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The technique of breast palpation and particularly the determination of whether a lump is part of normal breast tissue or a worrisome abnormality is not easy. Breast tissue is normally quite lumpy; adept palpation is not simple. Should women be instructed in breast self-examination and encouraged to practise it monthly? Bart Harvey and colleagues at the University of Toronto report on 220 women who died of breast cancer or had distant metastatic disease and over 2000 controls (page 1205). All women were participants in the National Breast Screening Study and were interviewed prior to diagnosis. No association was found between the frequency of self-examination and breast cancer mortality; however, women who correctly performed breast self-examination in the 2 years before a diagnosis of breast cancer had a markedly reduced risk of death from breast cancer and of distant metastatic disease. Harvey and colleagues are appropriately cautious in interpreting these results. In an accompanying editorial, Greg Hislop of the BC Cancer Agency in Vancouver reviews other studies of this question and concludes that although further research is needed it is appropriate for physicians to give instruction to their female patients on proper breast self-examination (page 1225). Technique may be more important than frequency.

A related problem is what to recommend to women who are at high risk (mainly because of family history) of breast cancer. Pamela Chart and Edmée Franssen at the University of Toronto studied over 1000 women who had been referred for evaluation of breast cancer risk (page 1235). The women were examined frequently with mammography (beginning 10 years before the earliest age at which breast cancer was detected in the family), clinical breast examination

and breast self-examination. A surprisingly large number of cancers were detected in women at increased risk, suggesting that surveillance may be helpful in detecting cancer early in such women. Without a comparison group, however, it is impossible to determine if surveillance programs of this kind will reduce morbidity and mortality.

How many physicians do we need? How do we ensure that physicians are distributed appropriately from region to region? These are vexing questions. Noralou Roos and colleagues at the University of Manitoba have developed and applied a new approach to addressing the question of physician supply (page 1215). Instead of looking only at current utilization patterns as a basis for planning, they also attempted to determine actual need for physician services. Based on population characteristics such as rates of premature death, socioeconomic factors and age, their needs-based approach revealed striking imbalances in physician supply across Manitoba: regions with greatest need had a shortage of physicians, whereas low-need areas had a relative surplus. In accompanying editorials, Roos explores other alternatives and elaborates on how physician supply might be matched to need (page 1229), and Bruce Fried of the University of North Carolina at Chapel Hill gives a US perspective on physician resource planning (page 1227).

The CMA welcomes the *Journal of Psychiatry and Neuroscience* to its publishing stable. Founded in 1976 as the *Psychiatric Journal of the University of Ottawa*, the Journal provides a forum for clinical and basic-science research in a rapidly evolving field. We wish Dr. Yvon D. Lapierre and his editorial board great success in promoting and publishing excellent research.—JH