

my motivations and aspirations in my work. I wish to stay in my present practice but am now more realistic about what can be done by general practitioners in inner cities. Just being there as a friend, confidant, and fellow victim is important. The moment my present apprehension turns to fear I will know that it is time to go. Pheromones form a potent communication mechanism in inner city areas.

If assaulted again I shall be reluctant to fight back. I now know that I can't defend myself very effectively anyway. The risks of severe personal injury are great if knives or other weapons are wielded. The ego trip of foiling a robbery or the deterrent effect of failure on those trying to commit a crime is not worth the risk. It is too easy to apportion all the blame for crime statistics on to social, financial, and environmental factors. A glance at any newspaper underlines the fact that man is a violent and primitive animal and is likely to remain that way. Misfits, as arbitrarily defined by the society of the time, will always tend to congregate together and the stronger will always prey on the weak.

Inner city general practice is the most exciting and depressing,

stimulating and humbling, rewarding and heartrending experience that I know. The *News of the World* encapsulated this experience with its slogan "All Human Life is Here" and who picks up the *Guardian*, the *Telegraph*, or *The Times* when the *News of the World* is lying around?

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Clinical Algorithms

Suspected Cushing's syndrome

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Many clinical features have been described in Cushing's syndrome but most of these have no useful discriminatory value in selecting from a group of suspected cases those who are ultimately shown to have sustained high cortisol concentrations.¹ As a result Cushing's syndrome is often suspected but, being an uncommon condition, seldom confirmed. When it is, around two thirds of patients will have pituitary dependent Cushing's syndrome, usually referred to as Cushing's disease. Of the remainder, half will have an adrenal neoplasm and half ectopic production of adrenocorticotrophic hormone (ACTH) from a tumour elsewhere. A relatively high proportion of cases of adrenal Cushing's syndrome, often malignant, occur in children, while most cases of Cushing's disease occur in women of childbearing age.

Once the general practitioner has suspected Cushing's syndrome he can do little more than estimate urinary free cortisol without referral to hospital. Unlike plasma cortisol, the urinary free cortisol concentration is not raised in patients on oral contraceptives and a normal result effectively excludes a diagnosis of Cushing's syndrome. The algorithm attempts to provide a simplistic approach to the suspected case ignoring the exceptional or paradoxical case reports with which the subject is fraught. The complexities of different normal ranges (and units), idiosyncrasies in test methods, preferences and local variation in investigative and therapeutic facilities have necessarily been omitted; readers are referred to relevant texts for detailed information.

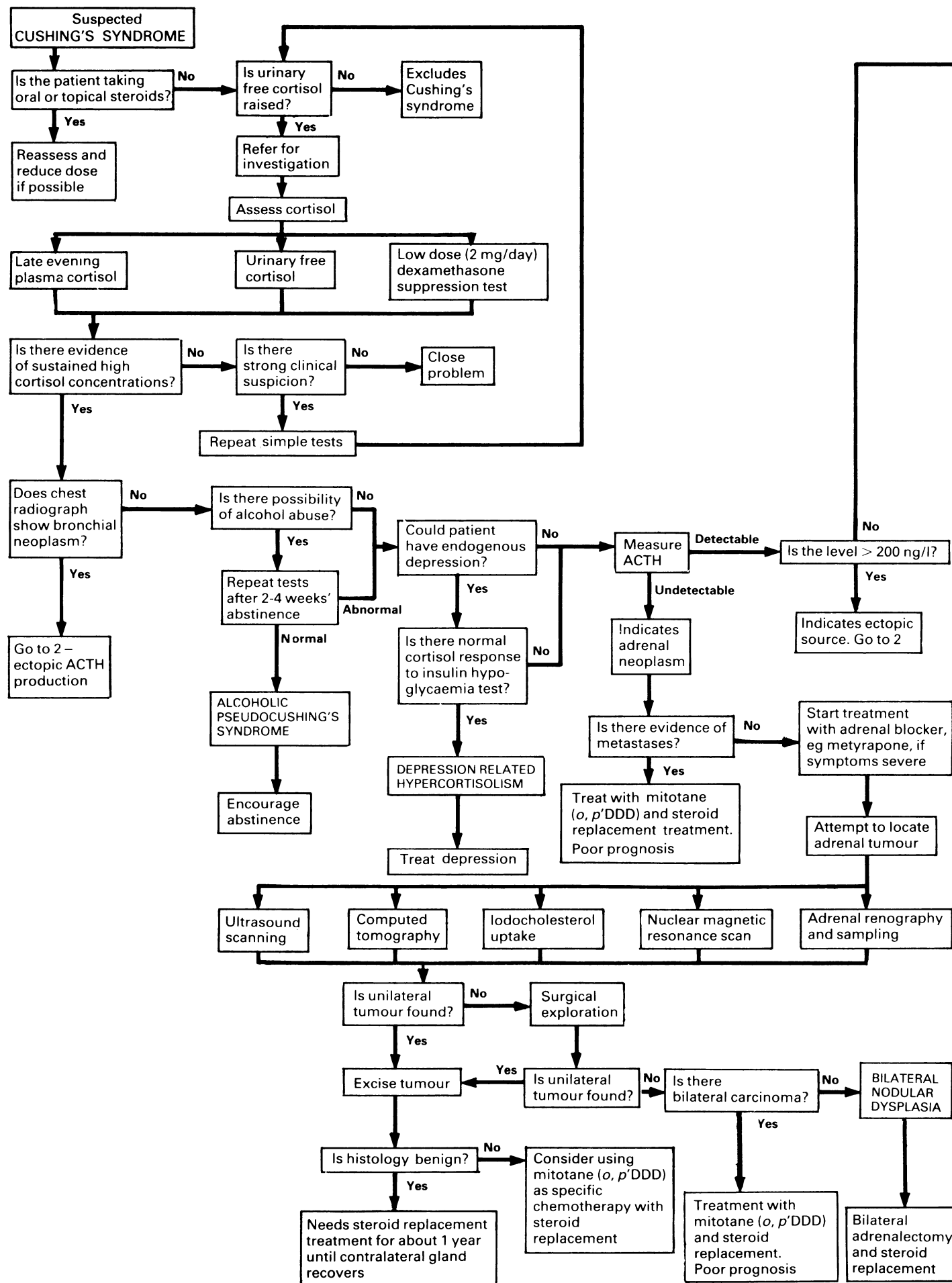
Advances in assessing disordered cortisol metabolism were described in 1978,² and two comprehensive reviews on Cushing's syndrome³ and its laboratory investigation⁴ were published the

following year. Problems in diagnosis remain.^{5,6} Serum sampling has now replaced the more cumbersome urine collections in dexamethasone suppression tests.⁷ Gas chromatography of urine⁸ and urinary free corticoids after suppression with dexamethasone⁹ are recent innovations which might earn inclusion in routine investigation in due course. Selective venous sampling of ACTH at different sites¹⁰ and measurement of ratios of ACTH to related peptides such as β lipotrophin¹¹ may facilitate distinction between pituitary Cushing's syndrome and ectopic ACTH production in particularly difficult cases.

Treatment policies for adrenal and ectopic Cushing's syndrome are reasonably straightforward, and external pituitary irradiation is the preferred treatment for children and adolescents with Cushing's disease. The treatment of this condition in adults remains controversial with current opinion generally favouring transsphenoidal pituitary microsurgery, but the case for bilateral adrenalectomy has recently been restated.¹²

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