

Masala

JAMA (2000;**284**:1247–55) has express-published a paper comparing celecoxib—a new non-steroidal anti-inflammatory drug—with ibuprofen and diclofenac. The study shows that celecoxib has fewer gastrointestinal side-effects than the older drugs. The difference did not look clinically significant to the *Masala* chefs—for example, 19 ulcers in 3987 patients on the new drug versus 29 ulcers in 3981 patients on the older drugs. The difference looked even smaller when the financial affiliations mentioned were noted. Pharmacia, the company that produces the new drug funded the study, and all the authors were either employees or consultants to the company. *JAMA* in the lime-light again.

Good news for joggers! The Copenhagen city heart study on a cohort of about 20 000 people finds that the relative risk of death in regular joggers is 0.39 compared to 1.0 in non-joggers (*BMJ* 2000;**321**:602–3). The other factors which were studied produced predictable results—for example, diabetics had a relative risk of 1.75 and smokers of 1.74 compared to non-diabetics and non-smokers (relative risk 1).

In the USA, patients who get heart attacks do better if they are admitted to a major teaching hospital than to a minor teaching, or a non-teaching hospital. A retrospective study on over 100 000 Medicare patients admitted to over 4000 hospitals found that the mortality was lower in teaching hospitals. This may be due to a higher rate of administration of aspirin, beta-blockers and angiotensin-converting enzyme inhibitors to teaching hospital patients. The rate of thrombolytic therapy, however, was not significantly different in the three groups studied (*JAMA* 2000;**284**:1256–62).

One of us (SG), an ICU physician, was secretly pleased to know that physicians in ICUs seem to be poor communicators even in France. A study on over 100 consecutive patients admitted to an ICU found that about half of the representatives of patients failed to understand the diagnosis, prognosis or treatment. The risk factors for communication failure included a short first meeting, failure to hand over information brochures which were available, not knowing French, or not being a spouse (*Crit Care Med* 2000;**28**:3044–9).

Head lice should be treated with malathion lotion because it is twice as effective as bug busting, finds a study on 74 children in Wales. Bug busting means washing the hair, applying lots of conditioner, combing the hair straight, using a special detector comb to comb out the lice till none are found, and doing this every 3–4 days for two weeks. If an adult louse is detected the bug busting continues for another six weeks. Thank God, malathion works, most mothers would say (*Lancet* 2000;**356**:540–4).

Postpartum urinary incontinence can be reduced by supervised pelvic floor muscle training exercises, finds a Norwegian study published in the *Br J Obstet Gynaecol* (2000;**107**:1022–8). Most of the 81 matched pairs studied had normal vaginal deliveries.

One group was given supervised exercises and the other was provided with a standard information brochure on postpartum care. At one year, 17% of the exercise group had a positive pad test compared to 38% of the control group.

Hormone replacement therapy along with exercising, losing weight and giving up smoking will reduce the chances of getting coronary artery disease in women. But hormone replacement after coronary artery disease is itself of no use. These are the findings of two studies in *N Engl J Med* (2000;**343**:522–29, 530–7). The first was done on over 80 000 nurses followed up for 14 years and the second on over 300 women with angiographically proven coronary artery disease. Predictably, primary prevention works and secondary does not.

An editorial in the *BMJ* (2000;**321**:719–20) draws attention to the inadequately studied problem of abruptly discontinuing medications immediately before surgery. It quotes a paper in the *Br J Clin Pharmacol* (2000;**49**:353–62) that studied over 1000 general and vascular surgeries. It finds that perioperative complications and adverse outcomes to surgery were higher in patients who were on therapeutic drugs at the time of surgery. Abrupt withdrawal of drugs also caused specific problems in the postoperative period, which were reversed on re-introduction of the drugs. Patients whose angiotensin-converting enzyme inhibitors were stopped seemed to be at particular risk.

Epilepsy is a stigmatizing illness and more so in women in India. A study on 100 women (*Neurology India* 2000;**48**:99–104) found that all of them had concealed their illness at the time of marriage despite contrary medical advice. Thirteen disclosed their illness later and all were sent back to their parents' home. Of these, 10 were pregnant. After two years, 45 managed to continue concealing their illness at work in and outside their home. Forty-two had seizures on missing medication or on fasting for religious reasons. They all claimed these to be a first seizure.

Case reports are frowned upon because they are poor quality evidence—anything can happen once. Top medical journals refrain from publishing them as they prove nothing. Some journals continue to publish more and more curious case reports (*Neurology India* 2000;**48**:155–7). Most neurologists see more schizencephaly (a disorder of organogenesis with a defect in sulcation and a resultant cleft in the brain parenchyma) in textbooks and clinical meetings than in patients with epilepsy. Does it really matter if the schizencephaly is open-lipped or closed-lipped if a clinician is going to see one in three hundred years?

We were horrified to read a case report from Israel where a *mohel* (ritual circumciser) amputated the penis below the corona in an 8-day-old Jewish baby. Fortunately, this was successfully reattached by good microsurgery. Israel has no circumcision law retiring those with tremulous hands or visual impairment, adds the news report in *BMJ* (200;**321**:529).

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