In brief

NHS chief executive resigns: Sir Alan Langlands, chief executive of the NHS in England since 1994, will leave the post at the end of August to become principal and vice chancellor of the University of Dundee. The shadow health secretary, Liam Fox, said, "His decision to leave so soon after signing a contract extension is surprising."

Attorney general will take no action against BMA: The attorney general has decided that it is "not appropriate" to bring contempt of court proceedings against the BMA, its officers, or its employees. A briefing paper about Dr Harold Shipman was released in error to a group of people before the verdict in his trial was reached, and the judge referred the matter for possible contempt of court (12 February, p 401).

Many Canadian nurses leave profession: Twenty per cent of Canada's nurses who graduated in 1990 had left the profession five years later, and nearly 10% emigrated to the United States between 1995 and 1997, according to *The Labour Market Integration of New Nursing Graduates in Canada (1986-1997)*. Almost one in three nurses interviewed said that, given the opportunity, they would not choose nursing as a career.

Inequalities in heart disease in US women: More women living in parts of the rural south of the United States die from heart disease than women in other parts of the country, according to a report from the Centers for Disease Control and Prevention and West Virginia University, *Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality*. Pockets of high death rates were also found in four densely populated cities—New York, Chicago, Detroit, and New Orleans. The report may be accessed at www.cdc.gov/nccdphp/cvd/womensatlas.

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UK home secretary faces new problems over Pinochet

Clare Dyer *legal correspondent, BMJ*

The UK home secretary, Jack Straw, has been urged by Switzerland not to block the extradition of the former Chilean dictator, Augusto Pinochet, claiming that the state of a person's health is no bar to extradition under international treaties.

Spain, Belgium, and France, which have also applied to have him extradited, were expected to make their representations as the *BMJ* went to press.

The home secretary's provisional conclusion is that General Pinochet is unfit to stand trial. But legal sources said that some doctors who were consulted by prosecuting authorities say that General Pinochet's medical report indicates mild senility, no worse than that seen in octogenarians who have stood trial for war crimes. Six Spanish doctors who have been asked to

review the report dispute its findings in part, according to sources.

The four states were given a week to file their comments after the High Court ruled last week that the closely guarded report should be released to them under strict confidentiality. Within hours of the ruling the report was leaked to newspapers in Spain and Chile and extracts appeared on the websites of several British newspapers. Mr Straw had refused to release details of the report, saying that he had promised

General Pinochet that it would remain confidential. But three judges ruled that it should be released to the countries seeking extradition after a challenge by Belgium and six human rights groups. The four doctors in Britain who examined General Pinochet for the Home Office, three physicians and a neuropsychologist, unanimously concluded that, following recent deterioration in the state of General Pinochet's health, he is currently unfit to stand trial. □

A mask of former Chilean dictator General Augusto Pinochet, held aloft by protestors outside the Royal Courts of Justice, London, earlier this month

Screening changes recommended for osteoporosis and diabetes

Scott Gottlieb *New York*

Two new studies have recommended changes in the way that doctors screen for some of the most common and debilitating complications of two chronic and progressive diseases, osteoporosis and type 2 diabetes mellitus.

In the first study, researchers reported that women who fracture a wrist should be screened for osteoporosis, especially if they are aged under 66 years. The authors found that women who fractured a wrist within 10 years of entering menopause had an eightfold increase in the risk of hip fractures compared with the general population, but this increase subsides by the age of 70 (*Journal of Bone and Joint Surgery (British)* 2000;82B:87-9.)

The lead author, Carlos Wigderowitz, clinical lecturer in orthopaedics at the University of Dundee in Scotland, and his

coauthors measured bone density in 31 women aged 40-82 years who had sustained a Colles' fracture. These women were compared with a group of 289 healthy women aged 20-83 with no wrist fractures. Bone mineral density was consistently lower in the women with fractures than in the comparison women. These differences, however, were most pronounced in women aged 41-66. The differences decreased in the older patients. Dr Wigderowitz said that he was surprised to see that "the younger the women are after menopause, the greater the deficit is in [bone mineral density]." The team concluded that women younger than 66 who sustain a wrist fracture should be "fully assessed for osteoporosis."

In the second study a team of researchers led by Dr Sandeep

Vijan, assistant professor of internal medicine at the University of Michigan, examined the clinical efficacy of annual eye examinations for diabetic patients—people with adult onset diabetes have traditionally been urged to get yearly eye screenings to prevent blindness.

However, the study, which was based on a computer analysis of a group of hypothetical diabetic patients, found that annual examinations are probably neither cost efficient nor clinically useful (*JAMA* 2000;283:889-96). The authors used a computer model to show that the current screening programme costs \$5.54bn (£3.5bn) a year—\$1.56bn more than screening every other year and \$2.34bn more than screening every third year. To improve screening, the authors recommend dividing type 2 diabetic patients into groups according to age and how well they manage their glucose levels. Patients with the lowest risk of blindness are elderly patients with good glucose control; those with the highest risk are younger patients with poor glucose control. □