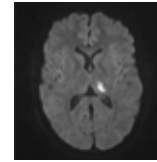


# MINERVA

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## A young woman presenting with severe headache

Try the picture quiz in ENDGAMES, p 38

A genie comes out of a bottle of metformin pills. “O master, tell me what you most desire,” he says. “A cure for my type 2 diabetes, one that will make my  $\beta$  cells grow back forever,” says the man. “Master, let us call this betatrophin, and you shall make your own insulin again.” And the genie disappears for a few seconds and comes back with a mouse. “I asked for a cure for my diabetes, not a mouse,” says the man. The genie replies: “O master, you must be a little patient: so far betatrophin has only been found in the liver of this mouse. I shall put you to sleep for five years, and when you wake up I will bring you some betatrophin for humans.” Read more about this exciting story in the *Lancet Diabetes and Endocrinology* (2013, doi:10.1016/S2213-8587(13)70032-9), but place no bets on genies and mice just yet.

What if we tried to practise medicine according to the best evidence, only to find that half of it was missing? We would be in exactly the position we are in today. A newly updated Cochrane review of flavonoid supplements for venous leg ulcers provides a nice example (*Cochrane Database of Systematic Reviews* 2013, doi:10.1002/14651858.CD006477.pub2). A previous review of five published trials—four of them badly reported—by the Cochrane Wounds Group showed that more venous leg ulcers were healed in the group receiving micronised purified flavonoid fraction (MPFF) than in controls (relative risk 1.36; 95% confidence interval 1.07 to 1.74). However, “the most rigorously conducted trial, which was at low risk of bias, did not show any additional benefit of MPFF (0.94; 0.73 to 1.22). Since this trial was unpublished, the possibility of publication bias in trials involving flavonoids must be acknowledged.” It’s worth adding that the pivotal trial was conducted—and left unpublished—by the manufacturer, and an EU law to ban this drug is only just beginning a long process of debate.

There is avoidable waste in all health systems, but in the United States it has become a way of life. Maybe the key to change lies with hospital managers and their ability to measure waste and compare and reduce it in their acute care facilities. That’s hardly a new idea, but it’s terribly difficult to carry out: a robust waste index is needed, and the process of developing one is described in the

A 70 year old man presented with a three month history of painful perianal ulceration. He was started on nicorandil to improve his angina control two months before the ulcers appeared. Ulceration is a rare but well recognised side effect of nicorandil. The ulcers can affect the oral and genital areas and are typically extremely painful. They have a sharp border and clean base, as seen in the patient. Topical treatments are ineffective, and stopping the use of nicorandil leads to rapid resolution. Although described, this disabling side effect is not well appreciated in the clinical setting.



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Patient consent obtained.  
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*American Journal of Medical Quality* (2013, doi:10.1177/1062860613486830). It looks promising, and the statistical justification is impressive, but whether it would be generalisable to the NHS is another matter.

Or maybe—and again, no prizes for originality—the answer lies in making primary care the portal to cost effective healthcare. But family doctors in the US are an endangered breed: even more than in the United Kingdom, they are burning out and not being replaced. A paper proposes a solution: strength through joy (*Annals of Family Medicine* 2013, doi:10.1370/afm.1531). After going out to seek models of joyful practice, the authors report: “Our observations suggest that a shift from a physician centric model of work distribution and responsibility to a shared care model, with a higher level of clinical support staff per physician and frequent forums for communication, can result in high functioning teams, improved professional satisfaction, and greater joy in practice.” Well, this did work for a time in UK general practice, until measures were taken to stamp out joy wherever it could be detected.

A few years ago, Minerva remembers the contents of the large bowel being referred to as “a neglected organ”; but now everybody is talking about the intestinal microbiota (or microbiome) and its role in human health and

disease. And soon we will not only be genotyped but coprototyped. The science is moving ahead in North Carolina where, by analysing high throughput, bacterial phylogenetic microarrays, a team has studied the acquisition of a characteristic bowel flora through the first four years of life (*PLOS One* 2013, doi:10.1371/journal.pone.0064315). In fact, they should have gone on longer, because at four years, the flora is nothing like as diverse as that found in adults. Age enriches us in ways that we never realised.

One of the as yet unbanned joys of doctoring is guessing what people are like from their first names. Doris, Kenneth, Gloria, Vera, and Derek all suggest particular types and ages; Daisy and Arthur used to be nonagenarians, but nowadays can be babes in arms. Alas, many once popular biblical names from the age of rural piety have died out. Rebecca in various spellings remains popular, as does Aaron, variously pronounced; but Abraham, Ezekiel, Micah, and Hosea have generally departed from these isles. So, sadly, has Mahershalalhashbaz. We learn from *Notes and Queries* (2013, doi:10.1093/notesj/gjt034) that this, the longest name in the Bible, persisted for some generations in a particular New Forest family: it comes from Isaiah and means “to him shall go the spoils.”

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