

Minerva

A qualitative study of people with Parkinson's disease draws attention to the common symptom of dysphagia. Although the problem is well known, its impact is underappreciated by doctors. Eating is a highly social activity and difficulty in chewing, swallowing, or cutting up food on a plate diminishes a person's enjoyment of life, limits their social activities, and increases demands on their family long before it impinges on their nutritional requirements (*Age and Ageing* 2006;35:614-8).

Dysphagia is common after stroke too. And it is associated with increased risk of aspiration, pneumonia, and higher mortality. Unfortunately, a study shows that neither bedside assessment nor measurement of desaturation by pulse oximetry during and after swallowing is sensitive enough to detect its presence reliably (*Stroke* 2006;37:2984-8).

Questionnaires are widely used in medical research. A lot of effort goes into devising and validating them so it's a waste if they're not made available to others. A survey of three major medical journals over a period of three and a half years found nearly a hundred research papers where new questionnaires were part of the methodology. Yet in only seven were these questionnaires printed or obtainable online. Inexplicably, even when they were contacted repeatedly, fewer than half the authors of these studies were prepared to provide them (*American Journal of Epidemiology* 2006;164:1141-4).

Touching very cold surfaces with bare skin causes pain, numbness, and tissue damage remarkably quickly. A series of experiments in volunteers provided data for the construction of a model to establish safe temperature limits for cold touchable surfaces. What matters most is the thermal conductivity of the material of which the surface is made. Skin temperature falls to 0°C within 20 seconds on contact with aluminium or steel at -4°C but, even at much lower temperatures, never falls as low as this on contact with wood or nylon (*Annals of Occupational Hygiene* 2006;50:851-62).

The prognosis for a person with melanoma depends on how thick the tumour is at the time of treatment. Public education campaigns are based on the assumption that early detection will mean less advanced disease at diagnosis. But a retrospective study from the Queensland Cancer Registry found no relation between tumour thickness and the time since the patient first recognised the lesion. Although this might be a consequence of the limitations of the study, it may also mean that there is still a lot

to learn about the varying biological characteristics of melanomas (*Archives of Dermatology* 2006;142:1422-7).

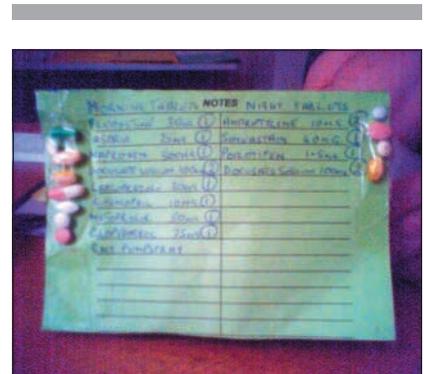
Everyone knows that, on the whole, rich people live longer than poor people. A paper in *Social History of Medicine* (2006;19:381-405) challenges the assumption that things have always been this way. Using historical evidence, the authors argue that, before the 20th century, adult mortality may have been as high among the wealthy as it was among the poor. They interpret data collected in the 18th and 19th centuries as showing that, in many places, the aristocracy, gentry, merchants, and professionals had similar mortality to labourers and poor husbandmen.

Although about 75% of adults in Britain own a mobile phone, protests about the siting of mobile phone masts are common. Protesters, despite often being mobile phone users themselves, argue that the masts are ugly and that potential health hazards are under-researched. A case study of one particular local protest found that the stance of the people who opposed a new mast was less irrational than it seemed at first sight. Those worried by the health hazards rationed phone use or kept it for emergencies. People who found the masts an eyesore, were prepared to accept patchy reception (*Public Understanding of Science* 2006;15:387-410).

Bromelain, an aqueous extract of the pineapple plant, is widely sold as a natural organic anti-inflammatory agent. The results of a randomised controlled trial cast doubt on claims that it is an effective treatment for osteoarthritis. Although the trial was too small to be definitive, there was no benefit over placebo (*Quarterly of Journal Medicine* 2006;99:841-50).

Minerva was interested to learn that rates of ectopic pregnancies change strikingly over time. In Norway, the rate increased nearly fourfold between the 1970s and 1990s but, since then, has been falling nearly as rapidly as it rose. Steep time trends point to powerful environmental causes. One possibility is changing patterns of sexually transmitted diseases (*Human Reproduction* 2005;21:3132-6).

Low values of the ratio of systolic blood pressure at the ankle to that in the brachial artery, the ankle brachial index, is an indicator of peripheral vascular disease. Paradoxically, high values can be bad news too. Calcification in the walls of the arteries of the lower limbs



After being frustrated in my attempts to elicit an adequate treatment history time and time again during my years of clinical practice, it was refreshing to see one patient's innovative but simple answer to my prayers: a compact home made card with a sample of each drug attached with clear adhesive tape by the side of legibly written names and doses.

No more shopping bags full of bottles and boxes, no more out of date prescription printouts, no more "is that the purple capsule, doc?"

Akheel A Syed, specialist registrar
(a.a.syed@ncl.ac.uk), Royal Victoria Infirmary,
Newcastle upon Tyne NE7 7QT

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may produce a falsely high ratio. In people with critical limb ischaemia, such a reading predicted a high risk of amputation (*Vascular Medicine* 2006;11:69-74).

A surveillance system using a computer network of sentinel general practices in France has worked well in forecasting trends in epidemics of communicable diseases and is part of a global system for keeping track of influenza. How disappointing to learn that the organisers' hardest tasks are maintaining high levels of motivation among participating practices and recruiting new ones (*Statistical Methods in Medical Research* 2006;15:413-21).

Getting doctors to report critical incidents—occasions when unintended injury or harm is caused, or nearly caused, to a patient—is notoriously difficult. But a report from the anaesthetics department of a hospital in Australia shows that it can be done. Staff were given personal digital assistants programmed to allow easy and rapid recording of the type of incident at the time it occurred and the outcome for the patient. Reporting was, of course, anonymous. A subsequent audit found reporting of incidents to be 99% complete (*International Journal for Quality in Health Care* 2006;18:452-7).