women whose repeat smears after finding mild dyskaryosis are negative have cervical intraepithelial neoplasia on biopsy. Compromise is inevitable with inadequate colposcopy services in Britain, but compromise may sometimes mean death.

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Should sympathomimetics be available over the counter?

The abuse of amphetamine and the resultant paranoid psychoses are well recognised,[1] and similar problems may arise from the abuse of other sympathomimetics such as methylphenidate, diethylpropion, and phenmetrazine.[2] Not surprisingly these drugs came to be made available only on prescription and were subsequently classed as controlled drugs. Nevertheless, sympathomimetic drugs such as ephedrine, pseudoephedrine, and phenylpropanolamine, which have similar propensities, remain available over the counter.[3-5] They are common constituents in cough and cold remedies, which are by far the largest category of non-prescription sales in Britain,[6] and which in overdose may be fatal.[7]

In the United States the abuse of over the counter sympathomimetics has become recognised as a national problem,[8-10] with terms such as pseudospeed, look alikes, and pea shooters. Pseudospeed is a generic term given to various combinations of non-prescription stimulants such as ephedrine, phenylpropanolamine, and caffeine.[10] Look alikes are the same stimulants packaged closely to resemble amphetamine tablets in size, colour, numbering, and trademark, enabling them to be sold on the street as such. Look alikes are said to have first appeared in the south eastern United States, where they were sold as amphetamines.[9] During the 1970s phenylpropanolamine was used increasingly as an over the counter appetite suppressant and was eventually incorporated into look alike drugs.[8] By 1980 most look alikes contained ephedrine, phenylpropanolamine, and caffeine. They were manufactured in "garage laboratories" and sold cheaply by mail order.[10] Four such look alike capsules might be as potent as a substantial dose of amphetamine.[9]

Congressional hearings held in 1981 and 1983 considered the pseudospeed problem but the Food and Drug Administration was unable to stop manufacture as these were over the counter drugs. They were, however, able to prevent counterfeiting controlled drugs and to seize look alikes. The look alike industry responded by changing the appearance of its products. The United States Postal Service then refused to deliver phenylpropanolamine, ephedrine, and caffeine on the grounds that the triple combination was not safe as advertised. In August 1983 the Food and Drug Administration banned its sale but the look alike industry removed one of the constituents, whereupon in December 1983 the Food and Drug Administration banned the combination of phenylpropanolamine and caffeine. Currently, legally produced pseudospeed contains only one sympathomimetic and is usually sold as an over the counter appetite suppressant.[9] The growing popularity of cocaine in the United States and its high price have also resulted in pseudospeed being marketed as a substitute for cocaine with names such as "cokesnuff," "coca snow incense," and "poor man's cocaine."[11,12] Pseudospeed has been reported as the most commonly abused drug after alcohol and cannabis among adolescents in central New York.[10] The pseudospeed industry has a multimillion dollar turnover, makes vast profits, and has always been one step ahead of any legislation designed to curb the drug.

Abuse of over the counter sympathomimetics is a major problem in the United States, and, like solvent abuse, it might cross the Atlantic. There is a strong case for making them available here only on prescription; this may help to prevent the development of abuse in the United Kingdom.

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Special units for acute upper gastrointestinal bleeding

The management of patients with acute upper gastrointestinal bleeding remains controversial, partly because of different and sometimes conflicting medical interests. Endoscopists have reported that endoscopy is better than radiology,[1] radiologists that radiology is better than endoscopy,[2] surgeons that an early operation reduces mortality,[3] and physicians that an early operation increases mortality.[4] We must therefore look closely at a claim from an Australian hospital that setting up a special multidisciplinary unit reduced mortality from acute upper gastrointestinal bleeding from 15% to 6% in a few years.[5]

Mortality in patients admitted to hospital with acute upper gastrointestinal bleeding has remained fairly constant at around 10% over the past 40 years, although the proportion of elderly patients has increased enormously.[6] As many as two thirds of patients are now over 60, and a quarter over 80.[7] Deaths are virtually confined to these elderly patients,[8] and the death rate is not the same in all hospitals. In a recent study from a peripheral district general hospital the mortality was 15%,[9] whereas in teaching hospitals it is often substantially