This week in BMJ

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Audit shows many deaths from stroke are avoidable

Stroke and hypertension are important causes of early death and in Britain the aim is to reduce deaths from these causes by 40%. Payne *et al* conducted a confidential audit of deaths from stroke and hypertension in one health district over a year (p 1027). Most doctors agreed to participate. In almost half of patients with hypertension there were avoidable factors that may have contributed to death—usually failure to follow up or patients continuing to smoke. Care often did not meet agreed minimum standards, although the deficiencies did not necessarily contribute to death.

A cheap drug for filarial lymphoedema and elephantiasis

Over 45 million people suffer from filarial lymphoedema and elephantiasis. Although effective treatments are available, people in developing countries can seldom afford the drugs while adequate physical treatment requires compression garments, which are impractical in hot, wet conditions. Casley-Smith *et al* (p 1037) describe a study in which Chinese patients with filarial lymphoedema of the leg were treated with 5,6-benzo-α-pyrone, a cheap readily available drug that seems to reduce all forms of high protein oedema. The benzopyrone reduced oedema and many symptoms during one year of treatment and a further follow up year. The authors conclude that benzopyrone is effective, with few side effects, and its relatively slow action makes it ideal for use without compression garments.

Chloroquine and proguanil still protect travellers to Africa against malaria

The spread of chloroquine resistant strains of *Plasmodium falciparum* through sub-Saharan Africa, makes chemoprophylaxis increasingly difficult. A choice has to be made between drugs with potentially severe side effects that protect well and non-toxic drugs that protect less. On p 1041 Wetsteyn *et al* report a Dutch prospective trial showing that prophylaxis failed in less than 1% of the participants and that protection with non-toxic drugs such as chloroquine and proguanil is still quite good. It also shows that compliance is difficult to maintain—failure of prophylaxis was probably due to lack of compliance in about half of the subjects.

Survivors of childhood cancer have high risk of second tumours

Substantial improvements in survival from childhood cancer have occurred in the past two decades. On page 1030 Olsen *et al* report the results of a long term follow up of 30 880 individuals in the five Nordic countries who had cancer diagnosed when they were under 20 years of age. The incidence rate of second tumours was increased 2·5-7 times over that in the general population, and although large variations in risk were observed by age, sex, calendar period, and type of first as well as second tumour, the overall risk remained higher throughout life. The risk pattern observed, which is thought to be valid for a large part of the European population, shows that modern chemotherapy for childhood cancers may be an independent aetiological factor for second tumours.

Diabetes registers can be derived from general practice data

Although there is a consensus that district diabetes registers are desirable, producing them is often difficult. Traditional methods have had to grapple with collecting and collating data from several sources, especially for perhaps the majority of patients who do not attend a hospital. On p 1045 Howitt and Cheales describe a novel audit based approach in which a district diabetes register has been compiled solely from general practice records. The prevalence of diabetes and characteristics of the diabetic population resembled closely those in earlier carefully conducted epidemiological surveys. As general practitioners with disease management clinics will in future have to identify all their diabetic patients and audit the care they receive, the authors suggest that their method may serve as a model for developing accurate, low cost diabetes registers, not only on a district level but perhaps also nationally.

It costs more to ignore epidemic strains of methicillin resistant *S aureus* than to control them

Staphylococcus aureus is notorious for its ability to counter antibiotic challenges, and various epidemic strains of methicillin resistant *S aureus* have caused outbreaks in British hospitals from the early 1980s onwards. On p 1049 Duckworth reviews the diagnosis and management of methicillin resistant *S aureus*. Most strains are also resistant to other antimicrobial agents, but not all cause infections and not all have epidemic potential. Their transmission also depends on host factors such as damaged skin, length of stay in hospital, and previous antibiotic treatment. Once methicillin resistant *S aureus* has been identified management must include both treating the affected person and preventing or controlling any epidemic. The mainstay of treatment of severe infections is vancomycin, though teicoplanin shows promise. To prevent spread of infection the patient needs isolating and strict hygiene measures. An outbreak of methicillin resistant *S aureus* is costly to control, but the costs of ignoring an epidemic strain are higher.