preventive strategy. Cimetidine has, therefore, been extensively tested, with conflicting results[15]—partly explicable by the small numbers, inadequate randomisation, inconsistent endoscopy, mixed aetiology, and variable severity and partly by inclusion of clinically irrelevant haemorrhage detected by measurements of occult blood (which may give false-positive results[16 17] in patients taking cimetidine).

At the symposium Speranza and colleagues presented data from 800 patients treated for 10 days in several intensive care units in Rome. There were 168 patients considered to be at high risk, of whom 137 were randomised. None of those on cimetidine bled, whereas one patient taking antacids and eight controls did. Of the 632 patients considered to be at low risk, none bled.

Clear data are now available to predict in patients in intensive care which stresses—notably liver, respiratory, and renal failure; burns; and severe multiple trauma[18]—are likely to cause life-threatening haemorrhage. Patients at risk should be treated over the period of risk by adequate dosage of antacids or cimetidine or both—or possibly by somatostatin or an elemental diet.[19]

Does cimetidine stop active bleeding and prevent rebleeding? Again there have been several trials—mostly deficient in numbers, homogeneity, or stratification. Plainly, however, cimetidine is of no value in stopping bleeding in patients with duodenal ulcers. Although some studies have suggested that cimetidine may lessen bleeding from gastric ulcer and acute gastritis and in the elderly,[20 21] in another study[22] bleeding from gastric lesions was worse after cimetidine. Cimetidine (especially if combined with antacids) may, however, prevent rebleeding.[22] Whatever its effects on haemostasis[23] many clinicians will use cimetidine in patients with bleeding ulcers to speed healing, not because they believe that it will stop or prevent rebleeding.

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Devoted and unstinted service

Dr J E Miller has retired after nine years in perhaps the BMA's most exacting honorary appointment. Though an elected officer, who gives his time "voluntarily," the demands made on the Treasurer during the last decade have meant that Jack Miller, as he is affectionately known to his wide circle of friends in the profession, has pursued two careers. He has successfully continued with his singlehanded practice in Glasgow (somehow finding time to sit on the bench) and devoted two and sometimes three full days to the BMA's substantial financial affairs. These include not just the £4m budget for administration, but the *BMJ*'s £6m publishing enterprise, the publishing activities of *Family Doctor* and *BMA News Review*, the charities' budgets, and the Association's considerable properties and investment. He has done a magnificent job during a period of unprecedented inflation that could well have ruined the profession's major representative organisation.

That the BMA's finances are in such a healthy state is due to Dr Miller's resolute and careful supervision of successive budgets. How much of his detailed grasp of the Association's financial affairs was acquired during his constant trips between Scotland and London is hard to judge, but the *BMJ* has particular reason to be grateful for his sound judgment and sympathetic advice at a time when all publishing has had a very rough passage. The introduction of the *BMJ*'s split editions, a change overwhelmingly approved by the ARM at Brighton, could not have been done without his unwavering support. In a gracious tribute to Dr Miller at the Annual Meeting, the Chairman of Council, Mr A H Grabham, thanked Mrs Ida Miller. No doctor can take part in medicopolitics to the extent that Dr Miller has done without the support of his or her spouse. With his first ARM attendance occurring 29 years ago at Dublin, Dr Miller has since served on many local and national committees, including the Scottish GMSC, the Private Practice Committee, and the GMSC. A member of the Scottish Council since 1960 and of the BMA Council since 1964, Jack Miller is an outstanding example of those BMA members whose devoted and unstinted service has made the Association a powerful representative organisation. The membership owes him a great debt.