

## Fluid intake affects the risk of bladder cancer in men

Fred Charatan, *Florida*

A clear link between increased fluid intake and a decreased risk of bladder cancer has been shown in a paper in the *New England Journal of Medicine* by Dominique Michaud and her colleagues at the Department of Nutrition, Harvard School of Public Health (1999;340:1390-7).

In the prospective Health Professionals Follow up Study, researchers examined the relation between total fluid intake and the risk of bladder cancer over a period of 10 years among 47 909 participants who were free of cancer in 1986.

Altogether, 252 cases of bladder cancer were newly diagnosed during the follow up period.

Information on total fluid intake was derived from the reported frequency of consumption of the 22 types of beverages on the food frequency question-



Drinking adequate liquids can halve the risk of bladder cancer

naire, which was completed by all participants.

American men who drank at least 11 glasses a day of all liquids had half the risk of developing the two types of bladder cancer found most commonly in developed countries—papillary and flat transitional cell carcinomas—than did men who drank five glasses or less.

Bladder cancer, which occurs in an estimated 319 000 people a year world wide, is the fourth most common cancer among American men.

An editorial entitled "Preven-

tion of Bladder Cancer" in the same issue of the *New England Journal of Medicine* said that cigarette smoking and occupational exposure to arylamines are thought to account for more than half of the cases of bladder cancer in the United States.

The results of the study by Dr Michaud and her colleagues are consistent with the urogenous contact hypothesis first proposed in 1974 by Oyasu and Hupp, and by Melicow, which associates the development of bladder cancer with prolonged exposure to carcinogens in urine. □

## Dyslexia may be associated with cerebellar abnormalities

Judy Jones, *Malmesbury, Wiltshire*

Poor functioning of the cerebellum, the part of the brain concerned with information processing and the automatization of motor skills, is a key factor in dyslexia, according to a study in the *Lancet* (1999;353:1662-7).

Nearly one in 20 people is affected by dyslexia. The condition has been characterised over the past decade as a language problem, and investigations have focused on the language centres of the cerebral cortex.

But the findings of the latest study may help to explain why people with dyslexia often have problems with balance, fluency, and coordination, as well as impaired reading, writing, and spelling abilities.

In the study, a team of psychologists at Sheffield University used a brain scan technique (positron emission tomography)

to monitor brain activity in six young dyslexic men and in a control group of six men without the condition.

The monitoring took place while the subjects performed a prelearned sequence of finger movements with their right hands, and as they learned a new set of movements.

The brains of the people with dyslexia were significantly less active in two areas: the right cerebellar cortex when learning the new sequence of finger movements, and the left cingulate gyrus (part of the cerebral cortex) when performing the prelearned routine.

Cerebellar activation in the dyslexic group was only about 10% of that seen in the controls.

Professor Roderick Nicholson and his colleagues con-

clude: "Our findings support the hypothesis that a substantial proportion of dyslexic children have a cerebellar deficit that adversely affects the learning of new skills and the performance of automatic, over-learned skills."

Although other parts of the brain may be implicated in the development of dyslexia, the findings of this study indicate that "the cerebellum is the one key structure affected," they add. □



CARTOON BY BILL TIDY/COURTESY OF THE DYSLLEXIA INSTITUTE

## Belgium is to regulate complementary medicine

Rory Watson, *Brussels*

Belgium's parliament has paved the way for formal recognition in the country for four types of complementary medicine: acupuncture, homeopathy, osteopathy, and chiropractic.

The decision was one of the last taken by the outgoing government before next month's general election and is being seen as a victory for the country's health minister, Marcel Colla, over strong opposition from practitioners of more traditional forms of medicine.

The minister successfully argued that it was essential to clarify the status of these alternative forms of treatment if patients were to be protected against bogus remedies.

Formal recognition also acknowledges that, according to a recent survey, 40% of the country's population has turned to one of the four forms of treatment, and 60% of the remainder would consider doing so.

The approval by Belgium's upper house, the Senate, for the legislation is only the first step on the road to full recognition.

A parliamentary commission and committees with an equal number of representatives of conventional and complementary medicine must now be established to determine detailed rules on the kind of training and entry requirements that will have to be met.

On the basis of their recommendations, the parliament must adopt the final decrees before the end of October.

Although the new legislation will give the four branches of complementary medicine an official status, it will not end the present situation whereby patients choosing such treatment cannot automatically recover a large part of the cost—as they do for conventional medicine—from the standard system of health insurance used in the country.

But supporters of the change believe that reimbursement is only a matter of time. □