

leukaemia-like virus has been thought to cause this illness, and viral antigenic components have been identified in the tumours and in the glomerular lesions.⁹ This comparison provides food for thought even though no viral cause for Hodgkin's disease has been identified and the renal disease in the mice is associated with pathological changes similar to membranous glomerulonephritis.¹⁰

- ¹ Kimball, K. G., *Annals of Internal Medicine*, 1961, 55, 958.
² Harrison, C. V., Milne, M. D., and Steiner, R. E., *Quarterly Journal of Medicine*, 1956, 25, 285.
³ Lee, J. C., Yamauchi, H., and Hopper, J., *Annals of Internal Medicine*, 1966, 64, 41.
⁴ Cantrell, E. G., *British Medical Journal*, 1969, 2, 739.
⁵ Plager, J., and Stutzman, L., *American Journal of Medicine*, 1971, 50, 56.
⁶ Dixon, F. J., in *Proceedings of the Third International Congress of Nephrology*, vol. 2, ed. R. H. Heptinstall. Basel and New York, Karger, 1966.
⁷ Loughridge, L. W., and Lewis, M. G., *Lancet*, 1971, 1, 256.
⁸ Lewis, M. G., Loughridge, L. and Phillips, T. M., *Lancet*, 1971, 2, 134.
⁹ Mellors, R. C., Aoki, T., and Huebner, R. J., *Journal of Experimental Medicine*, 1969, 129, 1045.
¹⁰ Mellors, R. C., *Journal of Experimental Medicine*, 1965, 122, 25.

Misadventure

Though it is running four years late, the Registrar General's Commentary on the statistics of England and Wales always provides some useful information not otherwise obtainable. Among other things it provides a useful check on the drugs particularly apt to cause serious adverse reactions. The deaths from this cause in 1967 numbered 146, an approximately average figure for the years 1962-7, though the variation was from 68 in 1964 to 179 in 1965. Deaths from anaesthetics showed a sharp rise from 1 in each of the years 1962 and 1963 to 17 in 1967. The extent to which this increase is real and not due to more explicit reporting is hard to assess, but the Registrar General does draw attention to "a comparatively new feature" in deaths associated with attempted endotracheal anaesthesia. The tube has been known to enter the stomach and rupture it or to become obstructed, with resulting asphyxia or cardiac arrest.

Of drugs other than anaesthetics that caused death from adverse reactions the outstanding groups were corticosteroids (24 deaths) and phenylbutazone (14 deaths). In contrast to some high totals in previous years chloramphenicol caused only two deaths. For the first time contraceptive pills enter the list as a cause of death, two being attributed to them. The well-known hazards of the anticoagulants are reflected in the 15 deaths they caused. Six deaths from renal disease followed the administration of phenacetin, mainly for rheumatoid arthritis. Among surgical procedures as causes of death the most notable was blood transfusion, to which 14 deaths were attributed.

Among the oddities traditionally included in this volume is an interesting analysis of deaths from lightning. The

majority of those killed are males, and the season at which most deaths occur is the summer. The average number of people killed per year has declined this century, from 12.4 per year in the decade 1901-10 to 9.6 in 1951-60 and 3.6 in 1961-7. The numbers of deaths may possibly have decreased, as the report suggests, because people congregate out of doors for work and play less than they used to do. Certainly the numbers of farm workers have diminished, but as the whole explanation this hardly carries conviction. It would be interesting to know whether lightning strikes as often as it did or whether some climatic change has turned Jove's attention elsewhere.

¹ Registrar General's Statistical Review of England and Wales for the year 1967, Part III, Commentary. London, H.M.S.O., 1971 (£3.05 net).

Health Care in the U.S.A.

The B.M.A. came under friendly scrutiny last week when Senator Edward Kennedy and other members of the Senate Health Subcommittee investigating the N.H.S. had a private meeting with the Chairman of Council and a small group of doctors from the main branches of the profession. The Senator was particularly concerned with the provision of primary medical care, the problems of junior hospital staff, and the relationship between profession and government, and his team will be reporting its findings to the Congress later this year.

There are five different proposals for reform of the provision of medical care in the U.S.A., all at present in committee in Washington. One of these, the Kennedy plan, is for a comprehensive service financed partly by federal taxes and partly by payroll and income taxes—costing \$41,000 million a year; two other comprehensive schemes would be rather more expensive. The American Medical Association's Medcredit plan would provide only basic hospital and doctor care, while the fifth plan, the Pettengill-Aetna proposal, would be limited to the uninsurable classes. The only certainty at the moment seems to be that some socialization of medicine will be introduced in the near future, but which plan will be approved is far from clear.

Earlier this year the Anglo-American Conference on Medical Care at the Royal Society of Medicine was told¹ that "many Americans regarded the British N.H.S. as the worst in the world with the possible exception of the Russian one." Senator Kennedy's team has paid only a flying visit—but they should have seen enough to realize that a national health service in the British pattern is far better than its transatlantic critics would like to believe.

¹ *Lancet*, 1971, 1, 789.