show abnormal concentrations of amino acids and fatty acids.

Currently regulations on testing of newborn babies vary widely among the states, and screening is universal only for phenylketonuria, congenital hypothyroidism, and galactosaemia, said Dr Michael Watson of the American College of Medical Genetics. He said the United States needed to have standardised rules for testing.

The recommendations have been sent to Tommy Thompson, the secretary of health and human services.

Advocates of screening hope that the secretary will recommend greater screening and will use the administration's pressure to get states to adopt uniform standards for screening. However, that is unlikely to occur before next month's election.

Janice Hopkins Tanne *New York*

Docetaxel prolongs life in hormone refractory prostate cancer

Docetaxel (Taxotere) in combination with prednisolone helps men with advanced, hormone refractory prostate cancer live longer and enjoy more time free of pain, compared with mitoxantrone and prednisone, the current standard treatment for these patients, a US study shows.

Treatment with mitoxantrone and prednisone is known to reduce pain and improves the quality of life in men with advanced, hormone refractory prostate cancer, but it has never been shown to improve survival.

The study's researchers, led by Dr Ian Tannock from the Department of Medical Oncology and Hematology at Princess Margaret Hospital in Toronto, set out to determine whether docetaxel prolongs lives (*New England Journal of Medicine* 2004;354:1502-12).

The researchers followed 1006 men with metastatic, hormone refractory prostate cancer from March 2000 to June 2002.

The hazard ratio for death in the group of men who were given

docetaxel every three weeks, compared with men treated with mitoxantrone, was 0.76 (95% confidence interval 0.62 to 0.94; $P=0.009$). The corresponding ratio for the men given weekly docetaxel was 0.91 (0.75 to 1.11; $P=0.36$). Median survival was 16.5 months in the mitoxantrone group, 18.9 months in the group given docetaxel every three weeks, and 17.4 months in the group given weekly docetaxel.

Scott Gottlieb *New York*

UK government acts to curb rise in tuberculosis

The government has launched an action plan to curb a 25% rise in cases of tuberculosis in England over the past decade. A series of measures will target groups at high risk, such as homeless people, prisoners, drug misusers, and recent arrivals from countries with high prevalence.

The chief medical officer, Liam Donaldson, announced a batch of measures including new tuberculosis clinical networks, along the lines of cancer networks; named case managers for every tuberculosis patient; and higher vaccination coverage of babies in high risk groups.

Modern techniques to tackle the disease will be focused on, to bring about quicker and more effective screening, such as DNA bacterial fingerprinting to track tuberculosis spread in communities.

The government is also set to spend more than £400 000 (\$720 000; €580 000) on vans containing digital x ray machines, which give an instant means of getting a radiograph and use less radiation.

But Professor Donaldson also said that to eliminate tuberculosis public health efforts needed to be more consistent across the country and health professionals needed to be reminded that tuberculosis had not disappeared in Britain.

Rebecca Coombes *London*

Stopping Tuberculosis in England: an Action Plan from the Chief Medical Officer is accessible at www.dh.gov.uk/publications

Emergency service is closer to four hour target but still lacks consultants

Lynn Eaton *London*

NHS emergency departments are much closer to meeting the government's target of patients spending no more than four hours in the departments than they were two years ago, according to a report by the National Audit Office, the spending watchdog that reports to parliament. But there is still room for improvement, says the head of the audit office, John Bourn.

"There is scope in those trusts which are behind the best for further reductions in the time patients spend in A&E [accident and emergency]," he said.

The continuing shortage of appropriately trained emergency consultants is one of a number of unresolved issues affecting performance, according to the report.

All English acute NHS trusts had to meet the four hour target for 98% of patients by December 2004. From April 2002 to April 2003 23% of patients spent more than four hours in emergency departments. That percentage had fallen to just over 5% for the three months from April to June 2004.

Changes to traditional work patterns, such as abandoning triage (where the most seriously ill people are treated first) and introducing a "see and treat" system (where the person who first sees a patient with minor injuries treats the patient rather than referring him or her to a specialist) have helped reduce the time.

However, 24% of patients who were in emergency departments for longer than four hours were waiting for a bed. A further 24% waited because it

was difficult to obtain a specialist opinion in time.

The groups of patients who tend to spend the most time in emergency departments are elderly people, who have more complex needs, and people with mental health problems waiting to see a psychiatrist.

The Department of Health undertook to provide an extra 183 emergency consultants by 2004, bringing the total to around 670, but by 30 September 2003 only 561 emergency consultants were in post.

As yet, says the report, very few emergency and acute doctors have been trained to fill the newly created posts. Many of the extra consultants were trainee doctors who were already in the system, not additional staff. Although, on average, trusts have been funded for 4.3 consultants, an average of 3.7 are actually in post.

Fifty two of the 126 trusts who responded to the audit office's survey reported a shortage in the number of permanent consultants.

In addition, 17% of 126 trusts said that they were concerned that the European Working Time Directive restrictions may create further problems in providing an adequate number of appropriately qualified medical staff.

The new GP contract, which allows GPs to opt out of providing out-of-hours services, could also have an impact on emergency department targets if alternative provision proves inadequate, the report warns. □

Improving Emergency Care in England is available at www.nao.gov.uk

Emergency scene; image removed at request of agency

109 extra consultants are needed in emergency medicine