

This week in BMJ

All communications should be addressed to The Editor, *BMJ*

Editor
Stephen Lock

Art department
Derek Virtue

Book reviews
Ruth Holland

BMA affairs
Gordon Macpherson
Linda Beecham

Correspondence
Jane Smith

Editorials
Richard Smith

Editorial secretary
Susan Minns

General office
Leslie Moore
Andrew Woodward

Information office
Ann Shannon

News
Stella Lowry

Obituaries
Liz Crossan

Original articles
Tony Delamothe
Tony Smith

Subediting department
Diana Blair-Fish
Sue Burkhart
Tony Camps-Linney
Margaret Cooter
Sharon Davies

Publishing director
Anthony Smith

Advertisement manager
Bob Hayzen

International sales
Maurice Long

Publishing manager
Derek Parrott

© British Medical Journal 1988.
All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the British Medical Journal.

US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA.
US subscription \$146.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR, Telephone 01 387 4499, and printed by Pulman Web Offset Ltd. Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

Injuries to pedestrians in road traffic accidents

Pity the poor pedestrian! Improvements to motor vehicles and the introduction of laws on seat belts, safety helmets, and drinking and driving have helped reduce the risks to motorists and their passengers. But as the survey on p 1431 shows, pedestrians remain at risk. The overall fatality rate among pedestrians brought to the John Radcliffe Hospital was 5.4%; it was only 2.9% for occupants of cars and 2.1% for motorcyclists. Not surprisingly, injuries increased with age and the weight of the vehicle concerned. The authors conclude that more efforts could be made to prevent deaths and injuries from this cause.

Anaphylaxis with cinoxacin

Severe hypersensitivity reactions, including anaphylaxis, have been reported with some of the quinolone antibiotics. Nevertheless, although skin reactions have been reported with cinoxacin, these have usually been mild. Three cases of anaphylaxis with cinoxacin reported to The Netherlands monitoring centre led Dr B H Stricker and his colleagues (p 1434) to study the records of case reports to the WHO centre and to the FDA. They found a total of 17 cases, often starting shortly after taking a single capsule of a second course of treatment. No patient died and most recovered promptly with vigorous treatment. Not only should great care be taken, then, when prescribing these drugs but the findings show that thorough detective work can still uncover serious hazards of drugs in everyday use.

Voiding dysfunction and polycystic ovaries

Refinements in diagnostic methods are helping to explain the basis for disorders of bladder emptying in women. An example appears on p 1436, in which Fowler *et al* report detailed investigations of 57 women with difficulty in emptying their bladders. Electromyography of the urethral sphincter showed that 33 of them had an abnormal pattern of decelerating bursts and complex repetitive discharges. Pelvic ultrasonography in 22 of these women showed that 14 had polycystic ovaries. Women with polycystic ovaries tend to have some deficiency of progesterone secretion, and this may underlie the functional abnormality of the urethral sphincter.

Hip fracture in Britain and Hong Kong

Quite why hip fractures are becoming so much more common in elderly people (even when the rate is adjusted for age) is a topic of much current speculation. One factor seems to be the sedentary lifestyle found in many societies. This association is shown very clearly

in two studies, one in Britain and one in Hong Kong, of hip fractures in the elderly (pp 1441 and 1443). The intake of calcium was much higher in the British than in the Chinese, but in both populations regular physical activity—such as housework and climbing stairs—was shown to protect against fractures.

Transient impaired glucose tolerance

Impaired glucose tolerance is a category that includes people who have glucose tolerance outside the normal range but not diagnostic of diabetes. Fewer than half of the people with this condition develop diabetes within 10 years, whereas in most glucose tolerance reverts to normal or continues to be impaired. Little is known, however, about the long term outcome in people with a transient impairment of glucose tolerance. On p 1438 Saad *et al* report that life table analysis showed that 48% of Pima Indians with this condition would develop diabetes within 10 years compared with 8% of controls. This study, however, was carried out in a population with the world's highest incidence of non-insulin dependent diabetes, and the data may not be directly extrapolated to other ethnic groups. Nevertheless, these data indicate that transient impairment of glucose tolerance may be a marker for increased susceptibility to diabetes and should not be dismissed as clinically unimportant. Subjects with this abnormality may benefit from interventions, such as advice on diet and increased physical activity, which may delay or prevent the development of diabetes.



Magnetic resonance imaging showing Arnold-Chiari malformation with syringomyelia (p 1448)