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Aerobic work capacity in patients with chronic fatigue syndrome

The chronic fatigue syndrome, also called myalgic encephalomyelitis (ME), is a disorder characterised by muscle fatigue and weakness after exercise. It remains enigmatic with much controversy concerning not only its aetiology but also its very existence as a true organic disease. Using symptom limited exercise treadmill testing, Riley *et al* (p 953) objectively assessed the aerobic work capacity of 13 patients who fulfilled the diagnostic criteria for the syndrome. They showed a reduced exercise capacity in these patients compared with normal control subjects and patients with the irritable bowel syndrome. They also found that these patients had an abnormal perception of their level of exertion and premorbid fitness.

HIV infection in the Edinburgh haemophiliac cohort

Thirty two haemophiliac patients who received contaminated factor VIII concentrate from the Scottish National Blood Transfusion Service have been followed up regularly. On p 956 Cuthbert *et al* describe the findings of their five year prospective study of these patients. The 18 patients who seroconverted had received a higher dosage than the 14 who remained negative for HIV antibody, but they had no other distinguishing characteristics. None of these 14 patients developed infection whereas 10 of the 18 who seroconverted developed symptomatic HIV disease. CD4 lymphocyte counts declined progressively in the patients who seroconverted, and the decline was faster in the subgroup with symptoms. Rising CD8 lymphocyte counts were not observed until three years after seroconversion. Increasing plasma β_2 microglobulin, neopterin, and IgA concentrations and declining cell mediated responses to recall antigens were observed in those who seroconverted. The authors conclude that serial estimates of CD4 lymphocyte counts and plasma β_2 microglobulin concentration are reliable measures of HIV disease progression but that because of individual variation a wide range of measurements should be used in monitoring the effects of any drug treatment.

Effects of prejudice on the early careers of women doctors and doctors from ethnic minorities

Discrimination against women and ethnic minorities in British medicine has long been suspected both in procedures for admission to medical school and in the competition for postgraduate training posts. On p 961 McKeigue *et al* report the results of a survey of the careers of graduates from British medical schools between two and six years after qualifying. They found no evidence that women were less likely than men to succeed in gaining training posts, but among doctors

from ethnic minorities there was a striking excess of difficulties related to obtaining training posts. Compared with native European graduates doctors from ethnic minorities reported more difficulty in obtaining house officer posts, registrar posts, and places in vocational training schemes in general practice; experienced longer periods of unemployment; and were more likely to have changed their original choice of career because of difficulty in obtaining suitable training posts. The strength and consistency of these effects leave little doubt that racial discrimination is occurring even among British medical graduates. Shortlisting procedures based on objective scoring systems might help to ensure equality of opportunity in future.

Serial prothrombin time as prognostic indicator in paracetamol induced fulminant hepatic failure

Liver transplantation is currently an established treatment in the management of viral induced fulminant hepatic failure. Its potential application in patients with paracetamol induced fulminant hepatic failure has highlighted a need to define outcome as early as possible after overdose so that a high risk group who would benefit from liver grafting can be identified. Peak prothrombin time provides important prognostic information in patients with this condition, and on p 964 Harrison *et al* evaluate serial changes in prothrombin time in a retrospective study of 150 consecutive patients. They show that a rise in prothrombin time three to four days after overdose indicates an especially poor prognosis (92% mortality compared with 22% in those in whom prothrombin time fell). The authors suggest that this evaluation provides additional prognostic information at an early stage after overdose, which allows sufficient time both to locate a donor and to enable liver grafting to be performed before the onset of complications such as cerebral oedema, which add greatly to the hazards of the procedure.

Of poets and protestants

... paratroopers and pharmacies (as here in Renaissance Italy). This week's book supplement (p 996) provides a feast of autumn reading.

