



IN A DIFFERENT VEIN

For much of his adult life, King Henry VIII was plagued by a “sorre legge” due to chronic, often infected, ulcers. In an essay, British authors say Henry’s infamous vile temper — he was reportedly responsible for more deaths than any English monarch before or since — was undoubtedly influenced by his clinical situation. They canvassed various potential diagnoses, including syphilis and untreated compound fracture, settling on classical venous ulceration. Apparently, Henry himself was keenly interested in medicine: apart from founding the Royal College of Physicians in 1518 and forming the Company of Barber-Surgeons in 1540, he also personally prepared salves and ointments for the treatment of his friends and, later, for himself.

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KILLING HEADACHES

It’s well known that oxygen will feed a fire; it’s less well known that oxygen can curtail an attack of cluster headache. Once nicknamed “suicide headache” because of its severity, cluster headache is characteristically experienced as recurrent attacks of unilateral excruciating pain usually in the eye, periorbital region and temple, with associated cranial autonomic symptoms.^{1,2} Untreated attacks typically last for 15 to 180 minutes. A randomised, double-blind, placebo-controlled crossover study in 109 patients with cluster headache in the UK has confirmed that, compared with placebo, treatment with inhaled high-flow oxygen at symptom onset is more likely to result in patients being pain-free within 15 minutes.² The more usual treatment for cluster headache is a triptan, administered by injection. The researchers said that a head-to-head comparison between a triptan and oxygen is both warranted and feasible.

1. *JAMA* 2009; 302: 2502

2. *JAMA* 2009; 302: 2451-2457

APPENDICITIS AND AIR POLLUTION

Air pollution may trigger some cases of appendicitis, suggest Canadian researchers. They demonstrated an association between short-term exposure to air pollution and appendicitis in a case-crossover study of over 5000 adults admitted to hospital with appendicitis. The effect of air pollution was greatest in the summer months, when individuals were most likely to be outside. The researchers say that, if their findings are substantiated, this association may explain the trends in incidence of appendicitis in industrialised nations: incidence increased dramatically in the 19th century and the early part of the 20th century; then, without explanation, it decreased in the middle and latter part of the 20th century, coinciding with legislation to improve air quality. The mechanisms by which air pollution may increase the risk of appendicitis are unknown. One possibility is that exposure to air pollutants may impair gastrointestinal immunity, increasing the risk of bacterial invasion and resulting in appendicitis.

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THE RIGHT DOSE(S)

A man who weighs 90 kg and is 1.9 m tall and a woman who weighs 56 kg and is 1.5 m tall would both receive the same dosage of antibiotic, according to current treatment guidelines. However, in our current era of increasing antimicrobial drug resistance, this one-size-fits-all strategy for prescribing antimicrobial agents to adults is now outdated, say Greek authors. In a Viewpoint in the *Lancet*, they opined that the use of the highest acceptable antibiotic dose is a means to prevent the emergence and selection of resistant pathogens during therapy. Further, achieving appropriately high serum concentrations could be important to overcome relative antimicrobial drug resistance. Individual patient-tailored dosing of antimicrobial agents could help to reduce drug-dependent drug toxicity. Apart from body size, body composition can also affect drug pharmacokinetics. For example, the renal clearance of some antibiotics can increase in obesity. Not surprisingly, the authors say more studies are needed.

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