has been reported [10] a recent careful study has failed to confirm any consistent help to the circulation.[11] After three months' treatment the resting cardiac output was unchanged in five patients, decreased in two, and increased in two. Calcitonin has also failed to relieve the deafness of Paget's disease [12] though it may have prevented further deterioration of hearing. Finally, at present the treatment has two practical but not insurmountable disadvantages—the need for frequent injections, and the expense.

When, therefore, should calcitonin be prescribed? It should not be given in asymptomatic cases, and its value in managing the complications is limited; its most important role here is in serious hypercalcaemia after immobilization. Calcitonin is indicated for the relief of pain which on careful investigation appears to be arising in an identifiable area of bone disease. Treatment has to be continued for six weeks or more, and pain relief can be expected to last for several months. Further courses of treatment can be given as needed.

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Pressure on Housing

For years Britain has had a housing problem. Sometimes it has had a housing crisis. The rate of construction of new houses, the growth of the population, and the cost of mortgages are some of the factors that have governed the course from problem to crisis to problem. But changes in attitudes to family life must also exert a continual pressure towards ever more, and smaller, households.

The latest 10% sample report to come out of the 1971 census,[1] covering England and Wales, shows that 18% of households have only one person in contrast to 12% at the previous census in 1961. This trend to smaller households has been evident for many years. First, as slums were eradicated households came to consist of a single family instead of several huddled together under one inadequate roof. The density of housing has thus enormously diminished since the second world war. But now we seem to be in a second phase in which families themselves are splitting up and so creating a demand for more housing. Of 3 million people living alone in 1971, for instance, 2 million were of pensionable age. The "generation gap," so unremittingly nurtured in the popular media for its commercial returns, reaches one of its end-points there. And to the split between the generations as a cause of pressure on housing must now be added a split within the generations. Since 1971 divorces in England and Wales have been running at over 100 000 a year,[2] while in 1961 they numbered only 25 000, a figure which had been stable for some years after the post-war "bulge." Confronted with social dissolution on this scale, the country looks like moving back from problem to crisis over its housing.

[1] Office of Population Censuses and Surveys, *Census 1971 England and Wales, Household Composition Tables*, Part 1. London, H.M.S.O., 1975.
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Temples of Truth

By a macabre coincidence, the Home Secretary announced[1] the Government's qualified acceptance of the Brodrick Committee's proposals on death certification[2] at the same time as the bookshops displayed copies of *The St. Alban's Poisoner*[3] —an account of the thallium murders by Graham Young. In 1971 opinions on Young's victims were given by over 40 doctors,[3] none of whom diagnosed any form of poisoning; and while such cases may be rare, they highlight the crucial issue in death certification, which is that all deaths should be properly investigated unless the certifying doctor has no doubts about the cause. A certainty of "natural causes" means nothing.

Unfortunately the changes proposed will not reassure those who doubt the accuracy of death certification in Britain. The new system will require that a certificate may be issued only when the doctor has attended the deceased within seven days and has viewed the body; in all other instances the coroner will have to be informed. So confident is the Government that the new method will be an improvement that it proposes the abolition of the current procedure of multiple certification when the body is to be cremated; where death occurs in hospital the single certificate will suffice, but outside hospital a second certificate will be required from an independent doctor drawn from a panel appointed for the purpose. Surely a proper sense of caution would have suggested that the present cremation formalities might be continued until the new system has been tried in practice?

Determination of the cause of death in doubtful cases depends on careful post-mortem examination of the body by a pathologist with forensic training. The long period of inactivity since the publication of the Brodrick report has seen the further decline of the academic discipline of forensic pathology in Britain,[4] yet the Home Office announcement does nothing to reverse the trend. Coroners will still be free to ask any local pathologist to carry out their necropsies, whether or not he has any interest or training in forensic work. Excluded as they are from the N.H.S. and ignored by the Royal Commission on Medical Education, it is little wonder that few young forensic pathologists stay in Britain after their training is complete, or that medical students are given so little tuition in the specialty. If (as is the case in most European countries) expert medical evidence could be given in the courts only by accredited specialists in the relevant discipline the serious shortage would be apparent to all.

Reassurances about the rarity of unsuspected homicide should not be allowed to allay disquiet. Accurate ascertainment of the cause of death is vital for the identification of environmental and industrial hazards, which account for such a large proportion of cancer deaths,[5] and may possibly be of equal importance in other diseases. The Government is prepared to discuss the changes it has proposed in death certification; it should be left in no doubt of their defects and dangers.

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