

CONVERSATIONS IMAGINED  
AND REMEMBERED

Mr D came to see me because he had experienced a transient loss of function in his arm. During my training I had worked for a vascular neurologist, whom I greatly admired. I referred the patient to him.

When Mr D returned he had already had a brain tumour diagnosed. These two conditions can resemble each other when they first present. The tumour was not curable, but he did have radiotherapy.

He had a wife and there were two children of late school age. We prepared ourselves for terminal care. They wanted this to be at home. Despite wanting this, I could see they were nervous about what to do when he died. At a certain point I withdrew the steroids, and Mr D went downhill into stupor and coma fairly rapidly.

When I called by one day his breathing had changed in that way that precedes death. I did not have anything pressing, and decided to stay with them. Mrs D, his two children and I sat around the bed, which they had placed in the living room. In a way there is little more moving than to sit with a family and witness one of them dying.

The breathing came and went irregularly. They held him. Was he dead? No, he started breathing again and again. Death came eventually, and they cried.

I stayed and helped them make the arrangements with the undertaker.

My working life is usually so cut up into little episodes, that in a curious way, I felt really satisfied to see this through. The district nurse felt less satisfied. It's difficult with death to get things right, and easy somehow to feel left out. By some standards our practice was probably good as a team. But people working in general practice are alone much more of the time than people in hospitals, and it is lonely.

I got to know Mrs D better after her husband's death as she developed hypertension for which she saw me. She was a warm, vibrant person, and I wondered if she would marry again.

Then her daughter had a baby, and as she was a single parent, she continued to work. Mrs D took on a new life. She took over looking after her grandson, as if he were her own child.

Flora medica  
Richard Lehman

From the journals, December 2004—January 2005

*New Eng J Med* Vol 351–352

**2498** Levodopa remains the mainstay of treatment for Parkinson's disease, but does it accelerate the disease, as some imaging studies have suggested? Fortunately not: this big cohort study shows that it slows clinical progression.

**2581** A big, randomised prospective trial showing that statistically, repeat caesarean section is safer than trial of labour. But it takes 588 extra caesareans to prevent one serious adverse event.

**2611** Acute infection raises the risk of myocardial infarction, but fortunately a search of the UKGP Research Database shows no link with vaccination.

**20** One of the best markers for the risk of cardiac events due to inflammation is C-reactive protein (CRP), which is lowered by statin treatment. Here are two studies that demonstrate that the degree of CRP lowering with statins predicts their protective effect, at least as well as measuring LDL-cholesterol.

*Lancet* Vol 364–365

**2097** A worrying report of increased rates of cancer in children and adolescents throughout Europe since 1970: fortunately, far outpaced by rates of cure.

**2188** You may think that oral antibiotics knock spots off topical treatments for acne, but this trial in mild-moderate acne showed equivalence for benzoyl peroxide/erythromycin topicals, which are unaffected by propionobacterial resistance.

**29** Here is the study we so badly needed on recurrent sudden unexplained infant death. It completely refutes the 'expert' evidence that has sent several parents to jail: only about 15% of such episodes are likely to be homicides.

**60** Tamoxifen has saved innumerable lives following surgery for oestrogen-receptive breast cancer, but its day is done. In this context, as in many others, aromatase inhibitors, such as anastrozole in this trial, have proved more effective and better tolerated.

**167** For asthma and chronic obstructive airways disease, we have long used theophylline, a non-selective phosphodiesterase (PDE) inhibitor with a narrow therapeutic range. This review describes a whole batch of new, specific PDE4 inhibitors waiting to capture this huge market — but will they be any better?

*JAMA* Vol 292–293

**2735** Old-fashioned X-ray tomographs of squashed breasts remain the standard screening test for breast cancer, but MRI must surely be better. Yes — but it still

produces too many false positives to avoid the need for confirmatory biopsy.

**2771** A review of the ABCD criteria for melanoma — valid and useful: even better if you add on E for evolving.

**2849** A study of hypertensive treatment in older women. Give them thiazides and  $\alpha$ -blockers: you will do their bones a favour too. But avoid calcium channel blockers.

**2984** Arsenic increases your risk of lung cancer, and so does having the wrong genes: but the effect is tiny if you don't smoke.

**3012** We have all seen dying people hang on for some special event, and then let go. This study shows that birthdays, Thanksgiving, and Christmas do not have this effect: perhaps the thought of eating more turkey lessens the will to live?

**43** Wanting to lose weight? Atkins, Ornish, Weight Watchers, Zone — a fat lot of difference: the result depends on how hard you try.

**77** Predicting pre-eclampsia is now possible by measuring a mid-term drop in urinary placental growth factor. What you do about it is another matter.

Other Journals

We've all been hurriedly taking patients at cardiac risk off COX-2 inhibitors, but could we be doing more harm than good? *Arch Intern Med* (164: 2472) trawls evidence from the UKGP Research Database and finds an increase in myocardial infarction in the weeks after withdrawal of NSAIDs: whether this is COX-specific is not known. *Ann Intern Med* (141: 901) describes a US study of acupuncture for osteoarthritic knee pain, and is followed on page 911 with a British study of acupuncture for neck pain. Neither showed any useful benefit. **142: 37** reviews the trials of vitamin E for the prevention of cardiovascular disease and cancer. High doses actually increase all-cause mortality. Adenotonsillectomy has fallen out of fashion, but *Arch Disease Childhood* (90: 19) looks at the trials and detects a small benefit. On page 74 there is a systematic review of adding intravenous magnesium to the treatment of acute childhood asthma: it is probably worthwhile. *Gut* (54: 6) asks 'Will worms really cure Crohn's disease?' *Trichuris suis* appears safe and effective as skoletotherapy (from Greek skole, worm). And in the Christmas *CMAJ* (171: 1443) there appears an unmissable study — 'Incidence of and risk factors for nodding off at scientific meetings'.

**Plant of the Month:** *Abeliophyllum distichum*  
A straggly shrub worth growing for its scented white forsythia-like flowers at this time of year.