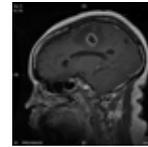


MINERVA

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



Cerebral mass in HIV infection

Try the picture quiz in [ENDGAMES](#), p 36

“Let observation with extensive view, survey mankind from China to Peru” wrote Samuel Johnson in the *The Vanity of Human Wishes*, 1749. It’s a shame that he is not here to enjoy a world map in *PLOS Medicine* (2013, doi:10.1371/journal.pmed.1001547), whose colours represent the extent of depression and unhappiness in the world of 2010. It is lingeringly strange to contemplate, and worthy of another gloomy augustan poem. Why should major depression be the third greatest cause of lost disability adjusted life years in North Africa, the Middle East, and Latin America, yet only the 19th in sub-Saharan Africa? How much of the difference is caused by the inaccuracy of data and how much by the crooked timber of humanity? The most intriguing maps are those whose contours are still uncertain.

“Experienced ED [emergency department] physicians most often relied on clinical acumen rather than evidence-based guidelines when discharging patients from ED high-acuity areas.” After watching what ED consultants did, and how they justified their actions, researchers concluded that intuition was used far more often than evidence (*Emergency Medicine Journal* 2013; doi:10.1136/emered-2013-202421). The effects, they noted, were just the same. Minerva is neither surprised nor disappointed. It is because patients are so rarely reducible to evidence based problems that medicine remains a satisfying art.

Vitamin D deficiency, as we all know, can predispose to fractures, and that is confirmed by a study of the prevalence of vitamin D deficiency in patients with a low energy fracture of the foot or ankle conducted in Massachusetts, well to the south of Norway (*Foot and Ankle International* 2013, doi:10.1177/1071100713509240). Patients with these fractures had a 47% rate of vitamin D “insufficiency” as compared with 29% in the control group. But if you try to compare this with the Norwegian study, you come up with two problems: the cut-off vitamin D levels are different and they are given in different units. In Boston, “insufficiency” began below 75 nmol/L, which they express as 30 ng/mL. American exceptionalism can take some strange forms,



A 24 year old man presented to his GP with swelling and erythema of the scalp. These symptoms developed a day after he had shaved his head and then spent the day in the sun. On examination, he had a fluctuant boggy mass over the scalp but was well with normal vital signs. A course of oral steroids was prescribed and the oedema settled within four days. Newly shaven skin is vulnerable to ultraviolet B light from the sun, which can cause oedema by increasing the vascular permeability of the blood vessels in the upper dermis.

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Patient consent obtained.

Cite this as: *BMJ* 2013;347:f6703

but Minerva finds none so confusing as the US’s insistence on archaic forms of medical measurement.

The coming of winter heralds a fall in vitamin D levels in the higher latitudes of the northern hemisphere. During winter, 40% of Norwegians become vitamin D deficient, using a cut-off value of 50 nmol/L, according to a study of 2584 adults in the Nord-Trøndelag Health Study (*Journal of Epidemiology and Community Health* 2013, doi:10.1136/jech-

2013-202587). “High BMI and current smoking were positively associated, and intake of cod liver oil, increased physical activity and more frequent alcohol consumption were inversely associated with vitamin D deficiency.” Minerva is intrigued at the hint that alcohol can protect against vitamin D deficiency and wonders about starting a pilot study among her friends, provided she can find any willing to go all winter without alcohol.

“Many clinical trials examine a composite outcome of admission to hospital and death, or infer a relationship between hospital admission and survival benefit. This assumes concordance of the outcomes ‘hospital admission’ and ‘death’.” This study in *CMAJ* (2013, doi:10.1503/cmaj.130430) contains the link, looking at 61 meta-analyses containing 398 separate trials and finding no correlation within them between hospital admission and mortality. Composite outcomes rarely make clinical sense, and Minerva thinks that medical editors should ban them. The purpose of clinical trials is to inform decision making with patients, and most people feel differently about being dead or going to hospital, or for that matter about having a heart attack or a stroke.

“That time of year thou mayst in me behold/ When yellow leaves, or none, or few, do hang/ Upon those boughs which shake against the cold” wrote Shakespeare about himself in a sonnet published when he was 45 years old but probably written earlier. There is a widespread notion that humans in the state of nature are not designed to live much beyond that age, because senescence is supposedly rare in the natural world. This fallacy was disseminated in 1952 by the brilliant Peter Medawar: “Whether animals can, or cannot, reveal an innate deterioration is almost literally a domestic problem; the fact is that under the exactions of natural life they do not do so. They simply do not live that long.” But a new study in *Ageing Research Reviews* (2013;12:214-25, doi:10.1016/j.arr.2012.07.004) finds that senescence in wild birds, mammals, fish, amphibians, lizards, and insects is far from rare. Mortals reaching their November are not alone.

Cite this as: *BMJ* 2013;347:f6864