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Intravenous magnesium in suspected myocardial infarction

Attempts to reduce mortality in patients with ischaemic heart disease by using classic antiarrhythmic drugs have not been successful. Intravenous infusion of magnesium has been associated with beneficial results in experimental infarction, but most clinical trials of intravenous magnesium infusion have been too small to provide clear answers. On p 1499 Teo *et al* report an overview of seven trials on a total of 1301 patients with acute myocardial infarction. Mortality and ventricular arrhythmia were reduced significantly in patients given intravenous magnesium. The authors conclude that intravenous magnesium is a promising intervention that should be evaluated in large trials.

"Do not resuscitate" decisions

Who decides whether the "crash team" should be called if a patient has a cardiac arrest in your hospital? When and how are decisions not to resuscitate made, and how are they recorded? On p 1504 Aarons and Beeching report a survey in a Liverpool hospital which highlighted inadequacies in recording medical decisions not to resuscitate patients, in communicating these decisions to nurses, and in discussing the general prognosis with patients and their relatives. Futile or inappropriate attempts at cardiopulmonary resuscitation are distressing for patients and relatives and have implications for resource management. Aarons and Beeching believe that clear guidelines are needed to improve the recording of decisions not to resuscitate in patients' medical and nursing notes.

Humoral mediator of hypercalcaemia in breast cancer

Hypercalcaemia in breast cancer is traditionally attributed to the local effects of metastases in bone. Parathyroid hormone related protein is a potent hypercalcaemic factor recently isolated from solid tumours, including breast cancer. Now Bundred *et al* have investigated the possibility that parathyroid hormone related protein circulates in patients with breast cancer, particularly those with hypercalcaemia. Their findings (p 1506) show that the protein is detectable in the plasma and present in the tumours in most patients with bone metastases who develop hypercalcaemia. In contrast, the protein is less frequently detected in the plasma, concentrations are lower, and it is less commonly present in tumours when serum calcium concentrations are normal. The authors conclude that circulating parathyroid hormone related protein derived from tumours is probably an important mediator of hypercalcaemia in breast cancer.

Injuries from antipersonnel mines

Antipersonnel mines cause concern to the International Committee of the Red Cross; they cause severe injury to combatants and non-combatants alike. On

p 1509 Coupland and Korver report the experience of the Red Cross in two of its field hospitals. Describing and quantifying patterns of injury according to distribution of injury, the drain on surgical and transfusion resources, and the victims' residual disability, they draw attention to a little recognised, serious, and preventable worldwide disease.

Dog bites

Dog bites are common, and the increasing incidence of serious injury has recently received much public attention, with calls for tighter controls on dog ownership. On p 1512 Shewell and Nancarrow report findings of a questionnaire study of the circumstances and outcome of dog bites in patients referred to their plastic surgery unit. The response rate was high (81%), and the replies indicated that a wide range of dog breeds was responsible; 85% of dogs were male. Most attacks occurred in the dog's own home, and the dog and victim were familiar to each other. Although the dog was commonly blamed, there was often a precipitating cause. The authors hope that identifying the circumstances and increasing public awareness will reduce the number of incidents.

Outcome of home births

Giving birth at home is an attractive option for many women, some of whom may be anxious about modern obstetrics. Birth in hospital, however, has been promoted as the safest option. On p 1517 Ford *et al* report a study of outcome in 277 women in their inner city practice who booked for a home delivery during 1977-89. Of these, 215 (77.6%) had normal births at home, 26 were transferred to specialist care during pregnancy, and 26 were transferred during labour. Nulliparous women were significantly more likely to require transfer during labour than multiparous women. With the service offered by their practice birth at home was practical and safe for multiparous women, but the authors emphasise the necessity for collaboration between the general practitioner and both community midwives and hospital obstetricians for minimising the risks of trial of labour at home.

Assessing audit papers

The rapid pace of medical progress requires doctors to read newly published research and medical audit reports, an activity best done in a structured and critical way. Existing frameworks for critical reading mainly concern research. Bhopal and Thomson (p 1520) prepared a form to help assess published medical audit, which they revised in the light of clinicians' opinions and their experience of its use. Its four sections are concerned with background issues such as the characteristics of the audit topic, methods used, the implications for clinical practice, and how far round the audit cycle the work has progressed. The form is proving useful as an adjunct to existing "toolkits" for structured reading and for teaching and learning about medical audit.