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Social effects of wheeze in childhood: a 25 year follow up

Little is known about the impact of childhood asthma and wheeze on the lives of those who are affected. Ross *et al* (p 545) carried out a 25 year follow up of three groups of children who were identified in a random community survey of school children in Aberdeen in 1964. One group had been described as being asthmatic, another had experienced "wheeze in the presence of an upper respiratory tract infection," and the third group had had no respiratory symptoms as children. Those who had asthma as children were more likely to have had respiratory problems during their school years and associated with their work, but childhood asthma did not have an adverse effect on educational attainment, employment, housing, or social class in comparison to those who were wheezy in the presence of infection or those who had no childhood respiratory symptoms.

Domiciliary thrombolysis by general practitioners

Providing thrombolysis for suspected myocardial infarction is a matter of urgency, but in mainland Britain there is no system of pre-hospital coronary care, and the usual advice is that patients with chest pain should ring for an ambulance to take them direct to hospital. The report of the Grampian region early anistreplase trial (p 548) shows that there is another approach, particularly suited to rural areas. 311 patients with suspected infarctions seen at home within four hours were randomised to receive an injection of anistreplase either at home or in hospital. Those who received thrombolysis at home had reduced mortality, fewer full thickness infarcts, and better left ventricular function, showing that the 100 or so general practitioners who made up the trial group could provide a full package of pre-hospital coronary care.

Intranasal salmon calcitonin and bone mass in osteoporosis

Osteoporosis is an age related disease affecting millions of women and for which there is no certain treatment once it is established. Calcitonin is a peptide hormone produced in the parafollicular cells of the thyroid. It inhibits bone resorption by a direct effect on osteoclasts. Clinical studies have shown that salmon calcitonin (salcatonin) given intranasally reduces subsequent bone loss in women with established osteoporosis. On p 556 Overgaard *et al* report a double blind, placebo controlled study of three doses of salcatonin (50 IU, 100 IU, and 200 IU) to elderly women with established osteoporosis. They recorded a dose related response to salcatonin in the spines of these women, manifested by an increase in bone mass of 1·0% per 100 IU administered. Furthermore, the rate of patients with new vertebral and peripheral fractures was reduced in the women treated with salcatonin to about one third of that in the non-salcatonin treated women.

Early pain relief for acute abdominal pain

Early effective pain relief in the management of patients with acute abdominal pain is not conventional teaching because of the fear of masking physical signs and hence delaying diagnosis and definitive management. This was challenged in an editorial in the *BMJ* in 1979, but opinion remained divided. On p 554 Attard *et al* report a double blind, placebo controlled study comparing the effects of papaveretum and saline administered early to patients presenting with acute abdominal pain. They report that papaveretum was effective in relieving pain, did not adversely influence diagnostic and management decisions, and might even facilitate diagnosis. The authors recommend early pain relief for such patients.

Preventing venous thromboembolism

Despite convincing evidence that prophylaxis for venous thromboembolism would prevent many cases of deep vein thrombosis and pulmonary embolism, many surgeons do not routinely use prophylaxis. Yet pulmonary embolism is a major cause of death among hospital inpatients. On p 567 the Thromboembolic Risk Factors Consensus Group review the incidence of venous thromboembolism in hospital patients and recommend prophylactic regimens. Factors such as age, obesity, immobility, and surgical procedure increase the risk of thromboembolism, and the group uses these to define risk groups. They suggest that all patients should be mobilised early and that routine prophylaxis should be given to patients at moderate or high risk. The recommendations cover medical as well as surgical patients and deal with special circumstances such as pregnancy.

Waiting lists and the NHS reforms

The promise of the NHS Management Executive that from 1 April 1992 long waiting times for admission to hospital would be a thing of the past seems to have merited the derision and scepticism with which it was greeted. On p 577 Pope examines current policy directed at hospital waiting lists, in particular the patient's charter and the drive to cut long waiting times. She considers the political debate surrounding waiting lists and the use of statistics and suggests that the debate, and some of the policy initiatives aimed at solving the problem, lack an adequate understanding of waiting lists and fail to draw on previous research. As a result many of the initiatives have been short term and piecemeal, cutting corners rather than providing long term solutions. The author suggests that some of our ideas about waiting lists, including our notion of the queue, need to be re-examined, and if we are to move forward we need to consider how and why waiting lists are produced and—perhaps more importantly—how they are managed and organised.