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Damp, mouldy housing and childhood asthma

Condensation, dampness, and growth of mould in the home are widely believed to be a hazard to respiratory health, but there is little evidence on the matter. On page 1223 Strachan describes an epidemiological study of 873 children aged 7 in Edinburgh, in which bronchospasm induced by exercise was used to validate parental reports of asthmatic symptoms. Wheeze in the past year was two to three times more common among the children from homes affected by dampness and mould, but there was little difference in bronchial lability after exercise. This raises the possibility that the parents who recognise that their home is damp or mouldy may be more aware of respiratory symptoms in their child and implies a need for more objective data.

Blood pressure: the lower the better?

The assumption that the lower the blood pressure the better for longevity has been derived from fit, homogeneous populations that have excluded people with ischaemia. Data on heterogeneous populations indicate that myocardial infarction may result if the diastolic blood pressure is too low long term. On p 1227 Cruickshank reviews recent studies of hypertension in large heterogeneous populations that have indicated a J shaped relation between diastolic blood pressure and myocardial infarction. The J point (the lowest incidence of myocardial infarction) was found to be about 85 mm Hg (phase V). This relation seems to be independent of treatment, pulse pressure, and the degree of lowering of blood pressure and may occur as a result of coexistent severe coronary artery stenosis that results in a diminished ability of the coronary artery to vasodilate. This low coronary flow reserve renders the myocardium vulnerable to perfusion pressures (diastolic blood pressure less than about 85 mm Hg) that are tolerated by patients without ischaemia. Cruickshank concludes that the diastolic blood pressure of ischaemic hypertensive patients should therefore not be lowered to less than about 85 mm Hg (phase V), and particular care should be taken in prescribing for elderly patients with isolated systolic hypertension.

Babies with spina bifida at home

Twenty years ago a battle raged between the proponents of immediate operation for most babies born with spina bifida and those who believed that only a few should have this. Since then most paediatricians have occupied the middle ground, particularly after the results of audits of the quality of life attained by these children. But in the case of children who are left untreated one question has rarely been addressed: Should they die at home or in hospital? The need to answer this point was emphasised in 1976 by an episode at the North Staffordshire Maternity Hospital in Stoke on Trent, when a clergyman and his wife behaved towards their handicapped baby as they would have done to a normal child, breast feeding him and taking him home. As a result hospital policy changed, and Delight and Goodall (p 1230) have now been able to compare parents' attitudes towards the different policies. Parents whose babies remained in hospital were sadder than those who had taken their babies home, and the quality of life for the baby was thought to have been worse. A further finding was that recovery from bereavement took longer than is customarily believed, taking over five or six years. Even so, relationships between parents and child were found to be often enriching, even given a poor quality of life and a poor outlook for survival.

Smoking in pregnancy and intellectual development

We are now well used to the idea that mothers who smoke during pregnancy increase the risk of stillbirth and reduce the likely birth weight of their babies. Much of the evidence for this came from the 1958 perinatal mortality survey, which later became the national child development study and has continued to study people born in one week in 1958. On p 1233 Ken Fogelman and Orly Manor report their analyses of about 8500 young people in the study, which show that the effects of mothers smoking in pregnancy seem still to be detectable in adulthood. Even after allowing for differences in social class and other background factors men whose mothers had smoked heavily were on average almost one centimetre shorter at age 23 than the sons of non-smokers. For women the difference was almost two centimetres.

Rapid delivery of monomeric insulin analogue

Improved diabetic control is increasingly recognised as a prerequisite for preventing diabetic complications. In order to attain normoglycaemia in insulin dependent diabetes treatment with insulin should mimic normal physiological endogenous insulin secretion—that is, in supplementing basal values and requirements related to meals. In normal people eating a meal results in a rapid rise in plasma insulin concentration, reaching a peak within 30-60 minutes. Subcutaneous injection of a bolus of short acting soluble insulin normally achieves a peak plasma concentration within 90-120 minutes, so that insulin treated diabetics need to inject 30 minutes or more before food. The delay in absorption of commercially available soluble insulin has been attributed to the rate of dissociation from hexameric units into monomeric insulin molecules before absorption. Recently recombinant DNA technology has led to the development of monomeric insulin analogues. On p 1236 Vora *et al* compare a disubstituted monomeric insulin analogue with soluble human insulin. The insulin analogue had a substantially faster rate of absorption from subcutaneous tissue, resulting in an earlier, more dramatic hypoglycaemic effect. Vora *et al* believe that monomeric insulin analogues are therefore potential candidates for rapid insulin delivery after subcutaneous injection for requirements related to meals and will result in improved treatment.