Are drugs used in enuresis entirely or partly a vehicle for suggestion? Is the latest drug a specific? Experience of many drugs used in the past will suggest caution. Almost any drug (or conditioning apparatus) used by an enthusiast seems to have some success; whereas the unenthusiastic doctor who as soon as he hears the word "bed-wetting" automatically hands over a month's supply of some drug (ancient or modern) will rarely obtain satisfaction either for his patient or for himself. Our knowledge of the causes of enuresis is still far from complete. If the doctor takes reasonable steps to exclude urinary infection and the rare congenital abnormalities of the urinary tract, and if he appreciates the natural history of enuresis, with its familial, social, and emotional components, his management of the case will be less automatic but more effective and satisfying. Drugs may contribute to management, but they are unlikely to play more than a part in a problem as complex as enuresis.

Paravertebral Ossification

Different varieties of ossification can follow degenerative or inflammatory conditions affecting the vertebrae. The commonest change, always present to some extent after middle age, is degenerative disease with osteophytosis of the vertebrae and narrowing of the intervertebral disks. Occasionally the outgrowing osteophytes form bony bridges over the disks to produce a condition called senile ankylosing hyperostosis. The bridges are seen on radiology both laterally and anteriorly and are closely applied to the vertebral bone. The lesions of ankylosing spondylitis are usually easy to distinguish from them, for in that condition bridging of the intervertebral spaces takes place by ossification in the outer layers of the annulus fibrosus itself, while erosion, sclerosis, or fusion of the sacro-iliac joints are an almost invariable accompaniment. Much rarer patterns of ossification also occur in the spine, among them the heredo-familial vascular and articular calcification described by J. Sharp.

A distinct type of lumbar and thoracic paravertebral ossification has now been described by E. G. L. Bywaters and A. St. J. Dixon in four patients with psoriatic arthritis. It differs completely from the sacro-iliitis or ankylosing spondylitis sometimes occurring with psoriasis. These patients had typical changes of peripheral psoriatic arthritis with erosion of bone, loss of cartilage, and prominent growth of new subperiosteal bone round joints and the insertions of tendons—changes which, while not specific for psoriatic arthritis, are a prominent feature of that condition. The vertebrae showed normal apophysial and sacro-iliac joints with normal disk spaces, but on their lateral aspects were regions of paraspinal ossification without degenerative changes or ossification of the spondylitic type. The radiological appearance of this ossification was at first rather flabby and ill-defined, but it could progress rapidly. Its most characteristic feature was its separation from the vertebral bodies and disks by a strip of soft tissue. At necropsy on one patient the new paraspinal bone was seen to lie outside the longitudinal fibres of periosteum, from which it was separated by a space; it consisted of woven bone, but there was some remodelling, with deposition of lamellar bone.

The patients were all middle-aged men receiving corticosteroid treatment. Although the joint lesions tended to be of psoriatic rather than rheumatoid type, tests for rheumatoid factor were positive in two of them, a feature of uncertain significance. Of considerable interest was the fact that three of the patients showed features suggestive of Reiter's syndrome, and indeed patients are sometimes seen who present signs of both this syndrome and psoriasis, with indistinguishable lesions in the skin, nails, eyes, and joints. The actual mechanism of the paraspinal ossification is not known, but the patients all showed considerable periostitis at sites where tendons and ligaments pull on bone, and a similar process may have been occurring at points of muscle insertion into the paraspinal ligaments.

Priorities for Well-being

"The great modern game of allotting priorities," to which Lord Florey, O.M., P.R.S., referred in his last anniversary address to the Royal Society earlier this week, is one that many other members of the medical profession feel themselves to be in danger of losing. Pointing out that there had never been enough money for research, and that the choice of what to support now with scarce resources was a problem facing the Society, he thought that "instead of spreading our national resources too thinly between too many institutions we should concentrate on centres of excellence," and that we might then "hear less of brain drains." This view has already had some influence in stopping the creation of more and more small universities, which were dangerously near to becoming status symbols of the cities that demanded them, and encouraging instead the expansion of existing ones. But what sort of research might the Royal Society like to see increased? Efforts to enter the same fields as the "great rocket powers" (now perhaps to include France) he found "somewhat pathetically inadequate, though scientifically and technically competent." He suggested exploration of the under-water world as one "great scientific adventure of which the whole country could be proud." But he thought it possible that "to relate population to environment optimally is the greatest technological task of the end of this century." There is now overwhelming evidence, he said, "that rapid population growth is bringing with it dire consequences, not only in the great Asiatic countries, but probably even here."

Averting these consequences would not depend on biological science or medicine alone but would involve every discipline from economics to psychology. When he came to consider priorities Lord Florey was careful to exclude political judgments, in accordance with the traditions of the Royal Society, though he did note in passing that "at the moment it is considered to be desirable to give free medicine to all"—a decision that seems likely to cost the taxpayer over £40m. this year and to have added further cares to the general practitioner's day. With some four hundred doctors emigrating every year, general practice failing to attract recruits, hospitals largely dependent on immigrants for junior staff and nurses, and patients condemned to receive treatment in what are too often antiquated wards and theatres, many doctors would agree with Lord Florey that "one cannot help wondering, only of course when we are outside Burlington House, whether the priorities now being chosen are right for the ultimate well-being of the country."