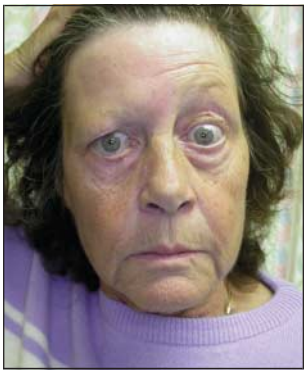
colleagues (p 548) randomised 273 women aged 18-50 who had started short term treatment with oral antibiotics for non-gynaecological infections giving them lactobacillus orally or vaginally, or both, or standard care in association with their antibiotic treatment. They found that, overall, 23% of the women developed post-antibiotic vulvovaginitis; compliance was high, but lactobacillus treatment was ineffective.

Bell's palsy responds best to immediate treatment

Patients with Bell's palsy should start treatment immediately and be referred to a specialist. Holland and Weiner (p 553) say that facial



palsy improves with combined oral acyclovir and prednisolone, but treatment for patients with partial Bell's palsy is controversial. Treatment is probably more effective if started within 72 hours, and less effective if started after seven days. The most common cause of Bell's palsy is herpes viruses, but a fifth of the cases have an alternative cause that should be managed appropriately.

POEM*

Postmenopausal oestrogen does not improve cognitive function

Question Does postmenopausal oestrogen therapy improve global cognitive function?

Synopsis The women's health initiative memory study previously reported that combined hormone replacement therapy (HRT) with oestrogen and progesterone does not improve global cognitive function in postmenopausal women. To determine the effect of HRT using oestrogen alone, 2947 women aged 65 to 79 years who had had a hysterectomy were randomised in double blind fashion to receive 0.625 mg per day of conjugated equine oestrogen or matching placebo. Individuals assessing outcomes were blinded to treatment group assignment. Follow up was complete for more than 95% of the study participants for a mean of 5.4 years. On intention to treat analysis, mean mini-mental state examination scores were 0.26 units lower in the treated group than in the placebo group ($P = 0.04$). The adverse effect of oestrogen was more pronounced in women with a lower cognitive function score at baseline.

Bottom line Postmenopausal oestrogen therapy does not improve—and may worsen—global cognitive function. Adverse effects may be more pronounced in women with pre-existing reduced cognitive function.

Level of evidence 1b (see www.infopoems.com/levels.html). Individual randomised controlled trials (with narrow confidence interval).

Espeland MA, Rapp SR, Shumaker SA, et al. Conjugated equine estrogens and global cognitive function in postmenopausal women. Women's Health Initiative Memory Study. *JAMA* 2004;291:2959-68.

* Patient-Oriented Evidence that Matters. See editorial (*BMJ* 2002;325:983)

Editor's choice

Why Britons should be grateful for the NHS

If you read Britain's tabloid newspapers, you would think that Britain's National Health Service was a disgrace. In this week's media review (p 578), for example, Peter Wilson quotes some of their headlines on MRSA (methicillin resistant *Staphylococcus aureus*). "Our squalid hospitals: no wonder the MRSA superbug is so rife," is typical, but the subject can be anything, from stupid managers to uncaring nurses. Moreover, newspapers don't let the facts stand in the way of a good story. As Wilson says, in their eagerness to paint a picture of MRSA some papers "even include cases of methicillin sensitive *S aureus* (MSSA), particularly if it happens to involve a minor celebrity."

But most of the millions of encounters that go on in the NHS each day are not like that: the NHS is not a disgrace. I've always marvelled that this complicated organisation—which deals daily with extremes of human emotion, high uncertainty, and technical complexity against a background of politicisation—manages to function as well as it does. In recent encounters I've been hugely impressed not only at the standard of care that the NHS provides, and the care that people take, but also at its basic equitableness and decency. Britons should be grateful for it.

Marcus Longley might agree, but for different reasons. He describes in his personal view (p 579) how he paid for an operation for his daughter in the private sector, and was disturbed by the experience. Not because the care wasn't good but because the financial transaction at the heart of it undermined his trust. The staff were deferential: "Are they only being nice because I'm paying?" There was a discreetness around the act of payment, a furtiveness, and a sense of guilt. "One of the marvels of the NHS," Longley says, "is that you can generally trust the motives of the professionals—but here? The result is the first paradox: paying for health care can actually be disempowering."

Longley is not talking about actual financial corruption—only the Faustian bargain of "the erstwhile socialist private patient [who] sells his soul." But Tido von Schoen-Angerer is talking about actual corruption in his article on health care in the south Caucasus (p 562). He describes what happens when the complex mechanisms that are health systems break down. When it was part of the Soviet Union, Armenia had a state run health system. Now state funding has fallen, and attempts to contain spending and introduce user fees among a population that cannot afford them have caused services to collapse. Health workers are so poorly paid (if paid at all) that they expect bribes. And most were trained in a system that emphasised drugs, physical treatments, and long stays in hospital, and where doctors were agents of the state rather than advocates of the individual. Now the state has gone and the individuals are poor—and almost half them don't seek health care because they can't afford it. That's the real disgrace.

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