

This week in BMJ

All communications should be addressed to
The Editor, *BMJ*

Editor
Stephen Lock

Executive editor
Richard Smith

Art department
Derek Virtue

Book reviews
Ruth Holland

Correspondence
Fiona Godlee

Editorials
Tony Delamothe

Editorial secretary
Susan Minns

General office
Leslie Moore
Andrew Woodward

**News and
Medicopolitical digest**

Linda Beecham
Trish Groves

Jane Smith
Alison Walker

Obituaries
Liz Crossan

Original articles
Stella Lowry

Technical editors
Jacqueline Annis
Diana Blair-Fish
Tony Camps-Linney
Margaret Cooter
Sharon Davies
Deborah Reece

Registrar
Luisa Dillner

Publishing director
Geoffrey Burn

Advertisement manager
Bob Hayzen

International sales
Maurice Long

Publishing manager
Derek Parrott

© British Medical Journal 1991.
All Rights Reserved. No part of this
publication may be reproduced,
stored in a retrieval system, or
transmitted in any form or by any
other means, electronic,
mechanical, photocopying,
recording, or otherwise, without
prior permission, in writing, of the
British Medical Journal.

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 (direct) subscription \$180.00.

Published by the proprietors,
the British Medical Association,
Tavistock Square, London WC1H
9JR, telephone 071 387 4499
(editorial fax 071 383 6418).
Printed by BPC Business
Magazines (Pulman) Ltd,
Milton Keynes.
Typesetting by Bedford Typesetters
Ltd, Bedford. Registered as a
newspaper.

Health check ups and inpatient care in Japan

The Japanese now have the longest life expectancy in the world. In Japan screening for cardiovascular disease and cancer has been much used for decades, with apparently good results; but whether the multi-phasic health check ups provided for people aged 40 and over are effective has not been evaluated rigorously. On p 615 a nationwide survey by Tataru *et al* based on data from 509 Japanese cities shows that general health check ups starting in middle age was associated with a decrease in the use and cost of hospital inpatient care of the elderly: a negative relation was found consistently in cities of various sizes, and there was significant correlation between an increased use of check up services and reduced use of inpatient care in cities with higher rates of use of check ups. The authors estimate that health check up services saved 2.21 million bed days for the total population of 8.5 million insured elderly people when the nationwide rate of use of check ups increased from 25.5% in 1985 to 27.6% in 1986.

Breast cancer in young women

Despite greater awareness of breast cancer among the general public and the medical profession mortality from the disease has remained static. Recently it has been suggested that women presenting with discrete, solitary benign lesions can be managed conservatively. But although preoperative investigation may be up to 99% accurate in older patients, few studies have examined the problem of those aged under 36. On p 618 Yelland *et al* describe a retrospective study of young women presenting with breast cancer over 19 years. They report that clinical examination, mammography, and fine needle aspiration were less accurate in young women, with several women with tumours having negative results in all three tests. The authors recommend that all discrete breast lumps in young women should be excised, particularly if cytological and combined mammographic facilities are unavailable.

Can patients contact their GPs by telephone?

The telephone rather than the reception desk is increasingly the first point of contact between a patient and a general practitioner's surgery. Despite this no guidelines or advice exist on telephone installations and effective organisational strategies. Hallam (p 629) describes a postal questionnaire survey of telephone facilities and organisation in general practice and assesses the extent to which general practitioners are accessible to patients by telephone. On average, doctors received only four calls a day from patients. The rate was dependent on the number of telephone lines, communication of the availability of telephone contact, and reserving time for calls. Experience in other countries suggests that the telephone is an effective tool in assessing and managing patients and

organising workload. If doctors are really willing to take patients' calls (as they said they were) this needs to be communicated to patients and doctors' accessibility by telephone improved.

Kaposi's sarcoma: sexually transmitted?

Kaposi's sarcoma associated with AIDS has been suggested to be sexually transmitted. The risk of Kaposi's sarcoma is low except among homosexual men in the United States and heterosexual people from the Caribbean and Africa. On p 624 Beral *et al* show that among patients with AIDS in Britain Kaposi's sarcoma is confined to those who contracted the disease sexually and that the prevalence is increased in patients who had sexual partners from the United States or Africa. Their findings support the hypothesis that Kaposi's sarcoma is caused by a transmissible agent and that sexual contact is an important route of transmission.

Treatment after first seizures

The decision whether to start treatment with anti-epileptic drugs when adults present with first seizures is difficult. The suggested benefit of early treatment has to be balanced against the effects of unnecessarily treating patients who would never have a recurrence. Van Donselaar *et al* (p 620) performed electroencephalography in patients with clinically diagnosed idiopathic first seizures and found that the presence of epileptic discharges was associated with an increased rate of recurrence. The association was greater if the results of electroencephalography after sleep deprivation were included. Electroencephalography seems to be useful in making the decision to delay or start treatment in these patients.

Health is good business: East-West collaboration

International efforts to influence global public health cannot succeed without East-West efforts directed at the Soviet Union. As the world's third largest country recasts itself politically, economically, and socially (recent events in the Baltic states notwithstanding) opportunities exist for international joint ventures based on a mix of private and public findings. On p 633 Gellert and Kaznady describe one such venture: the multinational Tambrands Inc, Femtech (a Soviet counterpart incorporated as the local partner) and the Ukrainian Ministry of Health will manufacture and distribute tampons, and using the distribution network—Reproductive Health Education for Ukrainian Women (an international health and private-public collaboration programme)—will provide education on unwanted pregnancy and the prevention of sexually transmitted diseases. The authors believe that not only is the promotion of good business healthy but the promotion of health is good business.