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Dietary intake of calcium and postmenopausal bone loss

Postmenopausal osteoporosis is both common and fashionable, with a stream of advice and comment from health educators and journalists. This advice commonly includes a recommendation that women should have a high intake of calcium—from milk (skimmed or full), calcium supplements, and so on. Yet there is little evidence that dietary calcium intake has any important effect on bone density.

At p 15 Stevenson *et al* report a study of this question in 59 women, from whom they took dietary histories and measured their skeletal densities. They found no evidence that a high intake of calcium would either prevent osteoporosis or help in its treatment. The use of calcium supplements is, they conclude, of commercial rather than clinical benefit.

Sterilisation in practice

Since the advent of AIDS everyone, lay and professional alike, has become more aware of the need for care in preventing the spread of infectious diseases. Most attention has been paid to hospital procedures, but general practitioners use instruments and equipment that may be hazardous if not properly decontaminated and little attention has been paid to providing them with advice on the best decontamination methods. On p 34 Hoffman *et al* describe a study carried out in 20 practices around Britain, looking at decontamination procedures in general practitioners' surgeries. A questionnaire about facilities and procedures was completed and current methods of sterilisation assessed, which included testing heat sterilisers and sampling disinfectants for bacterial contamination. The survey shows a wide variation in facilities, with only about a quarter of practices having an autoclave (though all were in good working order), and it uncovers important failures to sterilise some high risk items; often chemical disinfectants were used to sterilise high risk items that should have been autoclaved. The paper gives much useful advice, together with a table of commonly used equipment classified as high risk, medium risk, and low risk, with recommended decontamination methods and acceptable alternatives where available.

Risk of cervical cancer associated with mild dyskaryosis

Gynaecologists disagree about the best advice for a patient whose cervical smear is reported as "mild dyskaryosis." Some believe that such women should be referred for colposcopic assessment and biopsy. Others claim that patients with this type of abnormal smear may safely be managed conservatively by arranging for repeat smears at intervals of six months, referring for colposcopy only those in whom abnormalities persist.

Evidence in support of the conservative approach appears at p 18 in a study from Belfast. Robertson *et al* report the outcome in 1781 patients who were found to

have mild dyskaryosis in a cervical smear taken between 1965 and 1984. During the period of surveillance smears returned to normal in 46% of patients. In all 10 patients developed invasive cancer. The authors conclude that cytological surveillance is acceptably safe provided that biopsy is advised for those patients with persistent dyskaryosis.

This study, a short report (p 29), and other recent research on the topic form the basis for a leading article at p 6 by Mr J A Jordan. His conclusion—perhaps unsurprisingly—is that more research is needed; but for the time being the demand that every woman with an abnormal smear should have a colposcopy seems premature.

Perinatal brain damage

Perinatal asphyxia is an important cause of brain damage leading to cerebral palsy and other neurological disabilities; but by no means all infants who undergo asphyxia develop brain damage. One test widely used as a predictor of brain damage is the 5 minute Apgar score, another is measurement of the pH of the blood in the umbilical artery. At p 24 Ruth and Raivio report a prospective study of the use of these tests in 982 liveborn infants delivered over two months in Helsinki. At 1 year of age four infants had died and 38 showed signs of brain damage. Arterial pH, high lactate concentrations, and low Apgar scores were all poor predictors. More reliable prognostic indicators are needed that can be applied at and around birth.

Rheumatic symptoms after cardiac surgery

Over 10 000 patients have open heart surgery each year in Britain, and some will develop pain in the shoulder girdle. The pain may take several forms but is not usually accompanied by any restriction of movement of the shoulder. At p 21 Walton and Holt have made an attempt to define the features of the different kinds of pain by examining a series of 101 patients undergoing surgery, 45 of whom developed symptoms during the first six weeks after their operations. They conclude that recognition of these common patterns of symptoms could save many patients unnecessary investigations.

