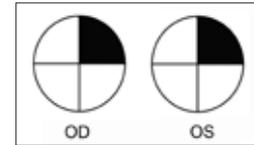


MINERVA

Send comments or suggest ideas to Minerva: minerva@bmj.com



Visual impairment

Try the picture quiz in *ENDGAMES*, p 40

Before long, one in 10 human beings will carry the label of “diabetes,” and the world badly needs new ways of reducing the long term risks of this condition, such as coronary heart disease, peripheral vascular disease, blindness, and renal failure. Minerva considers that the human race should have learnt by now that unless an intervention for diabetes can be shown to reduce such events, then it has no place in the arsenal of treatment—and this will inevitably require large, long trials in typical populations. So she reads with dismay in *Diabetologia* that the majority of current trials in diabetes registered on ClinicalTrials.gov exclude older people, are of short duration, involve drug therapy rather than preventive or non-drug interventions, and do not focus on important cardiovascular outcomes (2013, doi:10.1007/s00125-013-2890-4).

The chief medical officer for England recently warned us about the dangers of a return to the pre-antibiotic era owing to growing resistance to antibiotics, and the lack of any new ones in the development pipeline. And indeed we are surrounded by a host of enemies, all ready to attack us, although fortunately most of them are very bad at it. They usually need our defences to be down in some way, such as in bronchiectasis. Minerva was astonished to discover that, in this condition, no fewer than 140 bacterial species can live in the damaged lung—and the more there are, the worse the damage (*Thorax* 2013, doi:10.1136/thoraxjnl-2012-203105).

Even a relatively straightforward condition such as Fournier’s gangrene can involve many more organisms than you were taught about in medical school (*Urology* 2013, doi:10.1016/j.urology.2012.12.041). But despite the chief medical officer’s warnings, all is not lost. New antibiotic classes are being trialled all the time, albeit many still at phase I, such as the peptide deformylase inhibitor GSK1322322 (*Journal of Antimicrobial Chemotherapy* 2013, doi:10.1093/jac/dkt097).

And interfering with bacterial enzymes is not the only way to get at them either. It is important to stop them from forming biofilms, and there are biofilm boffins at work on that too in Maryland (*Journal of Antimicrobial Chemotherapy* 2013, doi:10.1093/jac/dkt104). While streptococcal cells within a



A 52 year old man was treated with chloramphenicol ointment four times a day for a corneal abrasion, and developed a pseudomonas corneal abscess 48 hours later. This characteristic clinical sign was missed. “Green nail syndrome” is caused by infection mainly from *Pseudomonas aeruginosa*. Patients presenting with corneal fingernail injuries should have their nails inspected. The risk of progression to suppurative keratitis requires management distinct from other simple mechanical corneal abrasions. Ophthalmology follow-up and prompt aggressive treatment with 0.3% ofloxacin is recommended for such patients.

Olubunmi Shonibare, senior house officer
Mohammad Khan, senior house officer, Department of Ophthalmology, Harrogate Hospital, Harrogate, UK
Patient consent obtained.

Cite this as: *BMJ* 2013;346:f2330

biofilm rapidly become refractory to traditional antibiotics, they found that the biofilm matrix was readily destroyed by the lytic actions of PlyC, a streptococcal specific, bacteriophage encoded endolysin

Minerva is painfully aware that many doctors hold qualitative research in low regard for lack of rigour. But without understanding the breadth and depth of what goes on in the lives and minds of patients—and also of health professionals themselves—medicine can never earn the right to call itself patient centred, or even evidence based. No one does rigour better than the Center for Outcomes Research and Evaluation at Yale, which has set out proposals for the publication of rigorous qualitative research (*Circulation Cardiovascular Quality and Outcomes* 2013;6:133-4, doi:10.1161/CIRCOUTCOMES.113.000186).

Few conditions are so burdensome to patients as advanced heart failure. There is a burden in the label itself, a burden from the symptoms, a burden on the family, a burden from comorbidity, and a burden from treatment. In a review of the qualitative literature in *Current Opinion in Supportive and Palliative Care* (2013;7:3-7, doi:10.1097/SPC.0b013e32835c071f), authors from Glasgow examined the last burden in detail, and concluded that “Treatment burden has the potential to be an important barometer of quality of care from the patient perspective in advanced heart failure.” Minerva is delighted to see that they are joined by Victor Montori, the great proponent of minimally disruptive medicine. If he and others could succeed in bringing this principle to bear on heart failure, millions of patients would benefit.

Parturition is a great mystery to a virgin goddess like Minerva. Predicting when it might happen is an inexact science, but it seems that saliva may be coming to the rescue. A recent study has found low levels of salivary progesterone in women who were going to deliver before 37 weeks (*BJOG* 2013, doi:10.1111/1471-0528.12217). Sampling saliva to measure the rate of decline might be a useful clinic test in women at high risk of early labour.

In Robert Louis Stevenson’s *The Strange Case of Dr Jekyll and Mr Hyde* (1886), the transition between the respectable surgeon and the destructive psychopath is often marked by passage through a red baize door. In that indispensable journal of literary minutiae, *Notes and Queries*, the significance of this door is briefly discussed (2013, doi:10.1093/notesj/gjt046). Baize doors were more commonly green; the baize was stretched on a board attached to the door to muffle sound, and these were once quite common on doctors’ consulting rooms, although their main function in respectable homes was to separate off the servants and their noises. The red baize here has an obviously sinister significance, or “semiotic charge” as the correspondent puts it, denoting the silent passage to bloody lawlessness. Each discipline, it seems to Minerva, has its own baize door too; black, purple, ochre, blue, or magenta: enter other intellectual territories at your peril.

Cite this as: *BMJ* 2013;346:f2325