



Modernising Medical Careers (MMC) in the UK—a debacle—are the royal colleges at fault?

Attempts to modernise postgraduate medical training in the United Kingdom have been a spectacular failure. In particular the activities of the Medical Training Application Service (MTAS) resulted in mass demonstrations by junior doctors. Justifiably it seems because of the failure of a computerised system to process job applications of some 30,000 for 22,000 positions.

A spin-off for us is an influx of UK graduates to bolster our ailing hospital staffing situation. However, as reported in the *BMJ*, some believe that both the British Medical Association (BMA) and the royal colleges let the young doctors down.

In particular “the question the royal colleges have to answer is how and why they became complicit in a system for postgraduate education that meant they had no influence on MTAS until it was too late.”

The chairman of BMA resigned over the issue.

BMJ 2007;334:724

Aspirin dose for the prevention of cardiovascular disease—low dose is best

Placebo-controlled trials to confirm the benefit of aspirin in the treatment and prevention of atherosclerotic disease complications have used dosages ranging from 50 mg to 1300 mg/d. So what is the best dose and why is it best?

The authors of this paper did a systematic review of the English-language literature on this topic and have come up with an unequivocal recommendation that dosages greater than 75 to 81 mg/d do not enhance efficacy, whereas larger doses are associated with an increased incidence of bleeding events, primarily related to gastrointestinal tract toxicity.

I think that we could settle for 100 mg daily in New Zealand.

JAMA 2007;297:2018–24

Antiplatelet agents for prevention of pre-eclampsia—more good news about low-dose aspirin

Pre-eclampsia is a multisystem disorder of pregnancy that is usually associated with hypertension and proteinuria and may lead to risks for the baby including poor intrauterine growth and premature birth. The cause of pre-eclampsia remains unclear but antiplatelet agents (particularly low-dose aspirin) may prevent or delay it.

This meta-analysis of 31 randomised trials confirms that antiplatelet agents during pregnancy are associated with moderate but consistent reductions in the relative risk

of pre-eclampsia, of birth before 34 weeks' gestation, and of having a pregnancy with a serious adverse outcome.

Lancet 2007;369:1791–8

Tonsillectomy and adenoidectomy

In the not too distant past these operations were regarded as routine for the under 5 year old. Tonsillectomy is no longer so popular but what about adenoidectomy?

In this review article, the authors examine the evidence and conclude that adenoidectomy alone improves nasal airflow and the sense of smell and taste. Growth after adenoidectomy may in part be due to an improved appetite associated with the improvement in smell and taste.

And as part of the surgical management of glue ear where watchful waiting has failed and the child is over three years of age, adenoidectomy with grommet surgery appears to be more effective than adenoidectomy alone.

Finally, adenoidectomy appears to be effective as part of the management of childhood sleep apnoea syndrome, when combined with tonsillectomy, although high-level evidence of efficacy is lacking.

The Journal of Laryngology and Otology 2007;121:209–14

Human pheromone responses—sex and the nose

In this very interesting paper it is pointed out that the olfactory neurones and the limbic system are phylogenetically very 'old' part of the mammalian brain that governs emotions and behaviours, such as aggression, fear or mating responses.

Pheromones, being chemical messengers related to reproduction, are sensed by olfaction, hence the nose is or could be a sexual organ. Apparently young babies can identify, and are attracted to, both the axillary and the breast odours of their own mother but not of other mothers, and that this is not based upon memory of that odour. Mothers too can recognise the odour of their own baby.

Furthermore, several studies have shown that women are far better at odour detection than men. It is biologically more important for a woman to choose the correct mate than a man, as women have a much larger parental investment; their better sense of smell may reflect this.

So, what about perfumes, deodorants, and after-shave?

J R Soc Med 2007;100:268–74