJ*'s editorials on medical subjects is decreasing

EDITOR,—Clinicians regard medical journals as a vital source of their continuing medical education.^{1 2} The *BMJ* particularly is regarded as important reading for both general practitioners and hospital specialists looking to maintain a broad base of up to date medical knowledge. We audited the editorials in the *BMJ* to establish whether the subjects that they covered had changed over the previous 35 years.

We reviewed all the editorials contained in the first four months' issues of the *BMJ* at five year intervals from 1958 to 1993. The subject of each editorial was classified as medical (clearly an area of medicine), administration and politics (changes in the health service, fundholding, etc), or other (topics not suitable for the other categories). The classification, based on the title of the editorial and a detailed scan of the text, was performed initially by JMG. A sample of the editorials was then reviewed independently by AKN and AG; on cross checking, the same classification was found to have been allocated to 95% of the editorials.

Altogether we reviewed 883 editorials, giving a mean of 110.37 per four month study period (range 76-132). There were 96 editorials per four months in 1993 and 1988, 76 in 1983, and over 100 between 1958 and 1978. The number of editorials about administration ranged from 16 in 1983 to 37 most recently; the proportion rose from 15% (17/113) in 1978 to 39% (37/96) in 1993, the

Table 1—Number of cases of each haemoglobin type found on neonatal screening in Sandwell

Haemoglobin type	No (n = 4611)
Normal (AA)	4463
Abnormal	148
Carrier states:	
AS	78
AC	33
AD	17
AE	15
AG	2
AJ	1
Disease states:	
SS	1
SC	1