

Flora medica Richard Lehman

From the journals, September–October 2005

New Eng J Med Vol 353

1095 Scanning the specialist cardiology journals and the general medical ones, no week goes by without at least one new paper on immediate percutaneous intervention (PCI) for acute coronary syndromes. Here's one from the Netherlands; the *Eur Heart J* (26: 1956) has one from Leipzig, and *Heart* (91: 1284,1330) has one from both Arezzo and Middlesbrough. Each has a slightly different twist, and two carry the message that immediate PCI has no significant benefit over delayed PCI after thrombolysis in real-life settings. However, Leipzig, Arezzo and the three RITA trials (*Lancet* 366: 914) suggest otherwise. Meanwhile, *JAMA* (294: 1224) demonstrates that all these PCI patients should have clopidogrel too.

1209 This trial compared the effect of new antipsychotic drugs with perphenazine. Its main finding was that you cannot get 75% of schizophrenic patients to take the same drug for 18 months. Olanzapine takers keep on the longest, but get fat.

1224 It's now possible to create autoantibodies for cancer detection (prostate in this case), which may soon lead to personalised vaccines for cancer prevention. I have seen the future, and I hope it works.

1350 Cytomegalovirus is common, and can cause fetal damage: this Italian trial offered hyperimmune globulin to all CMV-positive pregnant women, and those who chose it had far fewer affected babies.

1363 A review of neuraminidase inhibitors, our best hope of treating influenza if we get a pandemic. This could be avian influenza A (H5N1), described on page 1374. Cheap old amantadine may not be much good as resistance soon develops (*Lancet* 366: 1175).

Lancet Vol 366

895 The hypertension market is so huge that trials will continue forever, often contradicting each other. ALLHAT's now off for ASCOT, and I guess we should start moving patients away from their atenolol/bendroflumethiazide combination to an ACE inhibitor and perhaps a calcium blocker.

991 Bad news for those of us who were hoping that human papilloma virus screening might soon replace cervical cytology: there is a complex world distribution of subtypes with different predictive values.

1059 'Metabolic syndrome' is a combination of central obesity, hypertension, insulin resistance and a bad lipid profile, seen every day. For a tighter definition, read this editorial.

1079 *Clostridium difficile* is getting more difficile — it is developing strains that produce more toxin.

1165 The season of mists and mellow influenza vaccination is well upon us, but this systematic review shows that it makes little difference to the elderly except in nursing homes.

JAMA Vol 294

1240 Wherever you look in medicine, it's not difficult to find an inverse care law. Here it's in heart failure — the patients at most risk of death are the least likely to get life-prolonging treatment.

1493 Phytoestrogens are found in a great variety of plant foods and oils, and they may protect smokers against lung cancer. Better to give up smoking, of course, but (page 1505) if you smoke less, you reduce your cancer risk too.

1526 A paper with startling implications: we may have to test patients for β -receptor polymorphisms before using β -blockers to treat coronary disease. One common genotype gets no benefit, and may be harmed.

Other Journals

Arch Intern Med (165: 1890) looks at a big cohort of women from Shanghai and suggests that high phytoestrogen intake (mostly from soy products) protects against postmenopausal fractures. *Ann Intern Med* (143: 317) reports a 6-month trial of daily tiotropium in chronic obstructive pulmonary disease — small benefit. On page 427, a big meta-analysis shows that self-management programmes can reduce blood pressure and glycosylated haemoglobin, but not the pain of osteoarthritis. Scepticism about dyslexia has recently been aired, but *Brain* (128: 2453) finds a replicable pattern of abnormal brain activity in dyslexics, using voxel-based morphometry, no less. *Gut* (54: 1402) suggests a new treatment for irritable bowel syndrome: melatonin. It was tried out for sleep disorder, but improved bowel symptoms instead. Addicts of the qualitative literature may wish to browse the latest issue of *Scand J Caring Sci*, which mixes studies of Andrex-like softness ([19: 268] Do all health and social care professionals interact equally: a study of interactions in multidisciplinary teams in the UK) with others of stony theoretical rigour ([19: 280] The structure of Antonovsky's sense of coherence in patients with schizophrenia and its relationship with psychopathology).

Plant of the Month: Mahonia japonica

Sprays of yellow flower, scented of lily-of-the-valley, break the gloom of early winter. A big evergreen shrub, but easily kept in check.

history, where we realise that the war of all against all lurks in our neighbourhoods like the plague, and we collectively decide once and for all to deal with the inequalities that have bred the conditions where it could be loosed. These communities may not be where you or I would choose to live, but for a million of my countrymen they were both home and history and their destruction will have a more lasting effect on their health than the medical care they receive from us. The biggest public health disaster, in the long run, will be the death of communities, of the social fabric of neighbourhoods and towns where, despite differences or deeply historical poverty, people found ways to work to help each other.

As Yeats wrote in *The Second Coming* (1919):

*'Things fall apart; the centre cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed,
and everywhere
The ceremony of innocence is drowned'*

American innocence — and I hope arrogance — was drowned on the Gulf Coast, in September 2005. Big Charity will never reopen. The displaced and the sick roam the country. The centre is not holding. Can we find our way?

John Frey