# IN OTHER JOURNALS

## Exchanging kidneys

A living-donor exchange of kidneys has occurred between members of a Palestinian and an Israeli family in the Middle East, defying political and social constraints, according to an article reporting advances in living-donor transplantation. The exchange involves two donors, incompatible with their intended recipient, donating to each other's recipient, with whom they are compatible. In this exchange, a 45-year-old Arab truck driver received a kidney from a 38-year-old Jewish donor, and the Jewish donor's 10-year-old son received a kidney from the truck driver's wife. Programs of living-donor exchange are in operation in several locations around the world.

*N Engl J Med 2004; 350: 1812-1814*

## Tea-tree v MRSA

Tea-tree (*Melaleuca alternifolia*) preparations may have a role in eradicating MRSA in colonised patients, say UK researchers. They compared two topical regimens in a randomised controlled trial involving 224 hospital patients. The researchers found that tea-tree treatment (5% body wash, 10% cream) was more effective than chlorhexidine or silver sulfadiazine at clearing superficial skin sites, including skin lesions (10% cream). Although tea-tree (10% cream) was less effective than mupirocin (2% nasal ointment) in clearing nasal carriage, it may still be useful in areas of high mupirocin resistance.

*J Hosp Infect 2004; 56: 283-286*

## Smoking homes

Living with people who smoke is probably risky for non-smokers, according to New Zealand researchers. In two 3-year cohort studies (1981–1984, and 1996–1999), Hill and colleagues calculated that adult never-smokers living in households with at least one current smoker had about a 15% higher mortality than never-smokers living in smoke-free households. The study results support steps to reduce exposure to other people's smoke — in the home and in other settings.

*BMJ 2004; 328: 988-989*

## Bright riders

Wearing reflective or fluorescent clothing and a white or light helmet can help motorcyclists reduce their risk of crash-related injuries, say Australasian authors. They also identified day-time headlight use as another effective way to reduce this risk in a case–control study involving over 1500 motorcyclists riding in Auckland, New Zealand. All these measures make the rider more conspicuous on the road — fluorescence is more advantageous at twilight, reflective material at night.

*BMJ 2004; 328: 857-860*

## Is there a clot or not?

A negative result for D-dimer — if assessed using an enzyme-linked immunosorbent assay (ELISA) — can help doctors exclude a diagnosis of deep venous thrombosis or pulmonary embolism, according to North American researchers.[1]

Their systematic review of the literature relating to the many available D-dimer assays found that the ELISAs, in general, ranked best in terms of sensitivity and negative likelihood ratio. However, a postive D-dimer result is not useful for confirming the diagnosis.

An accompanying commentary[2] cautioned doctors to keep a patient's clinical picture in mind at all times — in a patient with many clinical findings of thromboembolic disease, even if an appropriate D-dimer assay is negative, most diagnostic algorithms would still call for further testing.

*1. Ann Intern Med 2004; 140: 589-602*
*2. Ann Intern Med 2004; 140: 602*

## What the doctor ordered?

Paracetamol prescribing by doctors and its administration by nurses can be very idiosyncratic, according to a detailed audit of 100 patients admitted to a children's hospital in Sydney. Whereas doctors were often very specific when it came to prescribing other medication (eg, salbutamol), their paracetamol prescriptions were usually vague (ie, "prn" only). On contacting the doctor and nurse involved in each case for further information, the auditors found there was often discordance between what the physician had intended (eg, "for pain" or "for high fever only") and what the nurse had understood (eg, "for a mild fever"). Further, there were variations of opinion not only between but also within the groups of doctors and nurses.

In response to the audit, the hospital's guidelines for paracetamol use have been made much more specific. However, the auditors say the problem they reported is unlikely to be unique to a single hospital.

*J Paediatr Child Health 2004; 40: 213-216*

— Dr Ann Gregory, MJA