Minerva is always on the lookout for good pictures that are educational and which tell an interesting story accompanied by 100 words. We are more likely to accept a great picture of a relatively common than a very rare or traumatic condition, and we are not interested in pictures of foreign bodies or those that simply show “textbook” presentations. For more information go to <http://resources.bmj.com/bmj/authors/types-of-article>.

Medical tourism thrives partly as a result of consumers (patients) who are dissatisfied with care in their home countries. The expansion in international medical travel has spawned a whole industry, and now there’s even a specialty journal. The first issue of the *International Medical Travel Journal* is also available online at www.imtjonline.com.

Some women waiting for embryo transfer after in vitro fertilisation say that they are more worried about having no pregnancy at all than about the risks of giving birth to a child with a disability as a result of a multiple pregnancy. A gambling methodology was used to elicit women’s preferences for giving birth to a child with physical impairments, cognitive impairments, or visual impairments; for perinatal death without a subsequent pregnancy; for premature delivery; and for no pregnancy (*BJOG* 2007;114:977-83). Women still need to be convinced that elective transfer of a single embryo is not going to significantly reduce the success of treatment.

Headaches induced by the overuse of drugs can be stopped by abruptly withdrawing the drugs, although many people don’t get through the difficult first few days because of the headaches that they experience in this time. Some doctors encourage the empirical use of oral prednisolone in the first six days to help patients, but it seems from a randomised, double blind trial that this strategy doesn’t help (*Neurology* 2007;69:26-31). Prednisolone had no effect on headaches associated with withdrawal in patients with chronic daily headache and overuse of drugs.

The *Drug and Therapeutics Bulletin* has been around for 45 years, generating a unique archive of reviews of medical treatments. The BMJ Publishing Group now owns the bulletin and will make all this information available online—but

A 67 year old man presented with three days of lower abdominal pain and diarrhoea. On examination he was tachycardic and tender in the left iliac fossa. His white cell count was raised, but he had normal urea and electrolytes. He was diagnosed as having diverticulitis and started on intravenous antibiotics and fluids. His chest x ray showed the “continuous diaphragm” sign, which is a classic indication of a pneumomediastinum. Computed tomography confirmed the presence of free intraperitoneal air, secondary to a perforated diverticulum. The patient settled with conservative management.

S Amerasekera (steve.amerasekera@nhs.net) specialist registrar, department of radiology, Heart of England Foundation Trust, Birmingham B9 5SS, **B Wee** specialist registrar, **G Jones** consultant

it needs readers’ help. Currently the electronic archive goes back to only 1994. To produce the rest the publisher needs a full set of paper copies from the first issue in 1962 onwards. If you can donate a complete set or a long running series of pre-1994 issues please email dtb@bmjgroup.com. In return you’ll get a lifetime’s online subscription plus a mention in the bulletin.

People with sickle cell disease have disturbed clotting systems, but are they at higher risk of venous thromboembolism? A case-control study of black patients with venous thromboembolism reports that the odds of a patient having sickle cell trait were about twice that of a control (*Blood* 2007;110:908-12). The odds ratio for pulmonary embolism and sickle cell trait was higher. The prevalence of sickle cell disease was also more among case patients than controls. The researchers estimate that the proportion of venous thromboembolism among black people attributable to the mutation is about 7%.

Women who “self silence” during arguments with their husband are four times more likely to die prematurely than women who speak up for themselves, and unmarried men are twice as likely to die as married men. These are the findings of a 10 year follow-up of the Framingham offspring study for coronary heart disease and total mortality (*Psychosomatic Medicine* 2007;69:509-13). Men with wives who were upset by work were 2.7 times more likely to develop heart disease, indicating that conflict outside the home can affect marital life.

Do cardiac stem cells exist that can generate muscle cells during ageing or after injury? An experiment in which mature heart cells in a mouse model were labelled with a fluorescent protein early in the life of the animal sheds important light on the matter (*Nature Medicine* 2007 Jul 29 doi: 10.1038.nm1618). If stem cells replenish the heart then the percentage of labelled cells would diminish over time. If they don’t, the percentage would not change. During normal ageing, scientists saw that the percentage of labelled cells did not change, but after a heart attack they decreased, indicating that injury triggers stem cells to replenish damaged heart cells, but age alone does not.

Do the simple laboratory variables on admission predict the risk of dying in hospital? A retrospective analysis of all patients who had died within a year in one centre showed that abnormalities in plasma glucose, serum sodium, and the white cell count on admission were all associated with death in hospital (*QJM* 2007;100:501-7). Like the scoring systems used for critically ill patients, these variables may provide the basis of a scoring system for risk of death for general acute admissions.

Hyperuricaemia induced by fructose may have a causal role in metabolic syndrome, hypertension, and other chronic diseases. To investigate whether raised serum uric acid can be induced by drinks and food sweetened by sugar, more than 4000 adults in the US national health and nutrition examination survey, 2001-2, were surveyed by a single 24 hour recall (*Hypertension* 2007;50:306-12). Men in the quartile with highest estimated intake of sugary food and drink had higher plasma uric acid concentrations than men in the lowest quartiles. Women didn’t share this pattern.