

This week in BMJ

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Oral magnesium does not reduce cardiac events among infarct survivors

Several studies have shown that intravenous magnesium significantly reduces mortality and incidence of ventricular tachyarrhythmias in the acute phase of a myocardial infarction. Galløe *et al* (p 585) investigated whether long term oral magnesium treatment could reduce the number of serious cardiac events (reinfarction, coronary artery bypass grafting, or sudden death) in patients who had survived an acute myocardial infarction. Surprisingly, they found that the patients treated with magnesium had a slightly and significantly higher risk of having a cardiac event during one year of treatment than patients treated with placebo. The authors conclude that peroral magnesium cannot be recommended as secondary prophylaxis for such patients.

Towards better birthweight standards

Standards for birth weight by gestational age vary between different populations and are subject to error if the recorded length of pregnancy has to rely on menstrual history. On p 588 Wilcox *et al* detail the birth weights from a sample of 40 000 unselected pregnancies dated by routine ultrasonography. The average birth weight at term in their sample was higher than that in previously published standards, and the authors believe that this is an effect of correct dating of pregnancies. They also observed considerable variation in average birth weights between European, Afro-Caribbean, and Indo-Pakistani mothers and between smokers and non-smokers. They argue that birth-weight standards need to be based on precise dates and the characteristics of the studied population.

Infantile colic is caused by parental stress

Associations between characteristics of families during the first pregnancy and infantile colic were studied prospectively in 1443 families in Finland. On p 600 Rautava *et al* describe how marital relationships, experience of stress, susceptibility to illnesses, and self confidence during pregnancy and childbirth correlated with the occurrence of infantile colic. Those families with problems in childbearing should be given support and encouragement, emphasising positive, good enough parenting rather than perfect parenting.

Gastric cancer is curable

Gastric cancer has come to be regarded in Britain as almost incurable, with five year survival a dismal 5%. Important changes, however, have taken place in both the diagnosis and surgical treatment of gastric cancer in

Britain in the 1980s. Sue-Ling *et al* (p 591) report their experience of treating nearly 500 patients in one surgical unit between 1970 and 1989. Thanks to a fourfold increase in the use of endoscopy, the proportion of patients with early gastric cancer increased from 1% in the early 1970s to 15% by the late 1980s. Twice as many patients underwent potentially curative resection in the late 1980s as in the early 1970s. Operative mortality and morbidity were nearly halved in the 1980s, and five year survival for the 207 patients who underwent potentially curative resection was 60%. Stage for pathological stage the results of surgery were similar to those reported from Japan.

Traffic emissions reduce respiratory health in children

Over the past 30 years industrialised countries have made successful efforts to reduce industrial air pollution. General concern about the effects of air pollution on health, however, has been caused by the exponential increase in the number of cars, all producing potentially hazardous substances. On p 596 Wjst *et al* report an epidemiological study that examined the effects of pollution from cars on pulmonary function and respiratory symptoms in children. As the volume of traffic increased they found that peak expiratory flow and maximal expiratory flow when 25% of forced vital capacity had been expired significantly decreased.

Singlehanded GPs like it that way

In London the high proportion of singlehanded general practitioners has long been seen as a symptom of poor primary care services. Judith Green's qualitative study (p 607) examined the views of singlehanded general practitioners and found they were satisfied with their status and did not find sole responsibility a stress. They reported close relationships with their patients and identification with their local communities. Singlehanded practice continues to provide an important alternative for doctors who do not wish to work within teams and for patients who prefer intimacy and continuity.

Travel medicine service needs auditing

As more travellers visit exotic destinations travel medicine becomes increasingly important, but there is no national travel medicine service in Britain. On p 615 Sloan reports that concerns about the quality and costs of advice and immunisation have been heightened by the growth in general practice based yellow fever vaccination centres and the licensing of expensive new vaccines. He believes that this has created a potential conflict of interest, in which advice on avoiding gastrointestinal illness, malaria, and HIV infection may take second place to remunerative but not always effective vaccinations.