

# This week in BMJ

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## Fingertip whorls and narrow hands associated with raised blood pressure

Adult blood pressure is thought to be partly determined early in fetal development. Signs of impaired development are the pattern of fingerprints and size of the palm. On p 405 Godfrey *et al* report the results of an analysis of birth data and current fingerprint and palm patterns and blood pressure in subjects born during 1935-43. They found that whorls on the fingertips and narrow hands were associated with raised blood pressure. They suggest that this association may be due to fetal development of finger pads at around 13 to 19 weeks' gestation, when critical changes in arterial development are also occurring.

## ST elevation is an unsatisfactory criterion for thrombolysis

Thrombolytic treatment for acute myocardial infarction is commonly given only to patients with ST segment elevation in the presenting electrocardiogram. As part of the Grampian region early anistreplase trial (GREAT) Adams *et al* (p 409) report on results from patients with paired electrocardiograms recorded at home and on admission to hospital who received placebo at home. The paired electrocardiograms showed ST elevation in one or other reading in only about half of those who had the diagnosis of definite or probable infarction at the time of discharge. Elevation of the ST segment was present on only one recording in about a quarter of patients with confirmed infarction. Moreover, two experienced observers disagreed on the categorisation of the electrocardiograms in over a quarter of cases. The authors conclude that a rigidly defined electrocardiographic abnormality that is relatively insensitive, transient, and difficult to recognise is an unsatisfactory precondition for the administration of thrombolytic treatment.

## Minor surgery by GPs has no effect on hospital workload

General practitioners performed more minor operations after the 1990 contract, when a fee was introduced. Minor operations in general practice are cheaper than those in hospitals and have a comparable quality of care, as well as being quick and convenient for patients. However, cost savings occur only when they substitute for hospital referrals; surgery in general practice may to some extent offer a complementary service to patients who would not otherwise have been treated at all. On p 413 Lowy *et al* examine changes in minor surgery by general practitioners and in relevant hospital referrals since the 1990 contract in a sample of practices. They found no evidence of a drop in referrals despite a large increase in surgical activity by the general practitioners. General practitioners seemed not to have systematically shifted towards treating the more trivial cases, but the principal effect of payment for minor operations seems to have been a service development rather than a transfer of minor surgery to a more cost effective setting.

## Cryptosporidium is dangerous to children in developing countries

Cryptosporidium has recently been recognised as a major cause of diarrhoea, but it is usually thought to cause only self limiting illness in immunocompetent people. On p 417 Mølbak *et al* report a three year prospective community study in Guinea Bissau, West Africa, which suggests that cryptosporidiosis is a significant cause of death in otherwise healthy young children. Cryptosporidium was present in 7.4% of 3215 episodes of diarrhoea, the prevalence being highest in infants, in cases of persistent diarrhoea, and at the beginning of the rainy seasons. Infants who had cryptosporidiosis had threefold excess mortality and this persisted in the second year of life. Control and management of cryptosporidiosis in young children should receive more attention. In particular, an effective antiparasitic drug is needed.

## Many asthmatic patients misread the severity of their asthma

Treatment for asthma is usually guided by patients' perceptions of symptoms such as chest tightness and wheeze. This practice can, however, lead to inadequate treatment if patients have difficulty in accurately judging the severity of their asthma. Kendrick *et al* (p 422) studied 255 asthmatic patients treated in general practice and, for 14 consecutive days, compared the patients' respiratory function (by coded measurements of peak expiratory flow) with how severe they thought their asthma to be. More than half (152) of the patients showed no significant correlation between their respiratory function and their perceived severity of asthma. The authors conclude that the management of asthma should be based on objective assessments of lung function as well as on symptoms.

## Explaining the decline of smoking is not as simple as researchers make out

Countries such as Australia, Great Britain, and the United States have seen dramatic falls in tobacco consumption over the past three decades. On any given day smokers in such countries are exposed to a welter of news, information, persuasion, and policies designed to persuade them to stop smoking. Many researchers have tried to attribute the fall in smoking to specific policies and interventions and have tried to evaluate these policies on the basis of a simple causal model. On p 429 Chapman argues that the application of such reductionist assumptions about research ignores the fact that the factors that cause people to change such habits are complex. Methods currently used by smoking control researchers inevitably overemphasise recent interventions and concentrate on factors amenable to policy intervention, such as price controls and advertising bans. He urges the need for qualitative research to explore the way that various forces act together to produce radical changes in such behaviour in many developed nations.