MINERVA

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Anatomy of the facial skeleton

Try the anatomy quiz in ENDGAMES, p 40

Coughs and sneezes spread diseases, especially among people who live together. Old fashioned household surveillance can yield new insights into the spread of infection when combined with modern virology in the form of real time reverse transcriptase polymerase chain reaction (RT-PCR) assays. A study from Michigan (Journal of Infectious Diseases 2014, doi:10.1093/infdis/jiu327) found that, in the confines of the home, respiratory viruses pass around readily, especially if more than four people share the premises or there is a preschool child around. Overall, 16% of people in the households they surveyed were coinfected with two different viruses. Rhinoviruses and coronaviruses were the most commonly identified viruses in all age groups, while acute respiratory infections caused by influenza and adenovirus were less common but more likely to require medical attention.

Researchers in Spain who looked at determinants of disability in older people investigated a sample of 704 disabled adults of mean age 72 years (BMC Geriatrics 2014;14:60, doi:10.1186/1471-2318-14-60). They found that people's perception of being short of money, measured in two different ways, is strongly and consistently related to the prevalence of disability after adjustment for age, sex, education level, and psychological outlook. And they minimised the risk of reverse causality by selecting only people whose job incomes were fixed before they became disabled. Educational status was not a determinant after adjustment for other factors. They conclude optimistically that "As the economic situation of the elderly is much easier to improve than their formal education, our findings support feasible interventions which could lead to a reduction in the prevalence of disability."

Stopping futile treatment is a skill that geriatricians have preached and practised for decades without much effect on the rest of the medical community. Their wisdom is shown by a new study from Colorado (*Medical News Today* 2014, www.medicalnewstoday.com/ articles/277702.php), in which 381 patients who were thought likely to die within a year and who were already taking a statin were randomised to continue to take the drug or to stop. The discontinuation group lived longer and felt better.



A 33 year old man with Crohn's disease presented with fever and erythema around his tunnelled central line. He developed a nonblanching violaceous rash on his shins and a swollen tender wrist. He was being treated with infliximab and parenteral nutrition. *Mycobacterium chelonae* was isolated from a wrist aspirate and multiple blood cultures. His lungs were not affected. He responded well to amikacin, moxifloxacin, and clarithromycin for disseminated infection. The Medicines and Healthcare Products Regulatory Agency reports four such cases of rapidly growing mycobacteria associated with anti-tumour necrosis factor (TNF) treatment. Clinicians should be aware that patients taking anti-TNF agents may present with extrapulmonary manifestations only.

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Minerva never tires of reading about new studies of vitamin D and hopes that her long suffering readers don't find this too boring. These studies follow a familiar pattern. A condition-in this case rheumatoid arthritis—is more common in relatively sunless countries. Then a study (in this case Rheumatology 2014, doi:10.1093/ rheumatology/keu173) shows that vitamin D levels are low in people with the condition and that the lower they are, the more active the disease is. Then somebody does a short term interventional study with some dose or other of vitamin D. This interventional trial (not yet done) fails and we are left wondering whether the association is spurious, it works in reverse, the dose was wrong, or the vitamin needs to be given earlier and longer and as prevention rather than treatment.

Health professionals are bugged by performance measures more than ever before. Such measures are not new—even 70 years ago people were complaining that bedpan counting had taken the place of compassion. But what if you could measure barriers to compassion? Minerva thinks that might be a useful exercise and was intrigued by a paper in the *Postgraduate Medical Journal* (2014, doi:10.1136/ postgradmedj-2013-132127), which proposes an instrument for achieving this—the 34 item BPC (barriers to physician compassion) questionnaire.

It is known as Indian frankincense and praised in the Sanskrit scriptures as shallaki. I can feel my aching joints easing at its very name. The herb in question is known to botany as *Boswellia* serrata and has long been used in ayurvedic medicine. In other words, it is unlikely to have any effect unless it can be shown to do something in double blinded randomised trials. In the case of Indian frankincense this seems to be the case. According to a new Cochrane review (*Cochrane Database of Systematic Reviews* 2014, doi:10.1002/14651858.CD002947.pub2), high quality evidence shows that, in people with osteoarthritis, *B serrata* slightly improves pain and function compared with placebo.

And after the herbs, bring on the leeches. This ancient remedy is also undoubtedly effective (if only for mopping up awkward haematomas) and has few known harms short of exsanguination. Unless, that is, you happen to react to the anticoagulant that Hirudo medicinalis leeches into your skin to enjoy its gory feast. A case report in JAMA Dermatology (2014, doi:10.1001/ jamadermatol.2013.8066) describes how a woman baffled dermatologists with multiple, firm, reddish, pruritic, and excoriated papules and nodules extensively distributed on her back. Histological examination of skin biopsies showed infiltration with all sorts of inflammatory cells, mainly lymphocytes. When questioned again, the patient admitted that five or six weeks before the onset of the skin eruption, she had undergone a course of natural therapy for chronic fibromyalgia that involved applying medicinal leeches. Therefore, a favoured diagnosis of pseudolymphoma secondary to the application of leeches was made. Cite this as: BMJ 2014;348:g3959