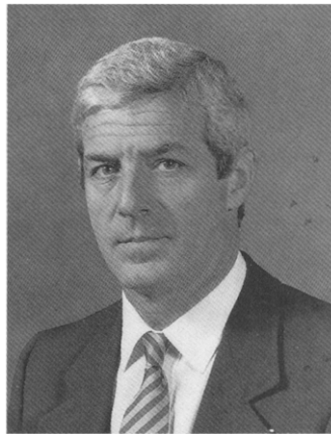


- In the United Kingdom, the annual research budget, expressed per sufferer of the disease, is: Alzheimers (£10), heart disease (£109), cancer (£474), and AIDS (£15,000) (Guardian Weekly 6.4.97). The power of lobbying and the desperate plight of terminally ill young people may be behind this level of priority.
- Theodor Kocher (1841–1917), from Bern, was one of the most influential surgeons of his time. He had this to say about surgeons who use the clock as a measure of success: “Surgeons who take unnecessary risks and operate by the clock are exciting from the onlookers’ standpoint, but they are not necessarily in whose hands you would by preference choose to place yourself.”
- If your hospital authorities don’t think you are making enough progress with early postoperative discharge on the gynaecology ward, remind them what it was like 100 years ago (Mitchinson W. *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*, Toronto, 1991): “Mrs. A.B. was a 28-year-old married woman from Halifax when she entered the Victoria General Hospital on 29 July, 1898 suffering from a lacerated cervix and perineum. On 2 August both were sutured and on 14 August the stitches removed. On 18 September, a pessary was inserted and on 10 October it was removed. On 21 October, almost two months after she was admitted, she was finally discharged.”
- Perusal of the old scrolls continues to unearth the occasional nugget. The January 1939 edition of the Canadian Medical Association Journal contains a remarkable case report of an infant weighing 14 ounces at birth who survived and apparently developed normally. The infant was born in rural Nova Scotia, “...approximately two months premature.” As the doctor who delivered the baby recounted, “The child was alive but so extremely small that I did not expect survival. The nurse bathed the baby in warm olive oil, wrapped it in cotton and placed it in a basket in a warm oven. ...Shortly after birth the



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nurse gave the baby two drops of brandy in warm water from an eye dropper.” To their surprise the infant survived and the following day was taken to the local grocery store and weighed on the scales in the presence of two witnesses, who subsequently attested to the veracity of the weight in two affidavits. For the first three days the infant was fed with brandy and water and this was followed by corn syrup and lactogen. Formula was introduced later on, and the infant is recorded as being a normal child at the age of

twelve months, weighing almost 14 pounds. Up to that time, the smallest infant surviving, as reported in the medical literature, weighed 21 ozs.

- Most people believe that if women are given information about potentially dangerous practices during pregnancy they will respond appropriately. However, despite widespread information about the potential risks of drinking alcohol during pregnancy, two surveys comparing the alcohol consumption of pregnant women in the United States between 1991 and 1995 suggest the opposite. Among pregnant respondents, 16.3 percent had had at least one drink during the preceding month in 1995 compared with 12.4 percent in 1991. The rate of heavy drinking among pregnant women (at least 7 drinks per week or 5 or more drinks on one occasion) was significantly higher (3.5% versus 0.8%) in 1995 than 1991. (MMWR 1997;46:346).
- Nothing like a good dose of pigmented flavonoids to foil platelet aggregation (Nutrition Post, Spring 1997). Apparently, darker beers (such as the Irish stouts—Guinness, Murphys and Beamish) are rich in pigmented flavonoids which inhibit platelet aggregation. Studies in dogs comparing dark beer with lighter lager beer have shown a superior reduction in platelet aggregation and clot formation. Some unsporting researchers have suggested that five servings of fruits and vegetables a day would be just as effective. However, I am inclined to agree with Flann O’Brien—“A pint of plain is your only man.”