

l (about 18 g of alcohol), including non-drinkers; 0.5-3.9 l (18-144 g of alcohol); 4-8.9 l (145-324 g of alcohol); and  $\geq 9$  l (325 g of alcohol).

The lowest risk was found among men who drank almost daily or daily (adjusted odds ratio 0.38, 95% confidence interval 0.19 to 0.75) and among men who drank 4-8.9 l of beer a week (0.34, 0.19 to 0.61) (table 1). When beer intake was analysed in narrower categories, the lowest risk was found for weekly consumption of 5-6 l, but because of the small numbers of subjects in each category the confidence intervals were wide (not shown). The results did not change when men with a history of heart disease, stroke, diabetes, or cancer were excluded.

## Comment

In this study of beer drinkers, the lowest risk of myocardial infarction was found among men who drank almost daily or daily and who drank 4-9 l of beer a week. There was a suggestion that the protective effect was lost in men who drank twice a day or more. This is similar to results of studies of other beverages.

It is unlikely that our results are due to bias or confounding. This was a population based study with highly complete recruitment of incident cases through a myocardial infarction register in a well defined population and with good response rate in controls randomly selected from the population register.<sup>3</sup> Questions on average consumption usually lead to underestimation of the real intake, but the ranking of subjects in terms of long term average intake is reasonably reliable.<sup>4</sup> Restricting the analysis to exclusive beer drinkers eliminated potential confounding by other beverages. It is unlikely that cases and controls answered questions differently; a cohort study in Bavaria, another beer drinking region, produced similar findings.<sup>5</sup> These results support the view that the protective effect of alcohol intake is due to ethanol rather than to specific substances present in different types of beverages.<sup>1</sup>

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**Table 1** Numbers of cases and controls (non-drinkers or only beer drinkers), and odds ratios (95% confidence intervals) of non-fatal myocardial infarction for drinking frequency and average weekly beer consumption

	No of cases/controls	Odds ratio adjusted for age and district	Fully adjusted odds ratio*
<b>Frequency of drinking</b>			
Never	30/63	1.0	1.0
Less than once a month	23/48	0.90 (0.43 to 1.87)	1.14 (0.52 to 2.51)
Less than once a week	26/81	0.65 (0.32 to 1.29)	0.62 (0.29 to 1.33)
Several times a week	68/276	0.56 (0.32 to 0.98)	0.60 (0.32 to 1.12)
Almost daily or daily	37/234	0.37 (0.20 to 0.68)	0.38 (0.19 to 0.74)
Twice a day or more	15/31	1.04 (0.45 to 2.37)	0.99 (0.41 to 2.38)
<b>Average weekly beer consumption</b>			
<0.5 l/ week	77/181	1.0	1.0
0.5 to 3.9 l/week	88/325	0.68 (0.46 to 1.00)	0.65 (0.42 to 1.00)
4 to 8.9 l/week	24/178	0.38 (0.22 to 0.65)	0.34 (0.19 to 0.61)
$\geq 9$ l/week	13/51	0.65 (0.32 to 1.33)	0.54 (0.25 to 1.14)

\*Adjusted for age, district, education, smoking, waist to hip ratio, and personal history of diabetes and high cholesterol concentration.

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## Bladders and Brobdingnag

Generations of children will have read abridged versions of Jonathan Swift's *Gulliver's Travels* (1767). Sadly, if familiarity prevents rereading then much of the richness in this masterpiece will be missed. For example, few will be aware that Gulliver was a surgeon. Educated at Cambridge, Gulliver studied surgery for four years in London, and then studied medicine for two further years. The story of his adventures is peppered with surgical references. In Brobdingnag (a land populated by giants), Gulliver encounters a woman with a fungating carcinoma of the breast, a man with a wen (sebaceous cyst) on his neck “the size of five woolpacks,” and a bilateral amputee with “a couple of wooden legs each about 20 feet high.” Gulliver was no stranger to the pressures that characterise modern surgical practice: he worked long hours—“till I was half dead with weariness and vexation”—and he was sued and almost ruined but won his case. In the Academy of Lagado, Gulliver experienced surgical research first hand, narrowly avoiding colonic insufflation for “a small fit of colic.” A canine subject was not so fortunate and suffered the fatal consequences. It is, however, matters urological that concern Swift the most. Gulliver's prodigious flow rate saved

the life of the Lilliputian queen when fire threatened to engulf the royal household. Unfortunately, his undoing proved to be his undoing; peeing in the palace was tantamount to treason and a rapid escape was required. Swift also recounts the Lilliputians' fascination with our hero's genitalia: the combination of Gulliver's threadbare trousers and the Lilliputians' diminutive stature afforded ample opportunity for surreptitious examination. Finally, the easily distracted Lilliputians could converse only if a servant constantly held their attention by “flapping” their mouths and ears with an inflated bladder, containing a few calculi, and fastened to a stick. Sixteen years of travel changed Gulliver forever. On his return to England he could not tolerate the company of fellow humans. While not told explicitly, the reader can only conclude that he did not practise surgery again. If Swift were writing today few in the public eye would be spared his brilliant satire. You wonder if his hero would still be a surgeon. Probably. But a urologist? Why not?

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