Patients who complain of shortness of breath may be hyperventilating. Causes include irregular breathing interspersed with deep intakes of breath (sighing breathing), a feeling that they can't get enough air into their lungs, and the fact that exercise tends to make them feel better rather than worse. Tests of lung function ("Thorax" 1993;48:809-11) show that such patients have normal total lung capacities but increased residual volumes and reduced vital capacities. This is not due to air trapping, say the authors, because the patients all had normal expiratory flow rates.

Percutaneous angioplasty is safer than surgical bypass grafting in elderly people, says a study in the British Heart Journal (1993;70:122-3). Both procedures had similar 10 year survival rates (91-92%), but there were fewer complications—including death in hospital—in the patients undergoing angioplasty. Their average length of hospital stay was also significantly reduced—from 14 to 4 days.

Successful treatment of reflux oesophagitis may mean more than just inhibiting the secretion of gastric acid. Ranitidine and omeprazole have achieved cure rates of up to 50% and 90% respectively, but they have no effect on the reflux itself. Cisapride is a cholinomimetic drug that appears to improve the function of the lower oesophageal sphincter and oesophageal and gastric clearance. In a double blind placebo controlled study ("Gut" 1993;34:1025-31) the combination of ranitidine and cisapride was two thirds more effective in reducing oesophageal exposure to acid than ranitidine alone.

General practitioners fail to recognise half of the cases of major depression they see. Women attending a practice in southern England who complained of tiredness were less likely to be recognised as being depressed, but if they identified their mood as different from normal they were more likely to be given the diagnosis. A serious physical illness made it five times more likely that depression would be missed (British Journal of General Practice 1993;43:327-30).

In November last year 764 detainees were released from Manjaca prison of war camp in Bosnia. Investigation of a random selection of 29 of them showed that the period of detention had caused significant immune depression compared with findings in healthy controls ("JAMA" 1993; 270:595-9). The authors suggest that stress and malnourishment during detention are both plausible causes.

A key recommendation of the Tominson report on London's health care was that primary and community care should be strengthened. So far there's not much sign of that; hospital services have grabbed most of the headlines. But when ideas do emerge—as they did in a document from North East Thames leaked to the Guardian last week—it's disappointing that the reactions concentrate on the threat to the viability of individual hospitals rather than the possible benefits to patients.

Plasma concentrations of atrial natriuretic factor may provide another clue to prognosis after acute myocardial infarction. In 145 patients high concentrations three days after infarction were associated with reduced survival in the first year (American Journal of Cardiology 1993;72:255-9). The authors speculate that high concentrations of the factor may reflect high cardiac filling pressures due to poor functioning of the left ventricle.

HIV can remain viable in blood and body tissues for days after death. A postmortem follow up of nine patients who died of AIDS showed that HIV could be cultured from blood up to 16 days after death despite a temperature in the mortuary room of 2°C ("Forensic Science International" 1993;60:61-6). The authors also cultured the virus from pleural and pericardial fluid and warn that delaying postmortem examinations on patients who die of AIDS will not eliminate the risk of infection to the pathologist.