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US second class postage paid at Rahway, NJ. Postmaster: send address changes to: BMJ, c/o Mercury Airfreight International Ltd Inc, 2323 Randolph Avenue, Avenel, NJ 07001, USA. US subscription \$146.

Published by the proprietors, the British Medical Association, Tavistock Square, London WC1H 9JR, Telephone 01 387 4499, and printed by Pulman Web Offset Ltd. Typesetting by Bedford Typesetters Ltd, Bedford. Registered as a newspaper.

Mammographic screening remains controversial

Very few controlled studies of mammographic screening for breast cancer have been published, and the efficacy of this procedure is still being debated. The debate seems likely to be intensified by a report (p 943) from Malmö in Sweden of a controlled screening trial showing no reduction in mortality from breast cancer among women aged 45-69 at entry who were invited to repeated screening with mammography during a 10 year period. Separate analysis of the effect in women younger than 55 or 55 and older at screening showed a lower mortality from breast cancer among the older women who had been invited for screening. In women below 55 there was a higher mortality from breast cancer in the screened group, and this difference, too, was not significant. The authors conclude that their data "support previous studies showing that invitation to mammographic screening for breast cancer may lead to reduced mortality from breast cancer, at least in women aged 55 and over."

The course of untreated epilepsy

Until recently the prognosis for most patients with epilepsy was thought to be poor. This view was, however, based on the study of patients with chronic disease. In the past decade community and hospital based studies of newly diagnosed epilepsy have shown a good prognosis in most cases. This poses questions about the nature and treatment of epilepsy. One problem in attempting to answer these questions is our lack of knowledge of the course of untreated epilepsy. A prospective study of untreated epilepsy would pose considerable ethical and practical difficulties. On p 948 Elwes *et al* report a retrospective study of the time intervals between seizures in patients newly referred to a neurological outpatient department who had had up to five tonic-clonic attacks.

Their observations suggest that in many patients there is an accelerating disease process at this early stage. Whether early treatment would improve the long term prognosis must now be examined.

"Wholemeal" and "wholegrain" breads are not the same for diabetics

Diabetics are often advised to eat more "wholegrain" products, but what constitutes "whole" grain is far from obvious. For example, wholemeal bread may be marketed as wholegrain, though the cereal grains have been milled into flour. As the response of the blood sugar to cereals may vary greatly according to size of the particles an accurate description of these foods could be very important for diabetics. On p 958 Jenkins *et al* report the effect of the proportion of whole cereal grains in bread on the glycaemic response to test

meals in diabetics. They found that the greater the proportion of whole grain to milled flour the lower the glycaemic response, and they show that this effect is probably related to how quickly the cereal carbohydrates are digested. Wholegrain breads were considered to be palatable by the patients, and Jenkins *et al* argue that the incorporation of such bread into the diet of diabetics is to be encouraged.

Doctors' drinking habits and consumption of alcohol

In many countries the medical profession is believed to have more than its share of heavy drinkers—possibly as a result of a combination of stress and affluence. On p 951 Juntunen *et al* report that doctors do indeed consume more alcohol than the general population. They also show that alcohol consumption is related to adverse health effects and to various occupational factors, such as disappointment with the career. The authors believe that doctors' attitudes to drinking will need to change if progress is to be made in preventing alcoholism among them—and in the population as a whole.

Smokers' arteries in twins

Rarely in medicine is it possible to separate the genetic and environmental factors in a disease, but sometimes twins provide the chance to do just that. On p 955 Lassila *et al* describe a study of identical twins from the Finnish twin cohort study who differed in their smoking habits. Smoking did indeed seem to induce atherosclerotic changes in the arteries as well as changes suggesting activation of platelets. Compensatory antiaggregatory mechanisms, however, also seemed to be activated in the smokers. The authors conclude that though smoking is clearly atherogenic and leads to activation of platelets, there may be differences in the potential of the compensatory mechanisms, and these may explain why some smokers do not get cardiovascular disease while others do.

Serum calcium and metabolic syndrome of cardiovascular risk factors

Among the recognised risk factors for cardiovascular disease are high blood pressure, impaired glucose tolerance, and raised concentrations of lipids in the blood. Attempts to reduce mortality in high risk groups by treating these factors individually have been disappointing. On p 960 Lind *et al* use data from a survey of 18 500 people to argue that these risk factors are related to each other and constitute a common "metabolic risk factor syndrome." This concept of a common risk factor syndrome, say the authors, rather than isolated risk factors, suggests a unitary metabolic mechanism and constitutes arguments against isolated risk factors.