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Antenatal screening for intrauterine growth retardation with umbilical artery Doppler ultrasound

The diagnosis of intrauterine growth retardation has long been a major problem for clinical obstetricians. Up to half of growth retarded babies have not been diagnosed by antenatal clinical assessment. Routine screening for growth retardation and fetal compromise by imaging ultrasonography is labour intensive and requires a high level of skill. The introduction of continuous wave Doppler ultrasound, a simpler technique, has been seen as the cure for these ills. Whereas its place may be assured in the serial assessment of the fetus at high risk its usefulness as a screening tool for the diagnosis of growth retardation and fetal compromise remains unproved.

Beattie and Dornan (p 631) found that continuous wave Doppler ultrasonography is of no value as an antenatal screening tool for either the traditionally accepted markers of fetal outcome or intrauterine nutrition as reflected in the morphometrics of the newborn. They conclude that obstetricians should not act on the finding of an abnormal Doppler waveform from the umbilical artery in isolation from other biophysical features of fetal health.

Increased risk of atherosclerosis in women after the menopause

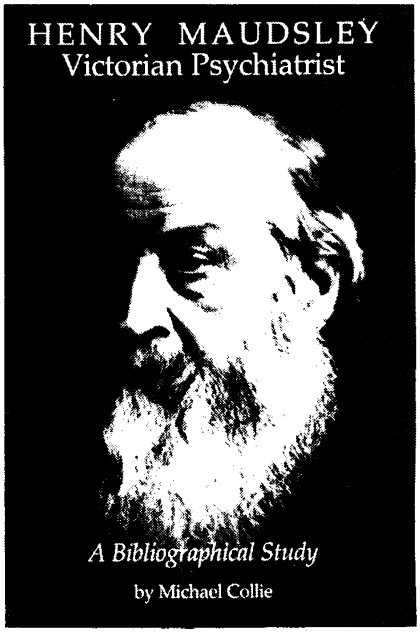
An increase in the incidence of cardiovascular disease has generally been observed after the menopause. Information on the extent of atherosclerosis in premenopausal and postmenopausal women is, however, sparse. Witteman and colleagues (p 642) examined 294 premenopausal and 319 postmenopausal women aged 45 to 55. They used radiographic techniques to identify calcification of the abdominal aorta, which has been shown to represent intimal atherosclerosis. Women with a natural menopause had a 3·4 times greater risk of aortic atherosclerosis than premenopausal women of the same age. Women with a surgically induced menopause had a 5·5 times greater risk than premenopausal women. The authors suggest that when oestrogen production stops, either naturally or after surgery, the risk of atherosclerosis is greatly increased.

Nimodipine and outcome after subarachnoid haemorrhage

There is little proved specific treatment that improves cerebral ischaemia or relieves cerebral vasospasm. The time immediately after subarachnoid haemorrhage before cerebral ischaemia starts provides an opportunity to assess such treatments, but to date, with only two exceptions, controlled clinical trials have been too small to assess them properly; thus useful treatments may have been discarded prematurely. On p 636 Pickard *et al* report the results of the British aneurysm nimodipine trial, a double blind, placebo controlled study of nimodipine, a calcium antagonist, in a total of 554 patients. Oral nimodipine 60 mg or placebo was given every four hours starting within 96 hours after subarachnoid haemorrhage for 21 days, and all patients were followed up for three months. Nimodipine significantly reduced the incidence of cerebral infarction by 34% and that of bad outcomes (death or severe disability) by 40%. The mechanism of this beneficial effect is unclear and may remain so until the diverse effects of calcium antagonists are fully elucidated.

Omeprazole and gastric ulcers

The introduction of H_2 blockers represented a revolution in the treatment of gastric and duodenal ulcers, though in most trials of cimetidine 20-30% of peptic ulcers remain unhealed. The new drug omeprazole, which blocks the proton pump in the parietal cell, is a much more potent inhibitor of acid secretion than the H_2 blockers. Hence it was hoped that omeprazole would accelerate ulcer healing and possibly ensure higher healing rates than, for instance, cimetidine. Other studies have shown that this is the case in duodenal ulcer disease, and on p 645 the Danish Omeprazole Study Group presents its results in patients with ulcers of the body of the stomach. The group found that omeprazole also promoted ulcer healing in this type of peptic ulcer but that its superiority seemed less pronounced in gastric than in duodenal ulcers. As is often the case with new drugs, however, it takes time to establish the right dose, and possibly a dose higher than 30 mg a day would have yielded better results. More trials are needed.



Few eminent Victorians have given less encouragement to biographers than psychiatrist Henry Maudsley. As someone who obviously wanted to be remembered for his works rather than his life he would have been delighted by the bibliographic study reviewed on p 686. He might also have been aghast to discover that it sets him up for full biographical treatment.