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Enalapril in diabetic nephropathy

Angiotensin converting enzyme inhibitors, which have been shown to be effective in patients with diabetes mellitus, may offer superior protection of renal function in patients with insulin dependent diabetes. Björk *et al* (p 339) compared the effect of enalapril with metoprolol, so far the most effective treatment in this respect. They found that enalapril has an antiproteinuric effect independent of the effect on systemic blood pressure, and it is more effective than metoprolol in reducing the decline in kidney function in patients with diabetic nephropathy. Angiotensin converting enzyme inhibitors may have a specific renal protective effect in diabetic nephropathy.

Cause of increased first day mortality during 1951-80

In 1973 Cross reported that first day infant mortality in England and Wales and the United States had stopped falling in the early 1950s and had subsequently risen. He attributes this to oxygen restriction in the management of low birthweight infants. On p 343 Whyte reports analyses of infant mortality from 1935 to 1987. After the early 1950s mortality increased for about 10 years and then fell sharply until reaching the original baseline rate of fall in 1980. Stillbirth rates were also affected, discounting oxygen restriction as the explanation. Further investigation to determine a discrete factor which affects both fetal and newborn survival is needed to explain the observation. Whyte suggests that the factor might be environmental.

Correlation of asthma morbidity in primary care

Although asthma is now better understood and new treatments are available, morbidity and mortality due to asthma are not falling, and prevalence seems to be rising, especially in children. Efforts at improving asthma care in general practice need to be evaluated with simple measures of morbidity. Jones *et al* have developed a morbidity index based on three simple questions (p 361). This index was significantly associated with measures of lung function in asthmatic patients of three well resourced practices. It may help to target the patients needing more attention by concentrating on those reporting medium to high morbidity.

Specificity of screening for breast cancer

One of the adverse effects of any breast screening programme is that some women will be incorrectly

classified as positive on the initial screen and will require further investigations before being declared free of disease. The assessment procedure costs not only in financial terms but in increased anxiety and possible morbidity for the women. On p 346 the United Kingdom Trial of Early Detection of Breast Cancer Group report the specificity and biopsy rates in the two screening centres in the trial. About 95% of screened women without cancer were correctly classified as negative, a somewhat lower specificity than that reported elsewhere. Although the ratio of benign to malignant specimens improved over the seven years of study, the rate of biopsy resulting in benign specimens remained higher in the screening centres than in comparable populations without a screening programme. Unnecessary biopsy will continue to be a problem in screening programmes until alternative diagnostic techniques can be relied on.

Organ donation from intensive care units

In a confidential audit of deaths in intensive care units over two years in England and Wales, Gore *et al* (p 349) found that in only 10% of cases was brain stem death confirmed and that in almost a fifth of these there was a general medical contraindication to donation. Furthermore, of the 94% of families who were approached, 30% refused consent. The incidence of both medical contraindications and refusals by relatives varied with region, as did whether brain stem death was a possible diagnosis. Though offers restricted to specific organs were a problem, there were no particular reservations against heart donation. The authors believe that aside from a need to increase the harvesting of organs offered, numbers of kidney donors could be increased dramatically by prompt testing for brain stem death and having fewer refusals.

Prognosis of well shaped ST segment

Doctors have always intuitively preferred a curved ST segment with an upward slope to a flat ST trace, but there is no evidence that such a well shaped ST segment has any clinical importance. In a population of 3091 apparently healthy middle aged men and women Schouten *et al* (p 356) observed a reduced risk of long term mortality from cardiovascular and coronary heart disease in the men who showed slight ST elevation 80 ms past the J point. This observation is evidence that the well shaped ST segment is a good sign. Indeed, ST depression was associated with the expected increased risk of mortality from cardiovascular causes. These results may represent an effect of undetected coronary heart disease or may bear some relation to autonomic balance.