LEADING ARTICLES
Lung cancer and smoking: Is there proof?..................439
Low spirits after virus infections..........................440
Children with appendicitis....................................440
Food and nutrition policies....................................441
Horses for courses.............................................442
Metabolic bone disease in Asians............................442
Replacement of the knee joint...............................443
An ulcer in the family........................................444

PAPERS AND ORIGINALS
Oral contraceptive use in older women and fatal myocardial infarction J I MANN, W H W INMAN, MARGARET THOROGOOD......445
Comparison of propranolol, metoprolol, and acebutolol on insulin-induced hypoglycaemia RAYMOND J NEWMAN...........447
First electrocardiogram in recent myocardial infarction J B MCGUINNESS, T B BEGG, T SEMPLE..........................449
The elderly in a coronary unit B O WILLIAMS, T B BEGG, T SEMPLE, J B MCGUINNESS.................................451
Effect of atenolol on ventilatory and cardiac function in asthma JAN SVERRE VILSVIK, JAN SCHANNING.........................453
Hodgkin's disease presenting with hypoadrenalism C FEINMANN, R GILLET, M H IRVING...............................455
Neonatal pneumothorax: survey and prevention H V PRICE.................................................................456
Relationship between mood disturbances and free and total plasma tryptophan in postpartum women GEORGE STEIN, FRANK MILTON, PENNY BEBBINGTON, KEITH WOOD, ALEC COPPEN.........................457
Treatment of childhood asthma with sodium cromoglycate and beclomethasone dipropionate aerosol singly and in combination I MITCHELL, I C PATERSON, S J CAMERON, I W B GRANT..........................457
Desensitisation in a patient with chronic renal disease and severe allergy to allopurinol A MEYRIER........................................458
U. S. DEPT OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY
RECEIVED
AUG 27 1976

MEDICAL PRACTICE
Value of renal biopsy in acute intrinsic renal failure DIANE M WILSON, D R TURNER, J S CAMERON, C S OGG, C B BROWN, C CHANTLER..........................459
Statistics at Square One: XIV—The 𝜇-tests T D V SWINSCOW.................................................................462
Letter from Eastern Canada: Health care in Ontario MICHAEL C BRAIN.................................................................464
Cost of management of patients with haemophilia FELICITY CARTER, C D FORBES, J D MACCARLANE, C R M PRENTICE..........................465
Any Questions?.......................................................463
Materia Non Medica—Contributions from ANNE J SUTCLIFFE, P C C GARNHAM, LINDA BEECHAM..........................468
Personal View JEAN WEST........................................469

CORRESPONDENCE—List of Contents..........................470
BOOK REVIEWS..................................................482

NEWS AND NOTES
Parliament—Questions in the Commons; Lassa fever and rabies.........................484
Medical News—Invalid tricycles................................485
BMA Notices.......................................................486

OBITUARY NOTICES..................................................483

SUPPLEMENT
Juniors’ contract dispute—Letter from Mr Ennals......................487
Consultants and the incomes policy—Resumption of distinction awards from 1 August.......................488
Health centre charges—Ombudsman upholds GPs’ claim against DHSS.........................488

NO 6033 BRITISH MEDICAL JOURNAL 1976 VOLUME 2 439-488
BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR.
ASTM CODEN: BMJOAE 2 (6033) 439-488 (1976)
SECOND CLASS POSTAGE PAID AT NEW YORK NY WEEKLY 80p
Correspondence

Priorities in the NHS

E Li Lloyd, FFRACS, and others ........................................ 470

Antipyrene half-life and clearance in clinical practice

B Whiting, MD, and others ............................................ 471

Sociological factors and female Olympic potential

T Khosla, PhD .............................................................. 471

Anti-inflammatory drugs for rheumatoid arthritis

A K Clarke, MRCP, and others; E C Huskisson, MD, and others .... 472

Confidence limits

A W F Edwards, SC ..................................................... 472

Accidental injection of Immobilon

G N Volans, MD, and B A Whittle, PhD ......................... 472

Enurete for a burns unit and Mr A P J Ross (p 1450)  says that no improvement in geriatric facilities will remove an old lady with intestinal obstruction from one of his surgical beds. Effective health education could reduce the number of road accidents or burns, thus relieving pressure on surgical beds and possibly obviating the need for the new theatre for the burns unit. This in turn would release money for new laveratories for the geriatric block and therefore, by allowing the geriatricians to provide a better service, could lead to an early postoperative transfer of Mr Ross’s old lady for rehabilitation followed by a more rapid return home.

Despite recent evidence that orthopaedic surgeons and anaesthetists are recognising specific needs in the elderly, Dr J C Leonard (29 May, p 1335) admits to no clinical presentation of illness unique to geriatrics and feels that general physicians should have control over acute and long-stay beds. This misses the point. Many geriatricians view admission to hospital as failure of the aim to keep people healthy and at home, an aim that is now being suggested as the desired goal for all ages (Dr A J Smith, 12 June, p 1449). It could be suggested that other specialities should follow geriatrics and combine preventive measures with therapy and rehabilitation and temper all with consideration of the total environment (social, economic, and psychological) of the individual patient. Incidentally, if failure to attract sufficient staff is a reason to consider scrapping a specialty, as suggested by Dr Leonard, anaesthesics and radiology stand beside geriatrics.

It takes time to educate any group of people, and Western man has an immense capacity for personal inertia and a tendency to over-react to any hint of interference with personal liberties, though exercise of these freedoms may interfere with the freedom of others. Two examples of this are: (1) Legislation on driving after drinking and on speed limits is greeted with howls of rage, but what about the interference caused by the drunk or speeding driver with the freedom of an innocent pedestrian knocked down and crippled? (2) A person who exercises his freedom to smoke (Dr L Sander, 12 June, p 1453) and develops lung cancer is regarded as a top priority for surgical admission and, by tying up beds and surgical expertise, may interfere with the freedom of choice of a person on a long waiting list who is unable to work due to a hernia.

Surely our top priorities must include: (1) reduction of extravagance whether administrative or, as suggested by Dr Anne Savage (10 July, p 114), in prescriptions and paramarmaladosis; (2) health education, not only about the individual’s right to health care but also about the responsibilities he has for looking after his own health and avoiding damage to the health of others; and (3) care for the needs of all, especially those without political muscle, including the mentally (Dr J C Gunn, 3 July, p 41) and physically handicapped of all ages.

E L Lloyd

Department of Anaesthetics Royal Infirmary, Edinburgh
