

# This week in BMJ

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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.

## Treating hypertension in black patients

High blood pressure is a common problem in black patients, but they are said to respond poorly to treatment. Poor compliance with treatment has been suggested as a cause but without any good evidence. On p 1155 Cruickshank *et al* report a trial showing not only that the standard  $\beta$  blocker metoprolol had very little effect on mild hypertension in black diabetic patients but also that the calcium antagonist verapamil, which was effective, was less so than in white patients. The lack of a fall in blood pressure in the black patients taking the  $\beta$  blocker was, however, accompanied by a fall in heart rate, which indicated that they had complied with treatment. Plasma renin activity was low in both groups but did not predict a change in blood pressure. The authors conclude that there are limitations to all hypotensive agents commonly used as monotherapy in black patients and that patients should not be blamed for lack of compliance without other evidence.

## Alleviating stress in early breast cancer

Whatever the role of stress in causing breast cancer there is an obvious case for alleviating stress in patients with the established disease. Bridge *et al* (p 1169) have achieved this in patients with early breast cancer having radiotherapy in a randomised controlled trial comparing relaxation or relaxation and imagining a peaceful scene with controls who had no relaxation training. Both types of treatment improved the overall mood, particularly in the group given the combined treatment, but mood in the controls deteriorated. Treatment was particularly effective in women aged 55 or over. The authors believe that these techniques are beneficial and that, given that it is within every patient's grasp, imagining pleasant scenes is better than the more aggressive approach—that is, visualising the symbolic destruction of cancer cells—which if unsuccessful may lead to feelings of helplessness and failure.

## Referrals for eye disease

Despite several studies the accuracy of the general practitioner versus the ophthalmic optician in the diagnosis of serious eye disease remains controversial: Which group refers proportionately more patients with a specific condition and which is more accurate? To answer this question Harrison and her colleagues (p 1162) carried out a retrospective review of case notes of 1113 consecutive new patients referred to a consultant ophthalmologist at a district general hospital. Compared with ophthalmic opticians general practitioners referred more patients with disorders of the eyelids and adnexa but fewer with glaucoma and none with asymptomatic diabetic retinopathy. The authors

believe that a community based screening service for both glaucoma and diabetic retinopathy by ophthalmic medical practitioners or ophthalmic opticians (particularly if divorced from refraction tests) would both be effective and save unnecessary consultant outpatient appointments.

## Mastectomy or conservation: What do patients choose?

Now that the options for treating early cancer of the breast are widely discussed there is a good case for taking the patient's views into account in deciding on treatment, particularly as surgeons cannot advise whether mastectomy is preferable to conservation. Wilson *et al* (p 1167) report a study of 153 women seen from 1979 to 1987 who would normally have been treated with mastectomy but were given the option of conservation: after seeing two 10 minute tape-slide programmes explaining the procedures 54 chose conservation and 99 mastectomy. Patients chose mastectomy primarily because they wanted quick treatment or thought that they might have to have the operation anyway. At the first appointment one third of the patients had made up their minds to have a mastectomy and one third to have anything but this procedure; the remaining third were the patients who required the most time and discussion. The conclusion is that patients are quite capable of participating in such a decision, but, given that lobular cancers have a high rate of local recurrence, early breast cancer is suitable for conservation treatment in probably less than a fifth of cases.

## High compression bandaging heals venous ulcers

Over 150 000 people in the United Kingdom have venous ulcers, which may be treated by the patients themselves, district nurses, general practitioners, dermatologists, or surgeons. The burden to the health service is estimated at £300-600m each year spent on treatments that are largely ineffective as many ulcers remain unhealed for years. The basic cause is venous hypertension, due either to incompetence in superficial or deep veins or to the immobility so often associated with arthritis and old age.

On p 1159 Blair *et al* report that 148 ulcers that had previously failed to heal for a mean of over two years with conventional Elastocrepe and adhesive plaster bandages were bandaged with a novel four layer bandage, which maintained a higher pressure (around 40 mm Hg) at the ankle for a full week. As a result over 70% of the ulcers healed within 12 weeks. These elastic bandages are not currently available to general practitioners, and representation is needed so that they may be prescribed on form FP10. They would result in substantial savings in limited NHS resources as they cost much less than employing a district nurse to dress ulcers, and they would help large numbers of elderly patients.