

### Vignette 1

I was coming to the end of surgery one evening when our receptionist buzzed through. An elderly lady had phoned to say her husband had fallen and was stuck on the bathroom floor. I was near to finishing and I asked my receptionist to find out if it was urgent, or if it could wait. My receptionist got back to say it could wait.

It was probably about 20 minutes or half an hour before I left. I knew the couple slightly as they were my father's friends. The man lay wedged across the doorway between the bathroom and the corridor. He was clearly very ill. Examining him, I found he was deeply unconscious, sweating, and his blood pressure was low. He had no femoral pulsations, and I realised this was a ruptured aortic aneurysm. I called the ambulance and fretted until it arrived.

He was operated on at the district hospital the same night, but he did not recover consciousness. I visited him in intensive care. He was covered with monitors, and I felt gloomy about whether he would survive. He died, and my parents went to his funeral.

I regretted not leaving the surgery earlier. Thirty minutes less of shock and cerebral anoxia might have helped.

How was I to choose between leaving the worried well, who had booked an appointment, and going out to an emergency? I have visited many 'emergencies', which were not, but how do you tell? What makes people sitting in the waiting room with an appointment so important? These things seemed easier to decide on in a hospital, than as the sole doctor working in a practice surgery one night.

Leone Ridsdale

## flora medica theophrastus bombastus

From the journals, July 2004

### New Eng J Med Vol 351

**33** Why does blood pressure go up in some people? Despite a century of research, we're still left using terms like 'essential', 'idiopathic' and 'primary' to hide our ignorance. The level of aldosterone is probably part of the story: people in the highest quartile were the most likely to become hypertensive in this study from Framingham.

**125** Yet another conundrum to do with prostate specific antigen (PSA): if it increases by more than 2 ng/ml per year, your patient may well have micro-metastases, and will probably not be cured by radical local treatment.

**241** Pregnancy increases the demand for thyroxine almost immediately, so that women on replacement treatment need a dose increase of 30% right away.

**354** 'Don't worry, it's just a virus: take these tablets for a few days to get you over the worst.' The management of labyrinthitis, as performed with dizzying skill by most of us: but which tablets should we really be using? Probably oral corticosteroids, according to this study, which also used valaciclovir in two of its arms: the antiviral made no difference, but methylprednisolone hastened recovery.

**427** As a screening tool for women at high risk of breast cancer, magnetic resonance imaging (MRI) proved better than mammography in this Dutch study.

### Lancet Vol 364

**249** Was all that endless cervical screening over the last three decades worthwhile? Probably, at £36k per life saved, according to this modelling exercise.

**263** Challenge your local rheumatologists to provide a rapid access service, using this paper (the TICORA study) to show that it can be done without extra cost, but with considerable patient benefit.

**365** A study that confirms the high level of protection against meningococcal serogroup C disease achieved by the current conjugate vaccine.

**423** At a time when the new contract is making us do some serious homework on chronic disease management, here's a Nottingham study showing just how bad we are at looking after our diet-controlled diabetics.

**428** Ever tried to develop a clinical guideline with a local specialist? Here's an interesting large study of how the process actually takes place, using a variety of models.

### JAMA Vol 292

**65** As we flounder about trying to help women who have had to give up hormone replacement therapy, there's a strong temptation to recommend products containing soy isoflavones. But they do nothing for bone density, cognitive function or lipid profile in women over 60 years old. It's soy depressing.

**338** Many readers less Luddite than Theophrastus will have taken part in the UK GP Research Database project in the 1990s: here it is trawled for information about the risk of suicide following prescription of dosulepin, amitriptyline, fluoxetine and paroxetine. The study finds little difference.

**351** Can MMR vaccine cause febrile convulsions, especially in high risk children? Yes, but very rarely.

**366** A useful summary of the evidence on which treatments best prevent exacerbations in adult asthma. Low-dose inhaled steroids still top the bill.

**442** Calculating risk in women with a family history of breast cancer is something a computer does quite well: but patients still prefer to see a genetic counsellor to talk things over.

### Other Journals

In all grades of heart failure,  $\beta$ -adrenergic blockers have been shown to improve survival, at least as much as ACE inhibitors, but we are all scared of using them. *Arch Intern Med* (164: 1389) looks at the adverse effects described in the randomised trials for heart failure and finds that more patients were actually withdrawn from placebo than from  $\beta$ -blockers. On page 1395 there is a meta-analysis which shows that drugs can help weight loss in type 2 diabetes, but their effect on long-term outcomes is unknown. *Ann Intern Med* (141: 16) tackles the tricky subject of how much true cross-reactivity there is between penicillins and cephalosporins in allergic patients: about 10%, if there has been a true reaction and a positive skin test.

*Pediatrics* (114: e96) is a Canadian study comparing azithromycin with erythromycin for the treatment of whooping cough. It works as well and is better tolerated. On page 217 is a discussion of bariatric surgery for severely overweight adolescents: a worrying prospect. Imagine Charles Dickens' outbursts, had he thought his Fat Boy might end up in the hands of Yankee surgeons.

### Plant of the Month: *Kirengeshoma palmata*

Pale yellow shuttlecock shaped flowers in a shady spot: one of the loveliest late perennials.