

spectrum from the other possibilities that must be considered—cervical disc lesions and spondylolisthesis, carpal tunnel syndrome, ulna nerve compression at the elbow, tumours at the thoracic inlet, subclavian aneurysm, Raynaud's disease, and more general neurological or muscular diseases.

¹ London, P S, *A Practical Guide to the Care of the Injured*. Edinburgh, Livingstone, 1967.

² McBeath, A A, and Keene, J S, *Journal of Bone and Joint Surgery*, 1975, 57A, 795.

³ Davies-Colley, R, *British Medical Journal*, 1922, 1, 432.

⁴ Mynors, J M, *Lancet*, 1973, 1, 674.

⁵ Stevenson, F H, *Lancet*, 1951, 2, 969.

Liquor licensing and public health

The Departmental Committee on Liquor Licensing (the Erroll Committee), published its report¹ in December 1972, making a number of recommendations for liberalising the licensing laws. Among these were suggestions that justices should have their power to refuse new licences much curtailed; that the legal drinking age should be lowered; that children should more easily be allowed with their parents into public drinking places; that alcohol should be on sale in more and different kinds of premises (with a view towards establishing a Continental style of café pub); and that licensing hours should be extended. Public health reactions to the report were unfavourable. Concern was expressed that the health and welfare implications had been passed over too lightly by the committee, and we commented that the report was proposing a gamble with the nation's health.² As for the reactions of the public, a Gallup Poll showed that most were against lowering the drinking age, extending the licensing hours, and allowing children into bars.³

The Erroll Report at least served a valuable purpose by stimulating a debate—one outcome of which should have been a sharpened official and public awareness of the possibility that any tinkering with the nation's system of drink control might adversely affect the nation's drinking problems. The expectation was that the report would not be put into effect: but unwise steps may yet be taken with the introduction of a private member's Bill which will be given its second reading on 27 February.⁴ The Home Office cannot be seen as entirely neutral, for it has provided help in drafting the Bill. The three elements which it selects out of the original package relate to extension of licensing hours; admission of children to licensed premises and registered clubs; and a complex technical matter (repeal of Section 76 (5) of the Licensing Act of 1964) which would in effect make it easier and perhaps cheaper for places of entertainment to sell drink to a late hour.

Has anything happened over the last three years which should modify the health opinion? In an area which has traditionally attracted passion it is essential that any health stand should be based on a willingness to review new data as they become available. It happens that since the Erroll Report was published a detailed review of public health aspects of alcohol control policies has been prepared by the World Health Organisation in conjunction with the Finnish Foundation for Alcohol Studies and the Addiction Research Foundation of Ontario.⁵ The following passage is to be found in the introduction to that monograph: "... our main argu-

ment is well substantiated: changes in the overall consumption of alcoholic beverages have a bearing on the health of the people in any society. Alcohol control measures can be used to limit consumption: thus, control of alcohol availability becomes a public health issue."

The WHO document readily admits the difficulty of forming any final or universal view of the likely impact of change in any one regulation without at the same time looking at a host of interacting social and fiscal factors. Study of legislative change does not lend itself to the neat methods of the controlled trial. There might be circumstances in which legislation of the sort proposed by the current Bill would be innocuous, but it seems more likely that each element in the three-part package will in some small way lead to greater consumption and so greater health risks. The authority of this recent monograph supports the accuracy of the original assertion that to liberalise our liquor laws is a gamble: no one can guarantee the danger but neither is anyone in a position to say that no harm would result.

There is nothing to argue that now is a better moment than three years ago to take even a restricted gamble. Offences of public drunkenness, drunk driving offences, and hospital admissions for alcoholism are all at their highest levels for many years. Certainly in recent times the public has not seemed unduly handicapped in its access to drink: over the four years to the end of 1974 national annual consumption of alcohol rose by 37%, an increase of 19 million gallons of absolute alcohol.⁶

The present Bill is more modest than the original Erroll proposals but none the less represents an erosion of public health defences against one of the country's major health and social problems. For the present there should be a moratorium on all measures which make drink more available.

¹ *Report of the Departmental Committee on Liquor Licensing*. London, HMSO, 1972.

² *British Medical Journal*, 1972, 4, 625.

³ *Daily Telegraph*, 27 December 1972.

⁴ *Hansard*, 17 December 1975, col 1396.

⁵ Bruun, K, et al, *Alcohol Control Policies in Public Health Perspective*. Helsinki, Finnish Foundation for Alcohol Studies, 1975.

⁶ Health Education Council, 1975, *Fact sheet RP/6/1*.

Programming in human growth

Two major areas of ignorance in nutrition are the relative contributions of genetics and environment in determining physique at different ages and the long-term influence of physique at one age on physique at another. Essentially the problem is one of data collection, since longitudinal studies are needed to answer both these questions, but they are in short supply. Nevertheless, there is a growing body of information from which a synthesis may be made of some of the genetic, prenatal, and postnatal factors that influence body habitus.

Recently, for instance, Fish *et al*¹ collected data on whether extremes of body build at birth were predictive of leanness and obesity at 4 and 7 years of age. Unfortunately, a peripheral measure of body fat was used (a ratio of weight to height), but neonates who were either extremely lean or extremely obese tended to stay the same over the years, though the