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Hypoglycaemia awareness with human and porcine insulin

The debate concerning a possible effect of human insulin on subjective awareness of hypoglycaemia continues. Despite clearly stated anxieties from some patients with diabetes, clinic surveys have generally failed to find a firm association. Attempts to establish a mechanism have been controversial and criticised for their irrelevance to patients' experience. On p 167 Maran *et al* report the results of a randomised controlled trial combining clinical assessment with laboratory investigation of hypoglycaemic experience with human and porcine insulin. The subjects had insulin treated diabetes and had all experienced altered awareness of hypoglycaemia after transferring to human insulin. They found no difference in the number of hypoglycaemic episodes with the two types of insulin or in the glucose concentrations at which neurohumoral and symptomatic responses were noted during controlled induced hypoglycaemia. The authors conclude that by itself human insulin is unlikely to produce a change in hypoglycaemic responses sufficient to cause loss of awareness.

Cord clamping in preterm infants

Despite age old controversy about when to clamp the umbilical cord to best advantage, immediate clamping is usual on delivery of preterm infants to facilitate resuscitation. This practice deprives the infant of blood volume and blood cells. Placental blood is richly endowed with haemopoietic stem cells necessary for the infant's haemopoietic and immunological constitution. On p 172 Kinmond *et al* describe clinical advantages in a half minute delay before cord clamping in vaginally delivered preterm infants with notable reductions in intensity and duration of dependence on respiratory support and transfusion requirements. Fewer infants managed in this way fulfilled the criteria for exogenous surfactant treatment compared with infants managed according to conventional practice and no adverse effects were observed. Delaying cord clamping for 30 seconds results in more generous placental transfusion and better postnatal lung adaptation, leading to a less complicated and less costly postnatal course.

Enalapril and hydrochlorothiazide in diabetic microalbuminuria

Diabetic nephropathy, a life threatening complication in insulin dependent diabetes, seems to be caused by glomerular haemodynamic abnormalities which occur from the onset of disease. Experimental and clinical data suggest that angiotensin I converting enzyme inhibitors can prevent, or postpone, the development of this complication. However, whether these drugs act specifically through their renal effects, or non-specifically through their hypotensive action, remains an important matter of debate. Hallab *et al* (p 175) studied normotensive insulin dependent diabetic patients with microalbuminuria who were treated for one year with either enalapril, an angiotensin I convert-

ing enzyme inhibitor, or hydrochlorothiazide, a diuretic. Diuretics reduce hypertension by affecting the sodium balance but they also stimulate the renin-angiotensin system. Though a similar hypotensive effect was obtained in each patient group, only enalapril was effective in reducing microalbuminuria. The protective effects of angiotensin I converting enzyme inhibitors seem attributable to both their intrarenal and hypotensive actions.

Endometriosis in women attending family planning clinics

Endometriosis is an important cause of pain, menstrual disorders, pelvic masses, and subfertility in women but there have been few epidemiological studies. Vessey *et al* analysed data from the Oxford Family Planning Association contraceptive study to determine patterns of endometriosis (p 182). The results showed the well known associations with age and parity. They also suggested that current use of oral contraceptives decreased the risk and that intrauterine devices are often removed if symptoms of endometriosis occur.

Mobile screening for diabetic retinopathy

Diabetic retinopathy is the commonest cause of blindness in the working population of the Western world, and up to 70% of this blindness is believed to be preventable. Non-mydriatic fundal photography is effective in identifying diabetic retinopathy, and cameras in a mobile unit can be used to screen diabetic patients within the community. Leese *et al* have monitored the results from a mobile eye screening unit visiting health centres, community centres, and hospitals throughout Tayside (p 187). A higher proportion of patients from rural areas attended for screening. Rural patients had a greater prevalence of advanced diabetic retinopathy and were more likely to require laser photocoagulation for previously unrecognised retinopathy. The mobile diabetic eye screening unit is an effective and cheap method of identifying retinopathy, particularly for patients in rural areas.

Is death from asthma exaggerated?

There has been much concern during recent years over the continuing high mortality from asthma which, despite improvements in asthma treatments, is reported to be about 2000 per year in England and Wales. On p 193 Berrill reports that clinical experience in West Cumbria during recent years suggests there have been very few deaths from asthma. He examined the case notes of 21 patients listed as having died of asthma and found that many were elderly, had been smokers, and had died of causes other than asthma. It seems that many deaths from chronic obstructive airways disease or chronic bronchitis are being recorded as due to asthma, perhaps because of changes in coding or incorrect completion of death certificates.