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EDITOR'S CHOICE

Oxygen and publicity

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Christmas is coming and this week we launch the *BMJ*'s Christmas appeal. After last year's success, when *BMJ* readers gave over £33 632 to buy 210 pulse oximeters for use in 10 low resource countries, we are supporting the Lifebox Foundation again. As Sarah Kessler reports (doi:10.1136/bmj.e8241) the charity was overwhelmed by your generosity and grateful for your feedback—both in person, when some of you picked up oximeters to hand deliver on trips abroad, and in rapid responses on bmj.com.

Some of you will remember that there were critical voices among those rapid responses, asking about cost and effectiveness. We felt that Lifebox responded robustly (*BMJ* 2012;344:e219, e417) and we are pleased to be supporting them again, with your help. Kessler explains that the Lifebox oximeter has an audible tone that drops as a patient's oxygen saturation decreases. "In the past year, the changing of the beep has identified internal haemorrhage during emergency caesarean sections while there was still time to act, been the eyes and ears of the surgical team in a suddenly dark operating theatre when the generator failed again, and alerted an anaesthesia provider to an oesophageal intubation." You can donate via lifebox.org/donations or by using the coupons in the print journal.

The dangers of too much rather than too little oxygen are a key message of this week's Therapeutics article (doi:10.1136/bmj.e6856). The British Thoracic Society guidelines recommend controlled rather than high concentration oxygen in people with acute exacerbation of chronic obstructive pulmonary disease. These patients can otherwise be tipped into fatal acidotic hypercapnic respiratory failure, as is the patient in our case scenario. And as Ronan O'Driscoll explains, evidence now supports a similarly cautious approach in people with acute asthma and pneumonia and in obesity-hypoventilation syndrome.

O'Driscoll also lists medical emergencies in which oxygen was given routinely in the past but is now advised only if the patient is hypoxaemic. The list includes stroke, but S J Pountain and C Roffe think there is still uncertainty about this (doi:10.1136/bmj.e6976). They ask whether patients with acute stroke should be given oxygen routinely. Clinical guidelines differ across countries and have changed over time with no justification, they say. Hypoxia is common in the hours immediately after a stroke, yet the limited evidence they have found shows no clear impact of oxygen on survival or disability. Unsurprisingly, clinicians are uncertain about whether to give oxygen, when, and at what dose. Some trials are under way that may provide answers.

Finally, on a rather different subject, we were impressed by a recent BBC *Newsnight* investigation into the growing prevalence of female genital mutilation in the United Kingdom. So we asked BBC special correspondent Sue Lloyd-Roberts to write about it. She compares the UK's "shameful record" of inaction with the far more vigorous approach taken by the authorities in France. The UK's director of public prosecutions has now produced an action plan that will explore the reporting duties of doctors. Female genital mutilation maims children and women. We must put their welfare ahead of misplaced concerns about cultural sensitivity. It is illegal. If you suspect it, report it.

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